TABLE OF CONTENTS

Graduation Educational Objectives ....................................................................................... 2

SECTION 1: INTRODUCTION .................................................................................................. 3

SECTION 2: REQUESTS FOR TIME AWAY .............................................................................. 4
  Non-CaRMS Requests for Time Away ................................................................................. 5
  CaRMS Prep Day ................................................................................................................. 6
  CaRMS Interviews Requests for Time Away ................................................................. 6
  Request for Time Away to Attend Conferences and Meetings ..................................... 6
  Religious Observation ......................................................................................................... 8
  Absence Requests for Wedding and other Personal Events ........................................... 8
  Make-Up Time ..................................................................................................................... 9

SECTION 3: EVALUATION ...................................................................................................... 9
  Basic Principles of Evaluation ............................................................................................ 9
  Evaluation of Mandatory Clerkship Rotations ............................................................ 11
  Management of UCLIC Student In Academic Difficulty ............................................ 16
  Comprehensive Clerkship Summative OSCE ............................................................... 17
  Elective Clerkship Rotations ............................................................................................ 18
  Pregnancy and Call ............................................................................................................ 19
  Monitoring Academic and Clinical Work Hours ......................................................... 19
  Clerkship Rotations – Evaluation Strategies ............................................................... 20
  Professional Behaviour .................................................................................................... 22

SECTION 4: REAPPRAISALS OF EVALUATIONS IN THE CLERKSHIP ...................... 23
  Formative MCQ and OSCE Examinations ..................................................................... 23
  Writing Summative Examinations ................................................................................. 24
  Clerkship OSCE Examination ....................................................................................... 26
  Preceptor Evaluation Report of Clinical Performance (ITER) .................................. 26
  The Reappraisal Process Procedures ............................................................................. 26
  The Medical School Transcript ....................................................................................... 27

SECTION 5: PERMISSION TO DEFER AN EVALUATION DURING CLERKSHIP .... 27
  Clerkship Evaluation Deferrals ....................................................................................... 27
  Illness - Physician/Counsellor Statement ..................................................................... 29
  Illness that develops during an exam ............................................................................. 29
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 behaviours, economic situations.

4. Demonstrate knowledge of the fundamental concepts of disease prevention and health promotion for individual patients and populations and incorporate them into treatment plans as appropriate.

5. Communicate and interact effectively with patients, families, medical staff and others involved in the delivery of health services.

6. Describe and apply ethical principles and high standards in all aspects of medical practice.

7. Exhibit appropriate professional behaviour, including awareness of personal wellness and limitations.

8. Formulate clear clinical questions and apply an evidence-based approach to solving these questions.

9. Demonstrate educational initiative and self-directed life-long learning skills.

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

Approved by Curriculum Committee: 99/12/03
Reviewed and approved by Curriculum Committee: 04/02/20
Approved by Faculty Council: 04/12/08
Revised by Undergraduate Medical Education Committee 10/04/09
Approved by Faculty Council March 11, 2015
Reviewed and approved by UMEC June 4th, 2010 and November 21 2014

Graduation Educational Objectives & Competencies
https://cumming.ucalgary.ca/mdprogram/about/objectives-competencies
SECTION 1: INTRODUCTION

Note to the reader
The clerkship schedule for the class of 2022 is substantially different than normal, due to adaptations secondary to the COVID 19 pandemic and its effect on the medical education program. The clerkship for the class of 2021 was interrupted and subsequently extended; this meant that the class of 2022 schedule needed to be changed to avoid overlap between the two classes in mandatory rotations. Furthermore, given that a decision was made, nationally, to cancel all visiting electives until at least July 2021, the schedule was changed to move 10 of the 14 elective weeks into the period between July and December 2021, so that if visiting electives were restored CSM clerks would have the opportunity to participate in a meaningful way. Please see the Appendices to review the changes to the clerkship for the class of 2022.

1. The clerkship comprises the third (usually) and final academic year of the Undergraduate Medical Education program. The ‘year’ is defined as the entire time in the clerkship, which extends beyond a single calendar year.

2. The clinical clerkship period includes specified mandatory and elective instruction periods (rotations), during which educational experience is combined with restricted service responsibilities. Evaluation of clinical competence during clerkship requires assessment of performance in:
   i. clinical skills
   ii. knowledge of the relevant discipline
   iii. professional, behavioural, and attitudinal skills

This evaluation process follows the general program objectives and discipline-specific objectives of each clinical clerkship rotation.

3. There are two clerkship streams available: the rotation-based clerkship, which includes eight mandatory clerkship rotations (which are made up of one or more ‘blocks’ of time as detailed below) and 14 weeks of elective time. Students should expect to do a minimum of 4 weeks or more of their clinical clerkship outside the city of Calgary. During the clerkship students rotate through a variety of clerkship rotations spending from 2-8 weeks in each. These rotations include: Anesthesia, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Paediatrics, Psychiatry and Surgery. The University of Calgary Longitudinal Integrated Clerkship (UCLIC) program is described below (see page 4).

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Family Medicine (4 + 2 weeks)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Internal Medicine - (2 x 4 weeks)</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology (4 weeks)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Paediatrics (4 + 2 weeks)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatry (4 weeks)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery (4 + 2 weeks)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Junior Clerkship, Bootcamp and Special Electives</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>14 weeks</td>
</tr>
<tr>
<td>Course 8: Comprehensive Clinical Skills for Clerkship (longitudinal over 44 weeks)</td>
<td>58 weeks</td>
</tr>
<tr>
<td>Break</td>
<td>1 weeks</td>
</tr>
<tr>
<td>Winter Break</td>
<td>2 weeks*</td>
</tr>
<tr>
<td>CaRMS Interview Period</td>
<td>3 weeks</td>
</tr>
<tr>
<td>MCC Review/Clerkship OSCE</td>
<td>2 weeks</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66 weeks</strong></td>
</tr>
<tr>
<td>University of Calgary Longitudinal Integrated Clerkship (UCLIC)</td>
<td>26 weeks</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Internal Medicine (Calgary)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Paediatrics (Calgary)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery (Calgary)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Online Curriculum and Special Electives</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>14 weeks</td>
</tr>
<tr>
<td>Course 8: Comprehensive Clinical Skills for Clerkship (UCLIC students must attend all sessions offered to them)</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>1 week</td>
</tr>
<tr>
<td>Winter Break</td>
<td>2 weeks*</td>
</tr>
<tr>
<td>CaRMS Interview Period</td>
<td>3 weeks</td>
</tr>
<tr>
<td>MCC Review/Clerkship OSCE</td>
<td>2 weeks</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66 weeks</strong></td>
</tr>
</tbody>
</table>

*2 weeks is the usual time scheduled. This may be extended to 3 weeks due to STAT holiday schedules and clinical service limitations on occasional years.

4. A student can proceed to the clerkship year only after approval by the UME Student Academic Review Committee. A student must be declared satisfactory on all end-of-course evaluations and electives prior to entering the clerkship year. In the event that a student is conditionally promoted to the clerkship, (e.g. pending confirmation of an evaluation result, pending completion of required remedial work or awaiting decision regarding an appeal or reappraisal), all conditions should be satisfied 8 weeks into clerkship.

5. Students in the University of Calgary Longitudinal Integrated Clerkship (UCLIC) will complete the equivalent of the mandatory clerkship rotations during their entire time at their rural clerkship site, not in block formation. Immersion experiences in Internal Medicine (4 weeks), Surgery (4 weeks) and Paediatrics (4 weeks) will take place in Calgary and electives will follow the same process as the rotation-based clerkship.

6. Rules and regulations in the Clerkship Student Handbook document apply to all University of Calgary CSM MD program students, and to all other students completing mandatory rotations through the University of Calgary, CSM UME program.

**SECTION 2: REQUESTS FOR TIME AWAY**

1. Each clerkship has a pre-defined number of days that can be missed within that rotation without the requirement for make-up time (see the Core Document for each clerkship rotation). Any student that misses more than this number of days, for any reason, will be required to make-up that time. The number of days for each rotation is described within the Core Document for that rotation.

2. Any time beyond the maximum allowable days missed on a clerkship rotation cannot be made up during another subsequent clerkship rotation. For example, time missed on a mandatory Obstetrics & Gynecology rotation cannot be made up during a subsequent mandatory Family Medicine rotation. If it is not possible to complete required make-up time during the scheduled rotation, this time can be made up during the final weeks of the clerkship year when all mandatory rotations have been completed.
3. Final end-of-rotation summative examinations cannot be written until all of the requirements of the relevant clerkship rotation have been met. This is with the exception of call or shifts on the last weekend of the clerkship rotation after the day of the final examination(s). For rotations with more than one component, the exam is not written until both components have been completed.

   a. full exam at end of both clinical components (FM, IM, Paeds, Surg)
   b. at the end of single rotation (Anesthesia, EM, OG, Psych)

4. The clerkship rotation ends on the Sunday of the final week of the rotation. Therefore, students are required to be available up to the last day of the rotation, regardless of the date of the final examination. Students may be on call or have shifts on the last weekend of the rotation after the final examination and therefore, should not make travel arrangements until the rotation is completed or the schedule is confirmed. Special requests to accommodate subsequent rotations (e.g. elective, rural family medicine rotation requiring travel on the final weekend of a rotation), presentations at conferences or important events should be made as soon as possible to avoid conflicts with call schedules. Students must inform preceptor/resident team of all scheduled absences during a rotation (including Course 8, approved flex days, illness/medical appointments).

A. Non-CaRMS Requests for Time Away

During the clerkship, requests for time off for any exceptional or unforeseen circumstance must be made using the online absence form on OSLER AND must be discussed with both the Clerkship Director, the rotation preceptor and the educational coordinator or the Elective preceptor. Students may be required to attend scheduled appointments for various reasons: medical, dental, etc. Absences for these reasons should be requested using the OSLER form. In addition, clerks will be allowed to have up to 3 flex days per clerkship year (not per rotation). Please see below for the conditions for the flex days.

**Conditions for the 3 Flex Days per clerkship year**

1. Each student may have a maximum of three Flex Days per clerkship year.
2. Flex days must be scheduled in advance (before the start of the rotation).
3. Flex days must be approved by the relevant clerkship director (or designate) and will be tracked by the rotation. If a request for flex day is approved, students are responsible to communicate directly with their supervising preceptor and resident (if applicable) in advance of the day away. In the event a student is scheduled to be on call on their flex day, it will be the student’s responsibility to contact the scheduler and arrange to make up the call.
4. Students may not take multiple flex days during the same rotation component (e.g. Surgery – 4-week block), except for students in the UCLIC program who may request up to three days during their time at their primary site. Students may request one flex day during each rotation component at the discretion of the clerkship rotation (e.g. one flex day for Paediatrics – 4-week block and one flex day for Paediatrics – 2-week block).
5. Additional requests for days off due to illness or other reason must follow the formal process to request time away. Each rotation has guidelines in core documents regarding make up work and maximum time allowed away during the rotation.
6. Some clerkships will not allow the use of flex days during certain components of their rotations; these are outlined in the Clerkship Core Documents. Students who require an excused absence on these rotation components should speak with the clerkship director prior to the start of the rotation.

7. No flex day will be approved for the orientation components of a rotation or the week of a summative examination.

8. No flex days will be approved on examination days. Examination deferral processes must be followed for any required absences on these days.

9. Flex days may be refused if multiple students on the same rotation request the same day.

10. Flex days may be refused if there are mandatory scheduled learning activities organized on the requested day that require student participation (such as simulation sessions, procedural training, orientation sessions, etc.)

11. Students may request flex days during the week prior to the Winter Break, if the student is on a rotation that does not have an examination during that week.

B. CaRMS Prep Day

Prior to the CaRMS application deadline, each student will be assigned one scheduled “CaRMS prep day off”. CaRMS prep day must be scheduled on a weekday. The specific date for each student will be determined by each rotation and may vary between students.

For the Class of 2022, this will be assigned during the last two weeks of Block 10 or Block 10b (Jan 17 – Jan 27, 2022). This day will not be “counted” as an absence in calculations of required make-up time.

C. CaRMS Interviews Requests for Time Away

During the National Interview Period, students are given three weeks off to complete their CaRMS interviews. If the date of an interview falls outside of this time period, the student must request time away to attend the interview by completing the online absence form on OSLER and having it approved by the appropriate Clerkship Director or Elective Preceptor.

Written documentation of exact interview date/time are required from the student when submitting this additional request. If the student requires more time outside the allotted three weeks, they may be asked to make-up the time according to the criteria for each rotation.

