



## Undergraduate Medical Education (UME) Medical Doctor Program (MD) Course Outline

Land Acknowledgement
<b>Territorial Land Acknowledgement</b> <a href="https://www.ucalgary.ca/indigenous/cultural-teachings/territorial-land-acknowledgement">https://www.ucalgary.ca/indigenous/cultural-teachings/territorial-land-acknowledgement</a>

<b>Course Number:</b>	MDCN 522.01
<b>Course Title:</b>	Emergency Medicine Clerkship
<b>Dates:</b>	Jan 20, 2025 – Apr 26, 2026
<b>Schedules and classroom locations:</b>	The timetable is located here <a href="https://cumming.ucalgary.ca/mdprogram/current-students/pre-clerkship-year-1-2/timetable">https://cumming.ucalgary.ca/mdprogram/current-students/pre-clerkship-year-1-2/timetable</a>  All information, including day to day detailed schedule with dates, times and locations of learning events, is located on the curriculum management system currently named OSLER. For clerkship: rotation schedule & location information will be emailed

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Course Description
University of Calgary calendar ( <a href="https://calendar.ucalgary.ca/">https://calendar.ucalgary.ca/</a> ) <a href="https://calendar.ucalgary.ca/courses?cq=&amp;career=Medicine%20Programs&amp;page=1">https://calendar.ucalgary.ca/courses?cq=&amp;career=Medicine%20Programs&amp;page=1</a>

Supplementary Fees/Costs
<b>Medical School Costs</b> <a href="https://cumming.ucalgary.ca/mdprogram/current-students/financial-aid/medical-school-costs">https://cumming.ucalgary.ca/mdprogram/current-students/financial-aid/medical-school-costs</a> <b>Financial Planning and Support Links</b> <a href="https://cumming.ucalgary.ca/mdprogram/future-students/financial-aid/financial-planning-and-support-links">https://cumming.ucalgary.ca/mdprogram/future-students/financial-aid/financial-planning-and-support-links</a>

Learning Resources
All learning resources will be found on Fresh Sheet and on the curriculum management system currently named OSLER.  Recommended texts/resources for Emergency Medicine:

- Ottawa Handbook of Emergency Medicine  
[https://emottawablog.com/sdm\\_downloads/ottawas-clerkship-guide-emergency-medicine/](https://emottawablog.com/sdm_downloads/ottawas-clerkship-guide-emergency-medicine/)
- Toronto Notes
- Tintinalli's Emergency Medicine, 9th Edition
- Rosen's Emergency Medicine: Concepts and Clinical Practice, 10th Edition
- FOAMED options include: CanadiEM ([canadiem.org](http://canadiem.org)), Emergency Medicine Cases ([emergencymedicinecases.com](http://emergencymedicinecases.com)), and ALiEM ([aliem.com](http://aliem.com))

**MEDICAL EXPERT**

For the following clinical presentations, the student is expected to:

1. Perform a focused history and physical exam specific to the following clinical presentations.
2. Formulate a differential diagnosis, including consideration and recognition of potential life threatening illnesses and injuries.
3. Develop a plan for management, including demonstrating a prioritized approach to the resuscitation and stabilization of medical, surgical, and traumatic emergencies.

**\* Denotes clinical presentations and procedures that are required for the log book**

**\* Abdominal Pain:**

1. Consider can't miss abdominal pain diagnoses such as abdominal aortic aneurysm rupture, ruptured ectopic pregnancy, mesenteric ischemia, incarcerated/strangulated hernia, and perforated bowel/viscus.
2. In a patient presenting with acute abdominal pain, consider extra-abdominal pathologies, such as (but not limited to) acute coronary syndrome, pneumonia, diabetic ketoacidosis, testicular torsion, etc.
3. Be able to differentiate between biliary colic, acute cholecystitis, cholangitis, hepatitis and pancreatitis and initiate treatment.
4. Identify the most common causes of bowel obstruction and initiate treatment.
5. Identify and initiate treatment for a patient presenting with renal colic
6. Identify and initiate treatment for a patient presenting with appendicitis.

**Pelvic pain:**

1. Outline the management for pelvic inflammatory disease, ectopic pregnancy, ovarian cysts and ovarian torsion.
2. Perform a pelvic examination including collections of swabs.
3. Identify non-gynecologic causes for pelvic pain.
4. Describe the risk factors associated with ectopic pregnancy.
5. Discuss the role of lab tests and ultrasound in the diagnosis of ectopic pregnancy.
6. Identify and initiate treatment for a patient presenting with an ectopic pregnancy.
7. Describe the differential for first trimester bleed and management of threatened and incomplete miscarriage, and retained products of conception.
8. In a patient presenting with pelvic pain, consider screening for sexually transmitted infections and sexual assault.

**Scrotal pain:**

1. Recognize the typical presenting signs and symptoms of these common causes of testicular pain:
  - a. Testicular torsion
  - b. Acute epididymitis/orchitis
  - c. Hernia
  - d. Testicular tumor
2. Describe the initial and definitive management of testicular torsion.
3. Describe how age may affect the Initial investigations and treatment for a patient presenting with epididymitis.
4. Identify and initiate treatment for a patient presenting with necrotizing fasciitis.