Students may choose, but are not required, to use the National CaRMS Interview Period to make-up missed time. Time may also be made up at the end of the clerkship year. Any make-up time within a rotation will depend upon the capacity for the clerkship to provide a learning experience.

D. Request for Time Away to Attend Conferences and Meetings

The Cumming School of Medicine recognizes the attendance at scientific conferences to present research papers as an important part of a student’s education. Similarly, the attendance at meetings with professional organizations (such as the AMA, CMA, CFMS,
Royal College or College of Family Physicians) can be an important part of a student’s career development.

In order to accommodate medical training, career development and participation as member of a medical committee, the following criteria will be applied when submitting requests for time off during the clerkship year:

- Level of participation in the meeting or at a conference. This is the major criterion that will be applied. Clerks may be allowed to attend a conference or a meeting only if:
  - presenting a research paper at the meeting (documentation may be required – letter of invite or page from program) or
  - the clerk is a voting member of a medical organization committee that necessitates his/her presence at the meeting, and no alternate process is available (for example, the student may not need to attend in person, but could vote by proxy and/or be represented by an alternate).

Despite fulfillment of the above criteria, attendance may be denied, at the discretion of the Clerkship Director or Assistant Dean, Clerkship and/or Associate Dean UME, based on factors such as:

- Length of absence requested. If greater than three days away from a rotation, approval from the Assistant Dean, Clerkship and/or Associate Dean UME as well as the Clerkship Director or Elective Preceptor will be required.
- Length of a rotation.
- Impact of the clerk’s absence from expected duties and patient care on the rotation.
- Impact on the clerk’s academic studies (e.g., the time away includes the need to defer an exam).
- The number of requests previously submitted and approved for an individual student throughout the clerkship year. The number of conferences and forums that a student requests to attend may be limited to two per clerkship year. The student should carefully select the conferences that will be most beneficial to his/her medical education and career development. Attendance at more than two conferences may be considered if the cumulative impact on the educational program is limited (e.g. only missing a half-day to present virtually may be considered differently than three days away for travel and presentation).

Requests for time off are to be discussed with the Clerkship Director or Elective Preceptor and the student must complete the online absence request form, which will be submitted to the appropriate Clerkship Director or Elective Preceptor.

For committees that require greater participation, the student should submit an outline of the dates for meetings throughout the year, to the Undergraduate Medical Education Office. This will be in addition to discussing the request for time off with the Clerkship Director or Elective Preceptor, and completing the online absence form for approval.

Under exceptional circumstances, additional requests may be made to the Assistant Dean, Clerkship and/or Associate Dean UME in order to discuss the potential impact on the clerk’s overall progress during the clerkship year.
Clerkship committees frequently include student members. Students are normally excused to participate in these committees, but must submit the online absence form for approval including the specific date, time and location of the meeting. Students are asked to limit their time away from clinical rotations to only that time required to fulfill their role on the committee.

Occasionally, students will have other significant external activities (e.g. be members of University of Calgary Dinos Athletic Teams). Student athletes must discuss their training and competition schedule with the Assistant Dean Clerkship in order to develop a plan for participation. Similarly, students with other outside activities will need to discuss schedules with the Assistant Dean, Clerkship to plan their schedule. Although students may be excused for participation in these activities, make-up time will be required according to the involved rotation(s) usual guidelines. Continuity of the educational program will be prioritized.

E. Religious Observation

A student may request a clerkship schedule adjustment because of religious observance. Occasional days of observance may be requested via an OSLE absence request. Significant schedule adjustments that cannot be accommodated within the given rotation (either due to length of requested absence from rotation or because of schedule adjustment affecting several rotations) should be directed to the Assistant Dean, Clerkship. Examination deferral may be requested for religious observations.

F. Absence Requests for Wedding and other Personal Events

Due to schedule complexity in the clerkship year and limited opportunity for students to make-up missed time, students should limit requests to the shortest amount of time required.

For absences of 1 day:
Prior to the start of the rotation, the student should request the day as a flex day (and request no call that day if relevant). This should be entered on OSLE and will be directed to the relevant clerkship director (or designate). Usual rotation guidelines for required make-up time will apply. Usual flex day rules will also apply.

For absences of 2-3 days:
Prior to the start of the rotation, the student should enter an OSLE absence request. This will be directed to the relevant clerkship director (or designate). Usual rotation guidelines for required make-up time will apply.

For absences of >3 days:
Prior to the start of the rotation, the student should complete a leave of absence form to request a short-term personal leave. This will be directed to the Assistant Dean, Clerkship for approval. Documentation of the event dates and/or travel arrangements may be requested. Make-up time will be scheduled at the end of the clerkship year. The final rotation examination will also be moved to the end of the clerkship year once all rotation components have been completed.

In all cases, students may not write the final rotation examination until all rotation components have been completed (including required make-up time).

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1 These requests are beyond the normal time away policy. Rotations aim to accommodate but do not guarantee approval for personal events.
Consideration will be given to factors including:

1. Reason for the absence
2. Context of absence including rotation structure, time of year, other absence requests, etc.
3. Impact to student of time away from the rotation (including disruption of experience, required time away, impact on other learners’ schedule, etc.)

G. Make-Up Time

1. Students who have missed more than the allowed maximum time from any rotation will be required to make-up that time on the relevant clinical rotation.

2. Normally, any required make-up time will be scheduled at the end of the clerkship year.

3. Students are permitted to complete remedial rotations and/or rotation make-up time over the Winter break or CaRMS interview period, at the discretion of the relevant Clerkship Committee, if clinical capacity allows.

4. If only a small amount of make-up time is required, at the discretion of the relevant Clerkship Committee, time can be made up during the rotation if possible (if there is time remaining during the rotation, if the make-up time does not exceed the work hours policy and the make-up time does not exceed the maximum call frequency).

5. Students are strongly encouraged NOT to schedule make-up or remedial time during the MCC review course period and/or to defer completion of the MCC Part 1 examination to the fall date if they complete make-up or remedial time during the MCC review course period. If a student requests to schedule make-up or remedial time during the MCC review course period, this will be accommodated if possible depending on clinical capacity. In such case, a student may not subsequently request to delay the make-up/remedial time further.

SECTION 3: EVALUATION

A. Basic Principles of Evaluation

1. Use of any evaluation method rests on an understanding of what its purpose is. Before selecting appropriate evaluation methods, the following assumptions need to be considered:

a) UME Program Evaluations are intended solely for undergraduate students registered with the Undergraduate Medical Education program. Non-UME students will NOT be permitted to participate in UME examinations, unless specific approval has been granted by the Student Evaluation Committee. All requests for external participants should be directed, in writing, to the chair of the Student Evaluation Committee. Students must be notified of any SEC approved observers a minimum of one week before the examination date. Observers must not interfere in any way with the examination. Taking notes or recording of the material are NOT permitted.
b) All undergraduate medical students at the University of Calgary are required to achieve the same learning objectives and complete the same evaluations regardless of the primary location of the clerkship rotation.

c) Competence in medicine comprises a number of dimensions.

d) It is unlikely that any single evaluation method can adequately assess all domains of competence.

e) An effective evaluation system should contain several methods that reflect competence in the identified areas of performance.

f) An effective evaluation method should provide the following information:
   i. Precise information regarding student progress.
   ii. Detailed and useful feedback for students to facilitate further learning.

g) Students should inform their preceptor and/or the departmental Clerkship Committee of any deficiencies or problematic performance that has been brought to the attention of the student in order to identify strategies to remedy the issues. Failure of the student to seek timely assistance related to deficiencies or problematic performance may be considered a professionalism issue.

h) Final evaluations about student progress should be made on the basis of multiple assessments, obtained on different occasions, using a variety of methods based on stated objectives.

i) Students should be informed in advance of specific evaluation activities.

j) It is possible that on rare occasions, planned clinical experiences may not be available for students during a given rotation. Examples include (but are not limited to):
   - change in care provision – such as rural site no longer providing obstetric care
   - infectious outbreak – limiting student/preceptor activities at specific sites
   - preceptor illness
   - natural disasters
   - work stoppages in AHS and other facilities where students may be placed

If planned clinical experiences have not been available, the student MUST discuss with the clerkship director in order to:
   - identify and plan alternate experience(s)
   - determine if summative evaluation needs to be delayed to the rewrite/deferral period

If the issue is likely to result in a delay in completion of the rotation requirements, the discussion MUST include the Assistant Dean, Clerkship and/or Associate Dean UME.
B. Evaluation in Mandatory Clerkship Rotations

1. Primary responsibility for evaluation procedures will rest with Departmental Clerkship Committees. Such procedures must include:

   a) Reports of clinical performance, professional attitudes and behaviour (ITER - In Training Evaluation Report) written either by a single preceptor or a consensus report in consultation with preceptors, residents, fellows, and/or allied health professionals who have had contact with the student; and at least one of:

      • Multiple Choice Examinations
      • Projects
      • Attendance
      • OSCE

2. The evaluation requirements of each Departmental Clerkship Committee must be made known, in writing, to students in the core document at the commencement of the clinical clerkship rotation.

3. Final end-of-rotation summative examinations cannot be written until all of the requirements of the relevant clerkship rotation have been met. This is with the exception of call or shifts on the last weekend of the clerkship rotation after the day of the final examination(s).

   a. full exam at end of both clinical components (FM, IM, Paeds, Surg)
   b. at the end of single rotation (Anesthesia, EM, OG, Psych)

4. Performance report forms (ITERs) must be completed by faculty members generally in consultation with residents, fellows, other faculty and/or nurses. Evaluations from residents and fellows alone will not suffice. Individuals who have been consulted in the compilation of a consensus report must be named.

5. The Clerkship Logbook is a ‘must complete’ component for each of the mandatory rotations. This is housed on OSler and represents a record of students having experienced the clinical presentations assigned to that clerkship. Students must complete the logbook for their rotation 48 hours prior to the final examination in that rotation with the exception of Emergency Medicine rotation (refer to EM core doc). Students who have not fulfilled this requirement will not be allowed to write the final examination and will have to defer the exam to the deferral period. In cases of delayed summative examinations because of missed logbook, the rotation will be considered “incomplete” until all required elements have been completed.

6. Formative Feedback

   Each clerkship rotation must have a process to ensure feedback is provided to all students. Documentation is required if there are concerns identified at the midpoint of any block within a given clerkship rotation. Please refer to the Clerkship Student Feedback Policy (https://cumming.ucalgary.ca/mdprogram/about/governance).

   Each clerkship rotation will have some form of formative evaluation that must be completed. The details of this for each rotation will be detailed within the core document...
for that clerkship. Formative exams are open throughout the clerkship for student learning but must be formally completed in each rotation to provide students with a mark. For eight-week rotations the formative exam must be completed prior to the end of the first of the two four-week blocks. For rotations with six weeks, the formative must be complete prior to the end of the second week of the four-week block. Students who have not completed the formative exam by the cut-off time will not be allowed to write the final examination and will have to defer the exam to the deferral period.

7. In order to allow sufficient travel time to the summative examinations, students must be excused from clinical duties no later than:

- 1 hour before examination if at FMC or ACH sites
- 2 hours before examination if at RGH, PLC, SHC or other community sites in Calgary

This does not apply to out of Calgary students – their travel time will be dependent on distance to the examination site. Suggested times:

- travel time of < 3 hours – 1700h day before exam
- travel time of 3-5 hours – 1200h day before exam
- travel time of > 5 hours – 1200h two days before exam

8. Clerks will receive a copy of all in-training evaluation report forms (ITERs) and have access to other documentation sent for inclusion in their Undergraduate Medical Education files. Performance report forms, including preceptor reports as well as oral, written and clinical skills evaluations, should be submitted to the Undergraduate Medical Education Office by Clerkship Evaluation Coordinators no later than two weeks after the end of rotation. Students will be sent a reminder if the final in-training evaluation report (ITER) has not been received by the UME Office within two weeks of completing the rotation. The students should contact the preceptor to request that the evaluation be sent to the UME Office as soon as possible. This should be done by email with a copy to be sent to the UME Office (to the clerkship program supervisor and program coordinator). It is the clerk’s responsibility to ensure that the evaluation form is supplied to the preceptor and that the completed form is returned to the Undergraduate Medical Education Office. If the form is not returned and the clerk has followed up with the preceptor, the clerk should contact the UME program coordinator for that clerkship.

9. The following options are available for the final rating of a clerk at the end of each clerkship rotation; decisions regarding the final rating of the clerk are made by the relevant departmental clerkship committee:

a) Satisfactory: A student will be found “Satisfactory” when having successfully passed ALL the components (e.g. written examination, OSCE, ITER) of the clerkship evaluation process.

b) Unsatisfactory: A student will be found “Unsatisfactory” when failing ONE OR MORE of the components (e.g. written examination, OSCE, ITER) of the clerkship evaluation process. If the in-training evaluation report (ITER) has not been received within four weeks of the end of the rotation, and there is no documentation that the student has contacted the preceptor, this evaluation will be considered “Unsatisfactory”.
Alternatively, as per the judgment of the Departmental Clerkship Committee, a student can also be found “Unsatisfactory” in cases of breach of expected professionalism standards.

An “Unsatisfactory” rating will automatically lead to recommended remediation in the deficient area, as per the judgment of the Departmental Clerkship Committee. This remediation can be in the form of an examination rewrite alone, remedial rotation work alone or a combination thereof (e.g., clinics and independent study time, or other as per the judgment of the Departmental Clerkship Committee) by using the guideline for decisions on examination failures and guideline to remediation for clerkship.

Should a student be successful during this remediation period, a second Summary Sheet will be completed and attached to the student’s record with an overall rating of “Satisfactory with Performance Deficiency”.

c) A rating of “Satisfactory with Performance Deficiency” may be used in a situation where, in the judgement of the Departmental Clerkship Committee, there is an overall rating of satisfactory performance in the clerkship rotation, but with one or more specific areas of deficiency noted in professional and ethical behavior. Students that fail to complete the “must complete” mandatory items indicated in the core documents and/or clerkship student handbook will be considered “Incomplete” for the clerkship rotation and may be considered “Satisfactory with Performance Deficiency” overall even if ITER and written examination components are satisfactory.

d) A rating of “Incomplete” may be made in a situation where, for various potential reasons (health or other), a student has formally requested a deferral of any or all of the required components of a clerkship (rotation time, written examination, OSCE). This rating can also be used in situations where, in the opinion of the Departmental Clerkship Committee, a student (who has NOT formally requested deferral) has missed a significant enough portion of the required clinical experience (for health reasons or other) to mandate making up the missed time. All components must be complete prior to completion of the summative written examination.

10. The Assistant Dean, Clerkship and/or Associate Dean UME will be notified by the Departmental Clerkship Director and/or the Evaluation Coordinator to review ratings of “Unsatisfactory” performance, “Satisfactory with Performance Deficiency” or “Incomplete” rotations. Students who receive a grade of Unsatisfactory or Satisfactory with Performance Deficiency will be required to meet with the Assistant Dean, Clerkship.

In the event of a second performance deficiency and/or unsatisfactory rating made by another Departmental Clerkship Committee, the Associate Dean (UME) or designate will refer the student to the UME Student Academic Review Committee (SARC). Please refer to the Student Academic Review Committee’s Terms of Reference. (https://cumming.ucalgary.ca/mdprogram/about/governance). The expected outcome for a student who is referred to SARC for repeated unsatisfactory or satisfactory with performance deficiencies is a repeat of the clerkship year.
Similarly, a student who is still considered unsatisfactory by the Departmental Clerkship Committee following a period of remediation and/or a rewrite examination will be presented at SARC by the Associate Dean UME (or designate). Again, the expected outcome would be a repeat of the clerkship year.

11. An “Unsatisfactory” rating will be given when a student has not met appropriate standards set by the department. Prior to an unsatisfactory rating being given for deficient performance, the Departmental Clerkship Evaluation Coordinator must consult with other members of the Departmental Clerkship Committee and the clinical clerkship preceptors.

12. Guideline for decisions on examination failures:

- If the ITER is satisfactory, but the student is below the MPL on the MCQ, student is required to re-challenge the summative examination and remediation will be offered or recommended.
- If the ITER is unsatisfactory and the student is above the MPL on the MCQ, the student should receive remediation only.
- If the ITER is unsatisfactory and the student is below the MPL, the student is required to receive remediation and re-challenge the summative examination.

**Please note:** This is a guideline and does not replace or mandate the decision-making process of departmental clerkship committees.

<table>
<thead>
<tr>
<th></th>
<th>MCQ ≥ MPL</th>
<th>MCQ &lt; MPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall ITER</td>
<td>Satisfactory, no rewrite or remediation</td>
<td>Rewrite, remediation offered or recommended</td>
</tr>
<tr>
<td>satisfactory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall ITER</td>
<td>Remediation</td>
<td>Rewrite and remediation</td>
</tr>
<tr>
<td>unsatisfactory</td>
<td></td>
<td></td>
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</table>

**NOTE:** The re-write exam may be re-challenged during one of the pre-defined re-write dates each year:

- **a)** pre-CaRMS dates (varies by year, but typically a date in late December and/or early January)

  For the pre-CaRMS date, if a student is scheduled for an elective out of town and will incur a financial penalty by returning for the rewrite they may be allowed to write the exam immediately upon return, usually within the first 3 days, dependent on approval of the Assistant Dean, Clerkship and/or Associate Dean UME. Otherwise, no other re-write dates in this time period will be offered.

- **b)** students who have to complete a rewrite or deferral exam can also choose to use a clerkship exam date after their original exam date, as long as they do not have an exam scheduled

- **c)** the end-of-year dates (varies by year, but typically within the first two weeks after the end of scheduled clerkship rotations)

13. Guideline to Remediation for Clerkship:

- **a)** The recommendations of the clerkship committee should be for the MINIMUM requirement for remediation. A student can request additional remediation time and/or tasks if she or he feels these are needed.
b) Recommendations for remediation should be directed at the specific deficiencies identified – including the content and context of these deficiencies – and redundancy should be avoided. For example, if a student performed well on the Community Paediatric rotation and failed the Clinical Teaching Unit (CTU) component then there should be no need to repeat the Community Paediatric component. Similarly, if a student failed the Medical Teaching Unit (MTU) and one selective component of the IM clerkship rotation she or he should repeat both (but not the other selective rotations). Following this principle helps justify the length of the remediation period.

c) The nature of clinical duties and on-call requirement should be tailored to the deficiencies and subsequent evaluation(s). Thus, if a student also has to rewrite the MCQ exam then consideration should be given to reducing the on-call requirement towards the time of the rewrite examination.

d) Provision of one-on-one tutoring is NOT an expectation of a remedial rotation.

e) To enable a preceptor supervising the remediating student to direct teaching towards the student’s deficiencies we recommend that the student should discuss the identified deficiencies with the preceptor at the start of the rotation or period of supervision. This is preferable to prior preceptors feeding evaluation information forward or students on remedial time simply repeating the same rotation with a tabula rasa.

After the clerkship committee has made recommendations on remediation the clerkship director or designate should meet with the student to discuss the remediation in advance of the scheduled start of the remediation period. They should then send a letter outlining the recommendations to the Assistant Dean, Clerkship and/or Associate Dean UME and include in this letter whether or not the student agreed with these recommendations. The Assistant Dean, Clerkship and/or Associate Dean UME will then meet with all remediating students to discuss these recommendations. Students can request a reappraisal of the recommendations of the clerkship committee to the Student Evaluation Committee. Please refer to the CSM Reappraisal of Graded Term Work and Academic Assessments for details regarding reappraisals.

(https://cumming.ucalgary.ca/mdprogram/about/governance)

14. Performance rated as “Unsatisfactory” or “Satisfactory with Performance Deficiency” must be reviewed and discussed with the clerk by the Clerkship Director, Evaluation Coordinator, or both. The student may also request a meeting with the preceptor that completed the in-training evaluation report (ITER). The primary purpose of this meeting is to understand the reason for the evaluation decision, and to allow the student to receive feedback on ways to improve his or her performance. The student should NOT seek to have their evaluation changed by the preceptor, although the student may use this opportunity to highlight any information on the evaluation that the student considers to be incorrect, and/or to suggest other sources of data on their performance that may have not been considered in the evaluation, such as the opinions of an alternative preceptor. The preceptor may submit a revised evaluation based upon information highlighted at the meeting with the student. However, both the original and revised evaluation will be retained in the student file. If the rating is accepted by the student, the Assistant Dean,
Clerkship and/or Associate Dean UME will receive suggestions from the Departmental Clerkship Evaluation Coordinator and/or the Clerkship Director usually in consultation with the Departmental Clerkship Committee regarding remedial study or instruction. If a student does not accept the conclusion of the Departmental Clerkship Committee the rating and/or recommendation, the student may request a reappraisal, as per the relevant policy; please refer to the CSM Reappraisal of Graded Term Work and Academic Assessments for details of processes and timelines for reappraisals. (https://cumming.ucalgary.ca/mdprogram/about/governance).

15. If the student disagrees with the decision of the UME Student Evaluation Committee, the student may appeal that decision to the UME University Faculty Appeals Committee. Please refer to the CSM UME Academic Assessment and Graded Term Work Procedures. https://cumming.ucalgary.ca/mdprogram/about/governance

16. Management of UCLIC Student in Academic Difficulty

General Principle: UCLIC students are held to the same standards and evaluation process as rotation-based students.

Guideline for decisions on examination failures:
- If the ITER is satisfactory, but the student is below the MPL on the MCQ, student is required to re-challenge the summative examination and remediation will be offered or recommended.
- If the ITER is unsatisfactory and the student is above the MPL on the MCQ, then the student should receive remediation only.
- If the ITER is unsatisfactory and the student is below the MPL, then student is required to receive remediation and re-challenge the summative examination.

Please note: This is a guideline and does not replace or mandate the decision-making process of departmental clerkship committees.

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<td>Remediation</td>
<td>Rewrite and remediation</td>
</tr>
</tbody>
</table>

NOTE: The re-write exam may be re-challenged during one of the pre-defined re-write dates:
- a) pre-CaRMS dates (varies by year, but typically a date in late December and/or early January)
  For the pre-CaRMS date, if a student is scheduled for an elective out of town and will incur a financial penalty by returning for the rewrite they may be allowed to write the exam immediately upon return, usually within the first 3 days, dependent on approval of the Assistant Dean, Clerkship and/or Associate Dean UME. Otherwise, no other re-write dates in this time period will be offered.
b) students who have to complete a rewrite or deferral exam can also choose to use a clerkship exam date after their original exam date, as long as they do not have an exam scheduled

c) the end-of-year dates (varies by year, but typically within the first two weeks after the end of scheduled clerkship rotations)

In the event of an academic difficulty in a UCLIC student, where remedial work is required, the following steps will be taken:

a) Student Meeting: The UCLIC director will be informed and will request a meeting with the student. The purpose for the meeting will be to review the possible reasons for the academic difficulty. The UCLIC director will review the evaluation file related to the exam in question (i.e. the director may see the Psychiatry ITERs if the student’s Psychiatry summative result was below MPL).

b) UCLIC Committee Meeting: The UCLIC director will then convene a meeting of the UCLIC evaluation committee for the purpose of developing a suggested strategy for remediation. Only in exceptional circumstances will the remedial rotation occur at the UCLIC site. UCLIC students who require remedial work should expect to return to Calgary at the end of clerkship for the remedial rotation. **NOTE:** This second step is equivalent to the process that is followed in the rotation-based clerkships.

c) Remediation Suggestions: Any remediation suggestions will be communicated by the UCLIC Evaluation Coordinator to the relevant discipline departmental clerkship committee. The Evaluation Coordinator will join the discussion (in-person or remotely) to develop a final recommendation provided to the Assistant/Associate Dean. The department clerkship committee must approve and oversee all remediation that is to be undertaken at a non-UCLIC location. The department clerkship committee will sign-off on the student’s original result and will also sign-off the student’s remedial work and remedial evaluations, once they are completed.

d) Re-evaluation: Once all remedial work has been completed, the student may be required to re-challenge the summative exam. The re-write date will occur towards the end of the clerkship year. Satisfactory ITERs are required at the end of the remedial work. If no remedial work is required, the re-write exam may be re-challenged during one of the pre-defined dates: The pre-CaRMS date, the end-of-year date or at one of the student’s exam days when another clerkship exam is not already scheduled. For the pre-CaRMS date, if a student is scheduled for an elective out of town and will incur a financial penalty by returning for the rewrite they may be allowed to write the exam immediately upon return, usually within the first 3 days, dependent on approval of the Assistant Dean, Clerkship and/or Associate Dean UME. Otherwise, no other re-write dates will be offered.

17. **Comprehensive Clerkship Summative OSCE** - The Clerkship OSCE covers medical skills from across all rotations and is a summative examination which students must successfully complete before proceeding to graduation. Successful completion of this exam will require students to demonstrate a level of competency in history-taking, physical examination, interpretation of data, clinical decision-making and management of the patient’s complaint. Exam content will be guided by both UME clinical presentations
and LMCC objectives. The exam will usually be scheduled in March/April. An unsatisfactory performance will require completion on the re-write OSCE, which is usually scheduled end of the clerkship year. A satisfactory performance of the re-write OSCE will lead to a result of Satisfactory with Performance Deficiencies. Students whom remain unsatisfactory after the re-write OSCE will be required to appear before the UME Student Academic Review Committee. Similarly, a student with an unsatisfactory OSCE and any clerkship rotation that is unsatisfactory or satisfactory with performance deficiency will appear before SARC. ([https://cumming.ucalgary.ca/mdprogram/about/governance](https://cumming.ucalgary.ca/mdprogram/about/governance))

C. Elective Clerkship Rotations

1. Clinical clerks are required to achieve satisfactory performance in all elective rotations.

2. For electives under the supervision of members of the Cumming School of Medicine, performance reports and any other methods of evaluation will be based on the regulations (above) for mandatory rotations.

3. For electives taken outside the Calgary area or in Calgary, the identified supervisor will be required to complete the University of Calgary performance report form (ITER) on the one45 system. **It is the student’s responsibility, as a clerk, to ensure that the form is distributed to the preceptor through the one45 system, and that the completed form is submitted electronically, through one45, to the UME Office.** The UME welcomes any additional assessment of its students from supervisors outside the local area, either in the form of a letter to the Assistant Dean, Clerkship and/or Associate Dean UME or completion of local methods of assessment of students at a similar stage of training but the University of Calgary evaluation form (ITER) must be completed and submitted.

4. Performance report forms **must** be completed by faculty members, generally in consultation with residents, fellows, other faculty and/or nurses. If performance deficiencies are documented during a rotation with multiple preceptors, then the final evaluation has to list all of the preceptors under the section “Input was Sought from the Following Individuals” before the evaluation would be considered final. Performance Deficiencies documented on evaluations prior to the end of an elective should clearly be designated as Midpoint evaluations. For rotations with multiple preceptors an attempt to acquire input from all available preceptors should be made when filling out the evaluation and in instances where a student has had a midpoint or final evaluation with an overall unsatisfactory or performance deficiency rating, input from all preceptors is required prior to submitting the final evaluation. **Evaluations from residents and fellows alone will not suffice.**

5. Remediation and/or make-up time required after a clerkship rotation has ended will be scheduled at the end of the clerkship year. Students may, at the discretion of the relevant clinical program be allowed to complete remedial time during the Winter Break or CaRMS interview period, if capacity is available. Students are strongly encouraged NOT to schedule make-up or remedial time during the MCC review course period and/or to defer completion of the MCC Part 1 examination to the fall date if they complete make-up or remedial time during the MCC review course period. If a student requests to schedule make-up or remedial time during the MCC review course period, this will be accommodated if possible, depending on rotation availability. In such case, a student may not subsequently request to delay the make-up/remedial time further.
6. Students will be sent a reminder if the elective preceptor evaluation report (ITER) has not been received by the UME Office within two weeks of completing the rotation. The students should contact the preceptor to request that the evaluation (ITER) be sent to the UME Office as soon as possible. This should be done by email with a copy sent to the UME Office (to the clerkship program supervisor and program coordinator). If the elective preceptor evaluation report (ITER) has not been received within four weeks of the end of the rotation, and there is no documentation that the student has contacted the preceptor, this evaluation will be considered “Unsatisfactory”.

D. Pregnancy and Call

A Clerk will not be required to perform night call duties (after 2300 hours) once she has completed 27 weeks of gestation, or earlier if a valid medical reason, with medical documentation, is provided.

Clerkship Committee September 16, 2011

E. Monitoring Academic and Clinical Work Hours

The Clerkship Work Hours policy ([https://cumming.ucalgary.ca/mdprogram/about/governance](https://cumming.ucalgary.ca/mdprogram/about/governance)) is a guideline when establishing clerks’ schedules for academic and clinical activities. On the day prior to an examination (e.g. OSCE or the MCQ exam), clerks should not be scheduled for on-call, evening or night shifts. The exception is that students may be scheduled for an Emergency Medicine shift the day prior to a summative examination provided that the shift ends a minimum of 14 hours before the scheduled examination. Student should not be on call the last Sunday of any rotation past 2300 hours prior to starting a new block (Paediatrics, Family, etc) or a new selective (Medical Teaching Unit, Clinical Teaching Unit, etc). When no call room is available, students should be dismissed no later than midnight. Dismissal prior to midnight is acceptable, at the discretion of the preceptor.
F. Clerkship Rotations - Evaluation Strategies

**MP** = must pass (failure to do so will result in overall evaluation of “Unsatisfactory” for rotation)

**MC** = must complete (failure to do so will result in overall evaluation of “Satisfactory with Performance Deficiency” for rotation)

**MC* =** must complete before rotation deadline (failure to do so will result in requirement to defer summative examination to the deferral/rewrite date)

+ Must participate in all components (except for clerks on rotations more than a 1-hour drive from Calgary and on out-of-town electives more than a 1-hour drive from Calgary). UCLIC students must attend all sessions offered to them.

# UCLIC students must meet all expectations listed for urban clerks except those noted by *

<table>
<thead>
<tr>
<th>ANESTHESIA</th>
<th>FAMILY MEDICINE</th>
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<tbody>
<tr>
<td>• Final Written MCQ (summative) = MP</td>
<td>• Final Written MCQ (summative) = MP</td>
</tr>
<tr>
<td>• Daily Reports = MP *</td>
<td>• Satisfactory Final Preceptor ITERS = MP</td>
</tr>
<tr>
<td>• Satisfactory Final Preceptor ITER = MP</td>
<td>• Formative Midpoint MCQ = MC*</td>
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<tr>
<td>• Logbook = MC*</td>
<td>• Formative Midpoint Preceptor ITERS = MC</td>
</tr>
<tr>
<td>• Clinical Expectations = MC</td>
<td>• Logbook = MC*</td>
</tr>
<tr>
<td>• Attendance and participation in teaching sessions = MC</td>
<td>• Clinical Expectations = MC</td>
</tr>
<tr>
<td>• Professionalism Expectations = MP</td>
<td>• Project Presentations = MP</td>
</tr>
<tr>
<td>• Meet all expectations outlined in Core Document = MC</td>
<td>• Attendance and participation in teaching sessions = MC</td>
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<tr>
<th>EMERGENCY MEDICINE</th>
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<tr>
<td>• Final Written MCQ (summative) = MP</td>
<td>• Final Written MCQ (summative) = MP</td>
</tr>
<tr>
<td>• Formative MCQ (cards) = MC*</td>
<td>• Satisfactory Final Preceptor ITERS = MP</td>
</tr>
<tr>
<td>• Minimum 5 completed One45s for shifts worked = MC *</td>
<td>• Formative Midpoint MCQ = MC*</td>
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<td>• Satisfactory Final Rotation ITER = MP</td>
<td>• MTU Midpoint Formative Feedback Document = MC</td>
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<tr>
<td>• 1 Observed History and Physical = MC</td>
<td>• Logbook = MC*</td>
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<td>• 1 Bedside Teaching = MC * (on hold due to pandemic)</td>
<td>• On-call Expectations = MC</td>
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<td>• 2 Key Concept Rounds, 2 Thursday 9am Grand Rounds (or equivalent) = MC *</td>
<td>• Clinical Expectations = MC</td>
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<td>• 1 Nursing Block = MC *</td>
<td>• Attendance and participation in teaching sessions = MC</td>
</tr>
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<td>• Logbook = MC*</td>
<td>• Professionalism Expectation = MP</td>
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MC = must complete (failure to do so will result in overall evaluation of “Satisfactory with Performance Deficiency” for rotation)  
MC* = must complete before rotation deadline (failure to do so will result in requirement to defer summative examination to the deferral/rewrite date)  
+ Must participate in all components (sessions, except for clerks on outreach rotations more than a 1-hour drive from Calgary and on out-of-town electives more than a 1-hour drive from Calgary). UCLIC students must attend all sessions offered to them.  
# UCLIC student meet all expectations listed for urban clerks except those noted by *

<table>
<thead>
<tr>
<th>OBSTETRICS &amp; GYNECOLOGY</th>
<th>PSYCHIATRY</th>
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<tbody>
<tr>
<td>Final Written MCQ (summative) = MP</td>
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<td>Satisfactory Final Preceptor ITERS = MP</td>
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<td>Logbook = MC*</td>
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<td>Passport = MP</td>
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<th>UCLIC</th>
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<tr>
<td>Clerkship OSCE (summative) = MP</td>
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<tr>
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<td>Satisfactory Attendance + = MP</td>
<td>Must attend all UCLIC teaching sessions identified as mandatory</td>
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**NOTE:** Clerkship evaluations may be either online or on-paper, and the format may vary from block to block. However, the blueprint and content of each exam will be unaffected by the exam format.
G. Professional Behaviour

It is expected that students will demonstrate professional behaviour in all interactions during clerkship. This includes taking responsibility to learn the expectations for each rotation as outlined in orientation sessions, core documents and the Clerkship Student Handbook. Students must communicate with patients, faculty, staff and colleagues in a professional, courteous manner at all times including written and verbal correspondence with administrative staff. There are several documents that further outline expectations for professional behaviour. Examples that directly apply to student physicians include:

**CPSA Code of Conduct**

Like faculty, students are members of the College of Physicians and Surgeons of Alberta (CPSA) and as such, subject to following the CPSA code of conduct as outlined below.

[http://www.cpsa.ca/cpsa-code-conduct/](http://www.cpsa.ca/cpsa-code-conduct/)

**UME Student Code of Conduct**

[https://cumming.ucalgary.ca/mdprogram/current-students/pre-clerkship-year-1-2/student-code-conduct](https://cumming.ucalgary.ca/mdprogram/current-students/pre-clerkship-year-1-2/student-code-conduct)

**Cumming School of Medicine Professional Standards for Faculty Members and Learners**

[https://cumming.ucalgary.ca/office/professionalism-equity-diversity/resources/policies](https://cumming.ucalgary.ca/office/professionalism-equity-diversity/resources/policies)

**CMA Code of Ethics and Professionalism**


**CFMS Professionalism Position Statement**


**CFMS Guide to Medical Professionalism: Recommendations For Social Media**


**RCPSC CanMEDS Framework - Professional Role**

[http://www.royalcollege.ca/rcsite/canmeds/framework/canmeds-role-professional-e](http://www.royalcollege.ca/rcsite/canmeds/framework/canmeds-role-professional-e)

**University of Calgary Code of Conduct**

[https://www.ucalgary.ca/legal-services/university-policies-procedures/code-conduct](https://www.ucalgary.ca/legal-services/university-policies-procedures/code-conduct)

**AHS Code of Conduct**

[http://www.albertahealthservices.ca/assets/about/policies/ahs-pub-code-of-conduct.pdf](http://www.albertahealthservices.ca/assets/about/policies/ahs-pub-code-of-conduct.pdf)

Although Departmental Clerkship Committees normally provide recommendations for remediation in cases of an unsatisfactory student evaluation, it is recognized that in the case of professionalism breaches that lead to an unsatisfactory student evaluation, remediation may need to occur outside of the involved rotation or discipline. In such circumstances, the Departmental Clerkship Committee will discuss next steps with the Associate Dean, UME or the Assistant Dean, Clerkship.
SECTION 4: REAPPRAISALS OF EVALUATIONS IN THE CLERKSHIP

1. If a student is considered unsatisfactory on the clerkship rotation, appropriate remedial work will be suggested to the Assistant Dean, Clerkship and/or Associate Dean UME by the Departmental Clerkship Committee through the Clerkship Director and/or Evaluation Coordinator. Students choosing to request a reappraisal of the decision of the Departmental Clerkship Committee are directed to the UME Student Evaluation Committee. Please refer to the CSM Reappraisal of Graded Term Work and Academic Assessments for details regarding reappraisals ([https://cumming.ucalgary.ca/mdprogram/about/governance](https://cumming.ucalgary.ca/mdprogram/about/governance)). If the student disagrees with the decision of the UME Student Evaluation Committee, the student may appeal that decision to the UME University Faculty Appeals Committee. Please refer to the CSM UME Academic Assessment and Graded Term Work Procedures for procedure for appeals. [https://cumming.ucalgary.ca/mdprogram/about/governance](https://cumming.ucalgary.ca/mdprogram/about/governance)

2. Students that remain unsatisfactory after remedial work and/or repeat examination will appear before the UME Student Academic Review Committee.

A. Formative MCQ and OSCE Examinations

1. Formative examinations are intended to provide students with the opportunity to gauge their progress toward meeting the goals of the clerkship rotation. It is important that this is done with sufficient time for students to remedy identified deficiencies. Students MUST have completed the formative examination before they are permitted to complete the summative examination for a given rotation.

Rotations may choose the format of the formative examinations:
   a) Formal, in-person written examinations and/or OSCE format examinations scheduled on specific dates.
   b) On-line written or cards-based examinations made available for a window of time.

2. Usual procedures for examination deferrals will apply for formal, in-person formative examinations. University of Calgary criteria for final deferral of examinations applies to formative examinations ([https://cumming.ucalgary.ca/mdprogram/current-students/deferring-evaluation](https://cumming.ucalgary.ca/mdprogram/current-students/deferring-evaluation)). If a deferral is required, the student will be scheduled to complete the formative examination with the next block of clerks and the summative examination will be delayed to the deferral/rewrite period that follows.

3. Formative exams are open throughout the clerkship for student learning but have to be formally completed in each rotation to provide students with a mark. For eight-week rotations the formative exam must be completed prior to the end of the first of the two four-week blocks. For rotations with six weeks, the formative must be complete prior to the end of the second week of the four-week block. Students who have not completed the formative exam by the cut-off time will not be allowed to write the final examination and will have to defer the exam to either the deferral period.

4. In cases of delayed summative examinations because of missed formative examinations, the rotation will be considered “incomplete” until all required elements have been completed.
5. It is expected that students will utilize the formative examinations as an educational opportunity. When students appear to demonstrate minimal effort (scores near or below chance, minimal time spent completing the exam) it may be considered disrespectful of the educational process, which can be considered unprofessional -- particularly if this behaviour is noted repeatedly. Students that have unusually low scores may be contacted by the Clerkship Director or Assistant Dean, Clerkship and/or Associate Dean UME to discuss.

B. Written Summative Examinations

1. Summative evaluations/examinations are devised by the Departmental Clerkship Committees and keyed to the course objectives. Considerable faculty time and effort is utilized to exclude imperfections in these evaluations/examinations, but errors may still occur. Students who detect errors in summative examinations should bring these to the attention of the appropriate Departmental Clerkship Evaluation Coordinator.

2. At the time the summative examination is taken, students may write comments about individual questions on the comment sheets provided with each examination. These comments will be expected to identify ambiguities or errors in the structure or content of an examination item.

3. During clerkship examinations, the UME evaluation supervisor has contact information for clerkship directors or evaluation coordinators. These individuals may be called or paged by the invigilators if necessary, during the examination. If students have questions regarding a specific item during an examination, they may bring it to the attention of the invigilators, who will make note of the question number and the student name. The clerkship director or evaluation coordinator will be paged by the invigilator when time permits (no more than twice per exam). Any corrections or clarifications will be made known to all students writing the examination and these will also be applied to the item in the examination bank in the event that it is used in the future.

In addition, the UME evaluation supervisor may approach the Director of Student Evaluation, or the Assistant/Associate Dean, UME if there are procedural irregularities during the examination.

4. After individual performance results have been distributed:
   a) Students who have achieved the “minimum performance level” are awarded a “Satisfactory” examination grade for that examination. This cannot be altered by any further changes made in the examination as a result of subsequent reappraisals or appeals, either within the Cumming School of Medicine or under University-wide regulations.

   b) Students who have not achieved “minimum performance level” are given the grade “Unsatisfactory” for that particular rotation. Students who have received a grade of “Unsatisfactory” may have the opportunity to review their individual result sheets together with the examination key to aid in recognition of areas of deficiencies and assist in planning remedial studies. Review of any summative examination must be completed within 20 business days of receiving the unsatisfactory final exam result.
but cannot fall within 10 business days of the rewrite of that examination and can only be reviewed once (for up to 3-hours in a single sitting).

c) A student who identifies an error on other evaluation formats (non-MCQ) has recourse to submit a Request for Reappraisal to the Student Evaluation Committee. Please refer to CSM Reappraisal of Graded Term Work and Academic Assessments for details regarding reappraisals. (https://cumming.ucalgary.ca/mdprogram/about/governance)

d) In the case of unsatisfactory performance, the need for remedial time prior to rewriting of a second examination is determined by the Departmental Clerkship Committee. The appropriate Clerkship Director and/or the Evaluation Coordinator and the Assistant Dean, Clerkship and/or Associate Dean UME will be responsible for arranging a period of remedial learning depending on the degree of the failure and the duration of the original clerkship rotation.

NOTE: The re-write exam may be completed during one of the pre-defined re-write dates each year and no other re-write dates will be offered. These dates are:

- pre-CaRMS dates (varies by year, but typically a date in late December and/or early January)
- For the pre-CaRMS date, if a student is scheduled for an elective out of town and will incur a financial penalty by returning for the rewrite they may be allowed to write the exam immediately upon return, usually within the first 3 days, dependent on approval of the Assistant Dean, Clerkship and/or Associate Dean UME. Otherwise, no other re-write dates in this time period will be offered.
- students who have to complete a rewrite or deferral exam can also choose to use a clerkship exam date after their original exam date, as long as they do not have an exam scheduled
- the end-of-year dates (varies by year, but typically within the first two weeks after the end of scheduled clerkship rotations)

e) If a student is found to be unsatisfactory on a rotation and required to complete remedial work, this remedial rotation must be completed within the department where the student’s performance was assessed to be unsatisfactory (i.e., Paediatrics remedial must be completed within the Department of Paediatrics and not within another department e.g., Department of Family Medicine). Remedial time cannot occur during nights or weekends of another mandatory clerkship. Typically, remedial time will occur at the end of the clerkship; the departmental clerkship committee may allow a student to complete remedial time over the Winter Break or CaRMS interview period if capacity allows. This is entirely at the discretion of the departmental clerkship committee.

f) A failure on the rewrite examination will result in an overall failure on the rotation. The Evaluation Coordinator will write a letter to the Assistant Dean, Clerkship and/or Associate Dean UME outlining the remediation recommended by the Departmental Clerkship Committee. Students will be notified in writing by the Clerkship Director or the Evaluation Coordinator to meet with the Assistant Dean, Clerkship and/or Associate Dean UME to discuss the problem. Students who remain unsatisfactory
after remedial work and/or repeat examination will appear before the UME Student Academic Review Committee.

g) A failure on the repeat Clerkship OSCE will result in an overall failure. The Course Chair of the Clerkship OSCE will write a letter to the Assistant Dean, Clerkship and/or Associate Dean UME outlining the recommended remediation. Students will be notified in writing by the Course Chair to meet with the Assistant Dean, Clerkship and/or Associate Dean UME to discuss the problem. Students who remain unsatisfactory after remedial work and/or repeat examination will appear before the UME Student Academic Review Committee.

h) If the student is successful on the rewrite examination for a clerkship rotation, a second Summary Sheet will be completed and attached to the student’s record with an overall rating of “Satisfactory with Performance Deficiency”.

C. CLERKSHIP OSCE Examination

1. Requests for Reappraisal against an assessment of “Unsatisfactory” performance will be heard by the UME Student Evaluation Committee. Request for Reappraisal cannot be directed against individual items or the student’s overall status, but only against the examiner’s conduct and/or assessment of student performance. Please refer to the CSM Reappraisal of Graded Term Work and Academic Assessments for details regarding reappraisals. (https://cumming.ucalgary.ca/mdprogram/about/governance)

2. If the Request for Reappraisal is sustained, the student shall be re-examined at the next offered examination.

In the case of unsatisfactory performance, a period of remedial learning may be required prior to the rewrite examination. The relevant Clerkship Director and/or Evaluation Coordinator will be responsible for arranging the appropriate remedial learning.

D. Preceptor Evaluation Report of Clinical Performance (ITER)

Requests for reappraisal of a clerkship in-training evaluation report (ITER) will only be accepted by the UME Student Evaluation Committee once the student has completed the clerkship in question and potential remediation recommendations pertaining to the contested evaluation form (ITER) have been made by the Departmental Clerkship Committee and/or Assistant Dean, Clerkship and/or Associate Dean UME. Please refer to CSM Reappraisal of Graded Term Work and Academic Assessments for details regarding reappraisals. (https://cumming.ucalgary.ca/mdprogram/about/governance).

E. The Reappraisal Process Procedures

1. If a clerk does not accept the decision of the Departmental Clerkship Committee and/or the recommendation for remediation by the Assistant Dean, Clerkship and/or Associate Dean UME, the rating(s) and/or recommendation(s) may be reappraised to the Student Evaluation Committee.
2. The student must indicate to the Chair of the UME Student Evaluation Committee their intention to reappraise the evaluation form (ITER), in writing, within 10 business days from receipt of the notification of the overall clerkship rating and/or recommended remediation.

3. Please refer to the CSM Reappraisal of Graded Term Work and Academic Assessments for details regarding reappraisals. (https://cumming.ucalgary.ca/mdprogram/about/governance)

4. If the UME Student Evaluation Committee sustains the evaluation, the student shall have the following options.

   a) Meet again with the Assistant Dean, Clerkship and/or Associate Dean UME to reconsider the suggested appropriate remedial work.  

   **OR**

   b) The student may appeal to the UME University Faculty Appeals Committee. Please refer to the CSM UME Academic Assessment and Graded Term Work Procedures for procedure for appeals. https://cumming.ucalgary.ca/mdprogram/about/governance

F. The Medical School Transcript

1. A satisfactorily completed rotation will appear on the medical school transcript as a credit.

2. A rotation signed off as “Satisfactory with Performance Deficiencies” will appear as a credit on a student’s medical school transcript.

3. A failure on a mandatory rotation with a required repeat of the complete rotation will appear on the student’s medical school transcript as an F grade.

SECTION 5: PERMISSION TO DEFER AN EVALUATION DURING CLERKSHIP

A. Clerkship Evaluation Deferrals

All requests for deferred clerkship evaluations (formative and summative) will be subject to the following policy. Any requests to defer must be submitted in writing directly to the Assistant Dean, Clerkship and/or Associate Dean UME.

References:

- *University of Calgary Website:* https://www.ucalgary.ca/registrar/exams/deferred-final-examinations
- *How to Apply for a Deferral of an Examination:* https://cumming.ucalgary.ca/mdprogram/current-students/deferring-evaluation

**Application for Deferred Exam Form**

1. **Timing of deferrals:** It is recognized that deferrals of clerkship evaluations require particular consideration related to the timing of CaRMS applications. For this reason,
students requesting a deferral of a clerkship evaluation may apply to write the deferred exam during the pre-defined deferral dates:

a) pre-CaRMS dates (varies by year, but typically a date in late December and/or early January) For the pre-CaRMS date, if a student is scheduled for an elective out of town and will incur a financial penalty by returning for the rewrite they may be allowed to write the exam immediately upon return, usually within the first 3 days, dependent on approval of the Assistant Dean, Clerkship and/or Associate Dean UME. Otherwise, no other re-write dates in this time period will be offered.

b) students who have to complete a rewrite or deferral exam can also choose to use a clerkship exam date after their original exam date, as long as they do not have an exam scheduled

c) the end-of-year dates (varies by year, but typically within the first two weeks after the end of scheduled clerkship rotations)

2. **Under no circumstances may alternate exam-deferral dates (either before or after the scheduled exam) be offered.** Deferred examinations will be held only in conjunction with the pre-defined deferral dates (see above).

3. **Please be aware:**
   - The Deferred Examination is the last opportunity for students to write a final exam for the first time. Failure of the first attempt of any examination may require the student to undergo a period of remediation and re-write of the examination under the direction of the relevant clerkship committee.

   - Clerks are fully responsible for ascertaining whether the Assistant Dean, Clerkship and/or Associate Dean UME has approved or denied a request for a deferred final examination and where/when the deferral will take place.

   - Lack of writing a final examination does not guarantee approval of a deferred examination. The final authority to grant or deny a deferred final examination is vested with the Assistant Dean, Clerkship and/or Associate Dean UME. Deferred final examinations will not be granted if it is determined that just cause is not shown by the student.

4. **Acceptable reasons for deferral:**

   A request for deferral of a final examination may be granted to students who are prevented from writing the exam for the following reasons:
   a) Illness or Medical Emergency
   b) Domestic Affliction
   c) Religious Conviction
   d) Other (faculty approved activities)

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

   Application for Deferred Exam Form
5. How to Apply for a Deferral of an Examination

a) Requests for deferrals must be submitted as soon as possible, and before the student writes the scheduled exam. Students submitting a final examination for marking may not subsequently request a deferred final examination. Should a student write and hand in an examination for grading and later request the cancellation of the examination and a deferred examination or a retroactive withdrawal, such a request will be denied (https://www.ucalgary.ca/pubs/calendar/current/g-6.html). Requests for deferral due to illness or domestic affliction that arises on the day of the exam will not be accepted beyond two business days after the scheduled final exam.

b) A student who wishes to defer a final examination must first meet with the Assistant Dean, Clerkship and/or Associate Dean UME prior to the examination date to request an approved deferral.

c) The written Application for Deferred Final Examinations form must be submitted by the Student to Assistant Dean, Clerkship and/or Associate Dean UME for consideration. Requests for deferral of a clerkship exam should not be issued to the clerkship committee for the particular rotation. Application for Deferred Exam form - Application for Deferred Exam Form

d) The written application for deferral must specify the preferred deferral period (either pre-CaRMS or post-CaRMS).

e) The decision to grant or deny a deferral request should be issued in writing to the clerk within 3 days of the request, and before the regularly scheduled exam date. The Office of the UME (UME Program Supervisor) should receive a copy of the decision from the Assistant Dean, Clerkship and/or Associate Dean UME for placement in the Student File.

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

Application for Deferred Exam Form

B. Illness Or Medical Emergency

If a student is ill the day of the exam, the student must immediately notify the UME Evaluation team and/or UME exam invigilator of their situation before the start of the scheduled examination.

The written Application for Deferred Final Examinations form must be submitted by the Student to Assistant Dean, Clerkship and/or Associate Dean UME. Supporting documentation is not required at the time of your application submission. However, you must be able to provide supporting documentation if requested by UME no later than two business days after the scheduled final exam.

C. Illness that develops during an exam

If, during the course of an examination, a student becomes ill or receives word of domestic affliction, he or she should notify the exam invigilator, hand in their unfinished paper and request that it be cancelled. Normally, students are not permitted to request a cancellation of their examination once 50 per cent of the examination time has passed. The written Application for Deferred Final Examinations form must be submitted by the Student to Assistant Dean,
Clerks

Clership and/or Associate Dean UME. Supporting documentation is not required at the time of your application submission. However, you must be able to provide supporting documentation if requested by UME no later than two business days after the scheduled final exam. Students who do not apply for a deferred final examination within this time-period will not be considered for a deferred final exam (https://www.ucalgary.ca/pubs/calendar/current/g-6-2.html).

Since there may be a very short time period between the application deadline date and the writing of deferred exams, it is the student’s responsibility to ascertain whether or not the Assistant Dean, Clerkship and/or Associate Dean UME has approved the application and to obtain the deferral timetable.

Students with a disability who require special arrangements for their final examination must contact the Student Accessibility Services - https://live-ucalgary.ucalgary.ca/student-services/access

D. Religious Observance

Students unable to attend an examination due to religious observance must contact the Assistant Dean, Clerkship and/or Associate Dean UME immediately after publication of the examination schedule, and at least two weeks prior to the first date of the final exam period.

If a formative or mid-term evaluation lands on a religious observance day, students must give two weeks’ notice to the Assistant Dean, Clerkship and/or Associate Dean UME. The Assistant Dean, Clerkship and/or Associate Dean UME will discuss alternative courses of action (another test date or transferring the percentage weight for the test to the final examination). Religious observance does not preclude a student from meeting the requirements of the course or from having to meet deadlines for submission of assignments. Students who miss classes or clinical duties for religious observance must make-up the material covered in the class on their own.

The university reserves the right to require proof of religious observance.

E. Unforeseen Reasons

Students absent from a final examination due to unforeseen reasons must notify the Office of the UME within two business days of the missed examination. Students who are eligible but do not apply for a deferred final examination by this prescribed deadline shall automatically lose this privilege. Students who have been granted a deferred final, but who do not show just cause within two business days of the examination for not writing at the prescribed time, shall automatically lose the privilege of further deferral in that course.

Except in the case of a granted deferral, it is not possible to write an examination on any date other than the scheduled date.
F. Loss of Privilege

A student will automatically be considered to have an unsatisfactory performance and lose the privilege of further deferral in the course if the student does not appear for a scheduled examination without just cause or if a student who has been granted deferral finals but does not show just cause (within two business days after the scheduled examination) for not writing at the prescribed time.

A student may be refused permission (debarment) to write a final examination in a course, on the recommendation of the department concerned and with the concurrence of Assistant Dean, Clerkship and/or Associate Dean UME, in the following circumstance:

1. The student has neglected to complete all ‘must complete’ rotation requirements as outlined in Section 3 F above.
2. The student has a pending appearance at the Student Academic Review Committee (SARC); as per the SARC Terms of Reference, students who are required to appear before SARC for academic reasons will not be allowed to write a summative examination (including rewrites) until the SARC appearance is complete.

Special Request for Deferral to Present Academic Papers

The Faculty encourages student research and presentation of work at national forums and in peer-reviewed publications. On occasion, such presentations fall on the same day as a final examination. If possible, all efforts should be made to change the date of presentation or the meeting to which abstracts are submitted to avoid a final examination deferral.

To apply for a special circumstances deferral, the student must obtain prior approval from the relevant Course Chair/Clerkship Director and Evaluation Coordinator. Following this approval, the student will then make an appointment to meet with the Assistant Dean, Clerkship and/or Associate Dean UME to review the situation. If the Assistant Dean, Clerkship and/or Associate Dean UME grants approval for the deferral, the student will be expected to write the examination during the timetabled deferral/rewrite examinations for that academic year, unless otherwise directed by the Assistant Dean, Clerkship and/or Associate Dean UME.

Departmental Clerkship Committees are advised to inform the Assistant Dean, Clerkship and/or Associate Dean UME, regarding recommendations for debarment as soon as possible in advance of the final examination.

Application for Deferred Exam Form

SECTION 6: REQUESTS FOR DIFFERENT ASSIGNMENT – MEDICAL STUDENTS

Students should not be evaluated by individuals who have been their health care providers. In the event that a student is assigned to a preceptor or rotation site that has been directly involved in provision of health care to that student, it is expected that the student will inform UME so that an alternate preceptor or site can be assigned. Similarly, if a preceptor recognizes a student as a past patient, he/she should remove him/herself from involvement in academic assessment or promotion decisions regarding that student. Please refer to the Request for Different Assignment Guideline for details. (https://cumming.ucalgary.ca/mdprogram/about/governance)
SECTION 7: PROCEDURE FOR DEALING WITH REQUESTS FROM OUTSIDE STUDENTS WISHING TO TAKE PART OR ALL OF THEIR CLERKSHIP YEAR AT THE UNIVERSITY OF CALGARY

Occasionally, we receive requests from senior medical students from other medical schools to take part or all of their clinical clerkship in Calgary, usually because of personal reasons. These students are not requesting admission to the Cumming School of Medicine at the University of Calgary and, upon successful completion of their clerkship year, will receive their M.D. degree from their home university.

A. PROCEDURE

1. Only applicants currently or formerly enrolled in a medical school accredited by the LCME and the Committee for the Accreditation of Canadian Medical Schools will be considered.

2. Students must have completed satisfactorily the entire pre-clerkship training program at their university of origin and must be in their final clinical year. To process the request for transfer, the student must send transcripts accompanied by a letter outlining why he or she wishes to take part or all of his or her clerkship studies in Calgary.

3. The Associate Dean UME or designate will discuss with his or her counterpart in the student’s university of origin, the student’s pre-clinical performance and the reasons for the request. The Associate Dean UME or designate will determine if it is feasible to consider having the student take part or all of his or her clerkship year in Calgary. This will be dependent on local resources to ensure that the visiting student will not displace University of Calgary students.

4. The student must produce a letter of recommendation stating that he or she is in good standing from the Associate Dean UME of their university of origin. This letter should also include their university of origins specific requirements to meet their clerkship objectives.

5. The UME Student Academic Review Committee must approve all requests for visiting students wishing to do their entire clerkship year at the University of Calgary. This Committee can consider these requests provided that:

   a) There is support from the Associate Dean UME or designate at the University of Calgary and the counterpart of the Canadian University from which the visiting student will graduate. This must include justification for the request from the sponsoring university and confirmation of good academic standing in their university of origin.

   b) There are sufficient resources at the University of Calgary such that the visiting student will not displace University of Calgary students (Minutes of the UME Student Academic Review Committee, March 14, 1997).
SECTION 8: GUIDELINES FOR ILLNESS AND LEAVES OF ABSENCE

A. GENERAL

The clerkship shall be of 66 weeks duration.

B. ILLNESS AND LEAVE OF ABSENCE

Because of the professional responsibilities of the clinical clerk, the reason for any unexpected absence from a clerkship rotation will be made known to the Clerkship Director or the immediate preceptor. In all cases, students must submit the online absence form on OSLER and inform his/her attending/preceptor and senior resident. Students must follow the guidelines regarding absences in the core document of each rotation.

1. Medical Appointments

For individual medical appointments booked in advance, students must inform preceptors and senior resident of the appointment in a timely manner prior to the appointment day. The student will minimize time away to time required for travel to and from the appointment.

If multiple anticipated absences are required, then the student must book an appointment with the Assistant Dean, Clerkship and/or Associate Dean UME to discuss impact on completion of clerkship requirements.

2. Illness

In the case of illness, the Assistant Dean, Clerkship and/or Associate Dean UME and the Departmental Clerkship Committee will judge whether a student’s absence from a rotation has significantly affected the satisfactory completion of that rotation. Clerkship Director, Assistant Dean, Clerkship and/or Associate Dean UME may require physician’s note if a student:

- missed mandatory component of rotation
- has repeated episodes of illness
- has illness of >3 days duration

Each clerkship rotation may have separate policies on making decisions on the necessary adjustments to the student’s program. The student is asked to refer to each clerkship core document regarding that clerkship’s specific policy.

Repeated documented illnesses, even of shorter duration than three days, will be brought to the attention of the Assistant Dean, Clerkship and/or Associate Dean UME. This may lead to a meeting with the student and the need for further documentation related to a pattern of repeated or unusual absences and the possible effect on student performance. Please refer to the Leave of Absence Guideline for details regarding leaves of absence. (https://cumming.ucalgary.ca/mdprogram/about/governance)

If student illness occurs on an examination date, please refer to the Examination Deferral Policy included in this document.
SECTION 9: POLICIES, GUIDELINES AND OTHER RELEVANT INFORMATION

Please refer to the Undergraduate Medical Education website (https://cumming.ucalgary.ca/mdprogram) on policies, guidelines and other relevant information.

UME Policies, Guidelines, Forms and Terms of Reference (TOR) https://cumming.ucalgary.ca/mdprogram/about/governance

Relevant Clerkship Policies and Guidelines:
- Accident and Incident - Protocol for Incident Exposure
- Attire Guideline
- Clerkship Student Feedback Policy
- Clerkship Work Hours Policy
- CSM Reappraisal of Graded Term Work and Academic Assessments
- CSM UME Academic Assessment and Graded Term Work Procedures
- DLRI Accommodations Guidelines
- Electives Diversification Policy
- Emergency & Disaster Preparedness Policy
- Exam Reviews Policy
- Leave of Absence Time Away Guidelines
- Medical Student Travel Policy
- MSPR - Medical Student Performance Review Policy
- N95 Mask Fit Test Policy
- Off Site Examination
- Parking - Medical Students
- Request For Different Assignments - Medical Students
- Safety - Medical Students
- Student Evaluation Development and Maintenance Policy
- Student Files

UME COVID-19 Notices and Information https://cumming.ucalgary.ca/mdprogram/current-students/student-resources/covid-response-plan


Workplace Health and Safety (WHS)
AHS WHS for the Calgary Zone has been kind enough to provide us with a person as a first point of contact for questions about your own health related to the workplace. If you have any questions related to your health and COVID, please feel free to contact:

Andres Nino
Workplace Health & Safety Advisor
Calgary Zone, Alberta Health Services
Office: 587-774-7462
Andres.Nino@albertahealthservices.ca


Physician Covid line is (587) 284-5302
Medical Students: Addressing Concerns and Complaints of Mistreatment
http://mistreatment.ucalgary.ca/

Students Emergency/Crisis
https://cumming.ucalgary.ca/mdprogram/ume-advice-student-emergency-crisis

Student Advising & Wellness
https://cumming.ucalgary.ca/mdprogram/current-students/student-advising-wellness

AMA Physician and Family Support Program
https://www.albertadoctors.org/services/physicians/pfsp
(Toll-free 1.877.767.4637; 1.877.SOS.4MDS)

Office of Professionalism, Equity and Diversity (OPED)
http://cumming.ucalgary.ca/equity/

Guidelines for dealing with late clerkship ITER
https://cumming.ucalgary.ca/mdprogram/current-students/clerkship/guidelines-dealing-late-clerkship-iter

AHS Disaster/Emergency Response – (Student Helpful Links on OSLER)
https://osler.ucalgary.ca/ (https://osler.ucalgary.ca/ume/misc/Reference-Disaster-Response-Trainees.pdf)

Lockers for clinical clerks (Student Helpful Links on OSLER)

Pager information

If your pager is lost, stolen, or broken/damaged, please contact the UME for a replacement. You will need to bring another cheque for $250 which we will deposit.

If your pager is not working properly, take it to the Information Desk in the main lobby of any of the hospitals so they can send the pager away for repair. Please ensure that you let them know that you are a clerk from the UME. You will be given a replacement pager. Make sure that the substitute pager is linked to your pager number as that is the number which appears on the distributed Pager List. You will have to pick up the repaired pager at the same hospital at which you dropped it off. Return the borrowed pager, making sure it is un-linked to your pager.

Wellness and Mental Health resources

The University of Calgary recognizes the pivotal role that student mental health plays in physical health, social connectedness and academic success, and aspires to create a caring and supportive campus community where individuals can freely talk about mental health and receive supports when needed. We encourage you to explore the excellent mental health resources available throughout the university community, such as counselling, self-help resources, peer support or skills-building available through the SU Wellness Centre (Room 370, MacEwan Student Centre, https://www.ucalgary.ca/wellness-services/services/mental-health-services) and the Campus Mental Health Strategy website (http://www.ucalgary.ca/mentalhealth/).
Appendices:

Appendix I

Changes to the Clerkship, Class of 2022

Multiple changes were required to optimize the overall schedule for the clerkship for the class of 2022.

1. **Movement of Electives**

   Normally, the majority of CMS students begin clerkship with several weeks of electives. This has traditionally been seen as a way to avoid having two full classes of clerks overlapping in the mandatory rotations: this would overwhelm our capacity for learners in many clinical areas and would lead to a marked dilution of the educational experience.

   A decision was made by the AFMC UME Deans Network (all Canadian Medical Schools represented) to suspend visiting electives in response to the COVID 19 pandemic. The decision was made initially to not allow visiting electives for any students until July 2021. Therefore, we made the decision to alter the schedule for the clerkship to ‘back load’ several weeks of electives to the time period between July and the MSPR cutoff so that, should visiting electives resume, CSM clerks would be able to complete several weeks of visiting electives. By manipulating the schedule, we were able to move 10 weeks of elective time into this time period for most students.

2. **Delayed Start/End of the Clerkship**

   The class of 2022 was originally scheduled to start clerkship on January 11, 2021. In order to accommodate time that was lost in the pre-clerkship, the decision was made to have the class of 2022 start clerkship two weeks later, on January 25, 2021. In order to maintain the duration of the clerkship in total, the clerkship for the class will also end two weeks later than originally planned.

3. **Adjustment of Rotation Durations**

   In order to accommodate the shift of elective weeks later in the clerkship (as described in 1, above), some clerkship rotations were shortened and some new educational sessions were developed (see 4, below). For the class of 2022, the duration of each rotation is:

   - Internal Medicine:  8 weeks (2x4 week blocks)
   - Family Medicine: 6 weeks (4 week block, 2 week block); normally 8 weeks
   - Surgery:  6 weeks (4 week block, 2 week block)
   - Psychiatry:  4 weeks; normally 6 weeks (4 week block, 2 week block)
   - Obstetrics/Gynecology:  4 weeks; normally 6 weeks (4 week block, 2 week block)
   - Paediatrics:  6 weeks (4 week block, 2 week block)
   - Emergency Medicine:  2 weeks
   - Anesthesia:  2 weeks
   - Electives: 14 weeks (7x2 week blocks)

4. **Development of New Educational Sessions**

   In order to accommodate the shift of elective blocks (see 1, above) new educational events needed to be developed that would provide meaningful educational content but avoid having students from the class of 2022 in the clinical environment (14 weeks
between January 25 and May 2) as the students in the class of 2021 (who finish clinical rotations in clerkship on May 2, 2021). Several new clerkship elements were planned and developed.

a. **Bootcamp Week**

This week at the beginning of clerkship (will be first or second week of clerkship) will include multiple different sessions, designed to either make-up for elements of the pre-clerkship that were lost or altered due to the pandemic, or, other teaching designed to facilitate the transition into clerkship.

i. Physical exam sessions in neurology

ii. History/mental status testing in psychiatry

iii. Case based learning sessions to practice

   1. History taking
   2. Physical exam skills
   3. Patient presentation to preceptor

iv. Suicide prevention training

v. Formative Cards-based exams (one on day one of the first two weeks; a second on the final day of the first two weeks of clerkship)

b. **Junior Clerkship Week**

Students will spend one week (half the class will be in this, half will be in the Bootcamp week above) in the first two weeks of clerkship. Students were able to have some degree of agency in selecting their clinical areas of interest. The goal of this week is to allow students a safe reintroduction into the clinical environment where they will not be expected to have significant patient care involvement (although this may occur) but are intended to gain a better appreciation of the role of a clerk in the clinical environment. Students will be evaluated in this week with a short ITER, similar to that used in the clinical core sessions in the pre-clerkship (see appendix II). Some clinical areas plan to pair the ‘junior clerk’ with a more senior student; other areas will pair the clerk with a resident while others will just add the learner to their existing clinical teams.

c. **Community Engagement Learning (CEL) Electives**

Working with our partners in the Indigenous, Global, Local Health (IGLH) office, we planned to provide students with a week-long CEL elective that would provide students with an experience working with community partner agencies. Students would spend one week each, half between Feb 8 – Mar 7 and half between Apr 5 – May 2 (eight weeks, each with ~ 20 students). Each week would begin with introductory pre-reading/online sessions on:

i. Bystander training

ii. EDI

iii. Bias/power/privilege

iv. Indigenous perceptions on health

v. Site-specific introductory training

The plan was for this to be followed by three days working on site with one of the community partner agencies to learn while assisting with the service provided by that partner to the community they serve (e.g. immigrant health society, indigenous health center, etc). Unfortunately, with the COVID situation in Calgary at the beginning of January, many of the partners were reluctant to commit to bring students into their facilities. Therefore the in person sessions will
be replaced with one or more panel discussions from representatives from some of the partner agencies. Students will then reconvene with a preceptor for a small-group reflection session on the final day of the CEL week.

Evaluation form and objectives can be found in appendix III.

d. *Interprofessional Education (IPE) Electives*

Students spend one week each, half between Feb 8 – Mar 7 and half between Apr 5 – May 2 (eight weeks, each with ~ 20 students) working with a non-physician member of the health care team. These weeks may comprise less than five full days of time, due to capacity limitations.

Evaluation form and objectives can be found in appendix IV.

e. *Course 8 Sessions*

Part of the content of Course 8 will be front loaded in two-week blocks (paired for any given student with one week of CEL elective and one week of IPE elective). Sessions in this time will include lectures, small group work and SP sessions; some will be done online, some will be in-person learning. This will allow for time to be freed up later in the year for clinical work during clerkship rotations, as there will be fewer Fridays where students return to UME for Course 8 learning. Each student will have two weeks dedicated to Course 8 learning between Feb 8 – Mar 7 or Apr 4 – May 2.

f. *Mandatory Rotation*

All students will have four weeks of mandatory rotations from March 8 to April 4. Allocation of students to their particular rotations was achieved through the normal clerkship lottery, completed in December 2020.

g. *Elective Blocks*

Students will complete two, two-week elective blocks. Half of the students are on electives from Feb 8 – Mar 7; the other half are from Apr 5 – May 2. Students were given permission to reach out to elective coordinators on December 8, 2020 to book these elective blocks; all of these will be completed locally because of the national restriction on visiting electives.

A diagram displaying the novel schedule for the first 14 weeks of the clerkship for the class of 2022 can be found in appendix V.
Appendix II

Junior Clerkship Outline, Objectives and Evaluation Form

Junior Clerkship
Students will spend one week (four days) in the ‘Junior Clerkship’ (JC). The goal of the JC will be to reintroduce students to the clinical environment (specifically the role of the clerk in the clinical environment) as they have had less clinical exposure than usual due to the COVID 19 pandemic. Students are not expected to be active members of the care team; their role will be largely observational, although observed patient interactions are permitted. Each clerkship rotation has developed plans to introduce the clerks safely into the clinical environment. For example, in some clinical placements, students will be directly working with residents, more senior clerks (from the class of 2021) or with faculty. Junior clerks will be in the first or second week of their clerkship for this placement. Junior clerks should be encouraged to ask questions about the practical aspects of working as a clerk, expectations and suggestions for success through the remainder of their clerkship.

During the week of JC, students will experience one clinical placement.

Enabling Objectives
At the end of this junior clerkship placement, students will be able to:
- Describe the role of the clerk in the clinical environment
- Describe the role of faculty, residents and other health professionals in the clinical environment

Terminal Objective
At the end of this junior clerkship placement, students will be able to:
- Demonstrate professional interpersonal relationships with patients, other learners, medical faculty and other health professionals in the clinical environment

Evaluation of students
Students will be evaluated through the use of a short, online (one45) evaluation of the student’s ‘entrustability’ to move into patient care in clerkship:

*Based upon your observed performance of this student, do you feel that they are ready to progress from observing clinical interactions with patients to directly interacting with patients on clinical rotations while having proactive supervision/routine oversight from a clinical preceptor?

Comments to the student are welcomed; the comments within this Junior Clerkship will not appear on the Medical Student Performance Record. Comments are mandatory for any student who is not felt to be able to meet the ‘entrustability’ standard described in the assessment.

Please keep in mind that the Junior Clerkship is a pilot project, developed in response to the pandemic-related changes in our MD program. Input will be solicited from faculty and students on what has worked well in the pilot as well as where there are opportunities for improvement.
Junior Clerkship Evaluation Form

\[ \text{University of Calgary} \]
\[ \text{Clinical Clerkship} \]
\[ \text{Evaluation By: evaluator's name} \]
\[ \text{Evaluating: person (role) or moment's name (if applicable)} \]
\[ \text{Dates: start date to end date} \]

* Indicates a mandatory response

**Junior Clerkship ITER**

**Conflict of Interest**
I understand that there are a number of potential reasons for a conflict of interest with this student (e.g., having been the student's treating physician, having been the student's employer, having a personal relationship with the student and/or their family members).

<table>
<thead>
<tr>
<th>Indicates a conflict of interest, as described above, with this student and will contact the appropriate UME coordinator to have this evaluation reassigned to another preceptor.</th>
<th>Indicates a potential conflict of interest, as described above, with this student but do not feel that it is significant enough to preclude me filling out this evaluation. I recognize that the UME may contact me to clarify this point.</th>
<th>Indicates I do NOT have a conflict of interest, as described above, with this student and am thus able to complete this evaluation form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

**Attendance**

* Student attended 100% of expected clinical and educational activities.
  - No
  - Yes

Student was absent for ____ days. Please choose number of days from drop down.

---

**Entrustability**

* Based upon your observed performance of this student, do you feel that they are ready to progress from observing clinical interactions with patients to directly interacting with patients on clinical rotations while having proactive supervision/routine oversight from a clinical preceptor?
  - No
  - Yes

* If you've marked the above as "No" please provide comments:

  [Enter comments]

* Are you aware of the Graduation Educational Objectives & Competencies (Big 10)? [Click here for the Big 10 Graduation Educational Objectives.]
  - No
  - Yes

* Are you aware of the Course Objectives? [Click here for the Course Objectives.]
  - No
  - Yes

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

* Did you have an opportunity to meet with this trainee to discuss their performance?
  - Yes
  - No

(for the evaluator to answer...)

* Did you have an opportunity to discuss your performance with your preceptor/supervisor?
  - Yes
Appendix III

CEL Elective Objectives/Evaluation

Community Engaged Learning (CEL) Elective

Goal:
The goal of the CEL elective is to provide students with a learning experience that allows them to develop the knowledge, skills, and attitudes required to work effectively with people from marginalized communities and to understand the perspectives of individuals within these groups.

Terminal objectives:
At the end of this CEL elective, students will be able to:

1. Demonstrate exploration of social and structural contextual factors in a patient’s life that may influence their wellness, views of health and access to care
2. Demonstrate skills and qualities required to respectfully interact with marginalized populations using a patient-centered approach.
3. Demonstrate a reflective process to confront and challenge personal biases, stigma and stereotypes
4. Describe the role/value of interdisciplinary teamwork and holistic care that extends beyond the health system to include social work, law, and community services.
5. Discuss the concept of social accountability\(^1\) in medicine and the importance of cultivating a culture of “civic responsibility”\(^2\) in the medical profession.

For Indigenous Community Partner Placements
1. Discuss the knowledge required to develop respectful community relationships with Indigenous communities, including Elders, and understand the impacts of intergenerational trauma.
2. Contextualize Indigenous knowledge and ways of knowing and learning in the provision of patient-centered care to marginalized populations, including Indigenous patients.
3. (for non-Indigenous students) Discuss the process of critically examining our own positionality as settlers and its impact on engaging with Indigenous communities

\(^{1}\)Social accountability is defined by the WHO as “the obligation [of medical schools] to direct their education, research and service activities towards addressing priority health concerns of the community, region, and/or nation they have a mandate to service. The priority health concerns are to be identified jointly by governments, health care organizations, health professions and the public.”

\(^{2}\)A culture of civic responsibility is one where “physicians feel not only an individual obligation to their patients but also a collective obligation to local and global communities.”
Assessment of performance:
Upon completion of the learning experiences, the performance of the student will be rated on the scale below that is based upon the CanMEDS Health Advocate Role.\(^1\) The student will be rated by a physician/health care provider rater of their choice.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>None of the time</th>
<th>Some of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The student described important determinants of health and how these impact the health of an individual or community.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>The student described how access to healthcare and resources impacts the health of a specific community.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>The student worked with patients and families to support and respond to patient needs in a non-judgemental manner, respecting the inherent right of the individual to self-determination and seeking to understand that good health may look different to different people.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>The student incorporated disease prevention, health promotion, and health surveillance into patient interactions.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>The student identified the opportunity for socially accountable system level change to improve the health of a specific community, led by the communities themselves and supported healthcare and political leaders.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

References:
Appendix IV

IPE Elective Objectives/Evaluation

Interprofessional Education (IPE) Elective:

**Goal:**
The goal of the IPE elective is to provide students with a learning experience that allows them to develop the knowledge, skills, and attitudes required to function effectively within a multidisciplinary healthcare team.

Ancillary goals include:
- Enhance understanding of interprofessional collaboration
- Improve understanding of the roles of other healthcare professionals
- Foster mutual respect among health professions
- Provide an opportunity to develop collaboration skills with other healthcare profession staff and students

**Terminal objective:**
At the end of this IPE elective, the student will demonstrate effective collaboration with patients, other learners, medical faculty, and other health professionals in the clinical environment.

**Assessment of performance:**
Upon completion of the learning experiences, the performance of the student will be rated on the scale below that is a modified version of the Team Performance Scale described by Thompson et al.\(^1\) The student will be rated by a physician and non-physician rater of their choice and to achieve the threshold for acceptable performance the student must receive a score of \(\geq 2\) on \(\geq 5\) of the behaviours listed below based upon the ratings of both raters.

**Team Member Performance Scale**
Based on your **OVERALL** experience with this student, please estimate **HOW OFTEN** the following occurred using the scale: 1=None of the time; 2=Some of the time; 3=Most of the time.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student paid attention during group discussions.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. The student made effort to participate in discussions.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. The student explained their point of view.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. The student helped other team members to understand by paraphrasing what they were saying.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. The student encouraged others to express their opinions.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. The student respected different points of view.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. The student resolved differences of opinion by openly speaking their mind.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. The student worked to come up with solutions that satisfied all members.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. The student received criticism without making it personal.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. The student willingly participated in all relevant aspects of the team.</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**References:**
Appendix V

Diagram of Clerkship Schedule/Groups Class 2022

Course 8/Special Electives (IPE/Community Engagement)

<table>
<thead>
<tr>
<th>Feb 8</th>
<th>Feb 15</th>
<th>Feb 22</th>
<th>Mar 1</th>
<th>Mar 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>C8</td>
<td>C8</td>
<td>IPE elective</td>
<td>CEL elective</td>
<td></td>
</tr>
<tr>
<td>C8</td>
<td>C8</td>
<td>CEL elective</td>
<td>IPE elective</td>
<td></td>
</tr>
<tr>
<td>IPE elective</td>
<td>CEL elective</td>
<td>C8</td>
<td>C8</td>
<td></td>
</tr>
<tr>
<td>CEL elective</td>
<td>IPE elective</td>
<td>C8</td>
<td>C8</td>
<td></td>
</tr>
</tbody>
</table>
Appendix VI

Entrustable Professional Activities (EPA) Assessment

The Competency Committee was developed to review student readiness for graduation due to the unusual circumstances facing the class of 2020 during the COVID 19 pandemic. For the class of 2020, the Competency Committee retrospectively mapped the 12 Association of Faculties of Medicine of Canada (AFMC) Entrustable Professional Activities (EPAs; see below) to our clerkship ITERs. For the vast majority of students, the Committee felt that they were able to assess graduation readiness using this model.

For the class of 2021, who had a more substantially altered clerkship, we collected data ahead of time to inform the work of the Competency Committee. The intent was to ensure that we could assure ourselves, post-graduate training programs and the public that our students were ready for graduation. Taking advantage of the need to do this for the class of 2021 helps us to progress towards a more competency-based form of student assessment.

We will continue to use EPA assessments to inform the work of the Competency Committee for all classes in clerkship moving forward; students can reference the terms of reference of the Competency Committee for details. [https://cumming.ucalgary.ca/mdprogram/about/governance](https://cumming.ucalgary.ca/mdprogram/about/governance)

To that end, the Undergraduate Medical Education Committee (UMEC) has directed the clerkships to proceed with collecting data on student performance on a measure of Entrustable Professional Activities (EPAs) as defined by the AFMC [https://www.afmc.ca/en/faculties/entrustable-professional-activities](https://www.afmc.ca/sites/default/files/pdf/AFMC_Entrustable%20Professional%20Activities_EN_Final.pdf; see page 7 specifically)

We will be making this as streamlined as possible for both students and evaluators (faculty and residents). Each student will be expected to request a preceptor to complete EPA assessments during their clinical rotations. These will be very straightforward assessments of a single EPA at a time using a two-point scale (levels two and three of the five levels on the Ottawa Clinic Assessment Tool):

2—“I had to talk them through”—i.e., Able to perform some tasks but requires repeated directions
3—“I had to direct them from time to time”—i.e., Demonstrates some independence, but requires intermittent prompting — **this level of performance indicates that a learner is ready for ‘reactive supervision’, which is expected for a graduating medical student**

The tool to complete this assessment will be on one45 (the same tool used for ITERs). It can be completed by an attending physician or resident; non physicians cannot complete an EPA assessment (although we may consider this in the future). EPA assessments do not have to be pre-arranged. After a patient encounter, students can then request that a preceptor complete one or more EPA assessments.

The total minimum number of EPAs to be assessed was determined through a multistep process combining input from both the Clerkship Directors and the members of the Competency Committee. Students will need to demonstrate satisfactory performance on a total of 43 EPA assessments in the clerkship. **A minimum of two EPA assessments should be completed per week.** The detailed breakdown of the number of EPA assessments required for each of the 12 EPAs is in the table below:
<table>
<thead>
<tr>
<th>EPA</th>
<th>Description</th>
<th>Recommended minimum rated as &quot;ready for reactive supervision&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtain a history and perform a physical examination adapted to the patient's clinical situation</td>
<td>8 (should be demonstrated in &gt; 1 clerkship)</td>
</tr>
<tr>
<td>2</td>
<td>Formulate and justify a prioritized differential diagnosis</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Formulate an initial plan of investigation based on the diagnostic hypothesis</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Interpret and communicate results of common diagnostic and screening tests</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Formulate, communicate and implement management plans</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Present oral and written reports that document a clinical encounter</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Provide and receive the handover in transition of care</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Recognize a patient requiring urgent or emergent care, provide initial management and seek help</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Communicate in difficult situations</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Participate in health quality improvement initiatives</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>Perform general procedures of a physician</td>
<td>4 (should be demonstrated from &gt; 1 procedure)</td>
</tr>
<tr>
<td>12</td>
<td>Educate patients on disease management, health promotion and preventative medicine</td>
<td>3</td>
</tr>
</tbody>
</table>

While these are expected minimums for completion, there is no upper limit on the number of EPAs that a student could have assessed. There will undoubtedly be situations where a preceptor agrees to complete an EPA evaluation for a clerk but doesn’t follow through. As long as the clerk has completed all of the required EPA assessments by the end of clerkship, those that are not completed won’t matter. Keep in mind that the expectation is that clerks will have some EPA assessments that aren’t ‘successful’ (i.e. rated as a 2, not a 3).

For example, a student will regularly ‘present oral or written reports that document a patient encounter’ – EPA 6. They may ask 10 preceptors to complete EPA assessments on EPA 6. Of those 10, two aren’t completed (preceptor forgot); four are completed and rate the student as a ‘2’; and four are completed with the student rated as a ‘3’. That student has met the requirement for EPA 6, as they now have the required four satisfactory EPA assessments (indicating, as described above, that they are ready for ‘reactive supervision’). The fact that the student took ten ‘tries’ to complete this is irrelevant.

While students will be expected to collect EPA assessments regularly on their clinical rotations, some EPA assessments will also be completed through the Clerkship OSCE. By the end of clerkship, students must have EPAs that have been completed by at least four different preceptors/residents. This should be easily achieved.
The step-by-step process is (see screen shots below):

1. Student on a clinical rotation completes a task that matches with an identified EPA
2. Student asks faculty or resident to complete an EPA evaluation of this task that has been observed; this can be at any time during a rotation
3. Student logs into one45, selects the preceptor and sends the preceptor a request to complete a specific EPA evaluation (or could be more than one)
4. Evaluator logs into one45 and completes EPA evaluation by ticking one of two boxes and providing optional narrative feedback
Students see the results as soon as the evaluator submits them.

Preceptors will essentially see a one question form, requiring them to tick one of two choices to assess the student performance on a single EPA. There will be a comment box for feedback. Faculty can opt out of completing the form, and it will vanish from their to do list on one in 14 days if not completed.

The amount of work for students and evaluators should be minimal in order to prevent this data collection from being too arduous. The EPA assessments and any attached comments will not be a component of the MSPR. The EPA assessments will only be used by the Competency Committee to demonstrate
readiness to graduate. UME will monitor the completion of these EPA assessments and may have to modify procedures and processes.

**EPA Student Report**

Log into One45: [https://calgary.one45.com/](https://calgary.one45.com/)

Click on Report Center and choose “EPA Status Report”

Set your dates (critical to ensure you cover the entirety of your clerkship)

![Image of EPA Status Report](image)

You can see your status, the EPAs you’ve achieved, and the required number for each EPA

<table>
<thead>
<tr>
<th>EPA name</th>
<th>Expired/deleted</th>
<th>Pending</th>
<th>Completed</th>
<th>EPAs with min. score of 2</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 1</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>EPA 2</td>
<td></td>
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<td>EPA 6</td>
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</tr>
<tr>
<td>EPA 7</td>
<td></td>
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<td>0</td>
<td>2</td>
</tr>
<tr>
<td>EPA 8</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

This column is the number of EPAs you’ve achieved
Appendix VII

Clinical Pharmacology Resources

You can find a great resource for helping to manage your knowledge of clinical pharmacology in the clerkship here: [https://core.ucalgary.ca/other/clinical-pharmacology/](https://core.ucalgary.ca/other/clinical-pharmacology/). This document has been prepared to list the 100 most commonly encountered drugs in our clinical practice. It includes documentation of where in the curriculum you will have seen these drugs introduced.

Within the document there are further links that connect to other, related pharmacology resources.