**\* Altered Mental Status:**

1. Define the term 'altered mental status'.
2. Calculate a patient's Glasgow Coma Scale (GCS).

3. Identify and initiate treatment for a patient presenting with seizures and/or status epilepticus.

\* Back Pain:

1. Identify the red flag features of serious causes of back pain.
2. Consider can't miss causes of back pain, such as trauma, cauda equina syndrome, spinal epidural abscess, discitis, and transverse myelitis.
3. Develop a differential diagnosis for non musculoskeletal causes of back pain, such as (but not limited to) aortic abdominal aneurysm rupture, renal colic, etc.

\* Chest Pain:

1. In a patient presenting with undifferentiated chest pain, identify the seven life threatening causes of chest pain.
2. Define acute coronary syndrome (ACS).
3. Identify the ECG changes characteristic of ACS.
4. Identify and initiate treatment for a patient presenting with ACS.
5. In a patient presenting with a ST elevation myocardial infarction (STEMI), describe the indications of urgent reperfusion therapy (PCI, thrombolysis); list the indications and contraindications for the use of thrombolytic therapy.
6. In a patient with acute chest pain, develop a differential diagnosis for non-cardiac causes, such as (but not limited to) gastroesophageal reflux disease, radiculopathy, biliary pathology etc.

\* Dyspnea/Shortness of Breath:

1. Identify historical or physical exam features that can differentiate between upper and lower airway pathology.
2. Identify non respiratory causes of undifferentiated dyspnea.
3. Identify and initiate treatment for a patient presenting with a chronic obstructive pulmonary disease (COPD) or asthma exacerbation.
4. Identify and initiate treatment for a patient presenting with decompensated congestive heart failure (CHF).
5. Identify the signs, symptoms and risk factors associated with venous thromboembolism.
6. Given a patient with shortness of breath in whom you suspect a pulmonary embolism, be able to appropriately apply clinical decision rules such as the PERC rule, Wells criteria and YEARS criteria to guide further investigations.
7. Initiate management for a patient presenting with venous thromboembolism (PE/DVT); apply clinical decision rules to guide management and disposition.
8. Identify the acid-base disturbance based on an arterial or venous blood gas result.

\* Fever and sepsis:

1. Describe the difference between fever and hyperthermia
2. Provide a differential for infectious and non-infectious causes of an elevated body temperature.
3. Define sepsis and septic shock.
4. Recognize special patient populations where fever has a different significance or impact and how it may alter their investigations and/or management.
5. Initiate appropriate therapy for patients with common infections seen in the emergency department, including (but not limited to) pneumonia, urinary tract infection, and cellulitis.

\* Trauma:

1. Appropriately apply the Canadian CT Head rules and Canadian C-spine rules to a patient.

2. Recognize the indications for application of a cervical collar and spinal immobilization.
3. Using a radiograph, describe a fracture using standard orthopedic terminology including the following: bone name, bone location, fracture type, communication, angulation, displacement, impaction and articular surface involvement.
4. Define compartment syndrome. Discuss its signs, symptoms, and management.
5. Describe a focused rapid assessment of the trauma patient using an organized primary and secondary survey.
6. Discuss possible pathology that can occur in each domain of the primary survey and recommend treatment/stabilization measures.
7. Describe fluid and blood resuscitation in trauma based on the class of hemorrhagic shock.
8. Discuss airway management of the trauma patient.
9. Describe the initial evaluation and assessment of the burned patient.
10. List the different degrees of burns and their distinguishing characteristics.
11. List the clinical features of an inhalational injury.
12. List the basic principles of burn management regarding: minor burn treatment, fluid resuscitation, infection control, and management of inhalation injuries.
13. Describe a systematic approach to pain management; including the pharmacology, contra-indications, and adverse effects of commonly used medications.
14. Identify injury patterns in keeping with non accidental trauma and when to consider screening for intimate partner violence.

\* Wound care:

1. Describe the key points in evaluating a wound.
2. List the indications and contraindications for immediate, delayed, and non-closure approaches.
3. Calculate the toxic dose of commonly used local anesthetics.
4. For the various types of laceration repairs (steri-strips, tissue adhesive, staples, sutures), list indications, contraindications, and technique.
5. Describe the size and type of sutures and timing of suture removal for various lacerations/parts of the body.
6. Recognize which wounds may require prophylactic antibiotics.
7. Describe the indications for tetanus toxoid immunization and tetanus immune globulin administration.

Shock:

1. Define shock.
2. Identify the historical and physical exam features that can categorize whether shock is from cardiogenic, obstructive, distributive, or hypovolemic causes.
3. For each category of shock, list the most common etiologies.
4. Initiate treatment for the most common etiologies of shock from each category.
5. Identify patient populations that may present with more subtle signs of shock.

Toxicologic ingestion and complications of substance use:

1. Define the term 'toxidrome'.
2. Be able to describe the characteristics of anticholinergic, cholinergic, opioid/sedative/hypnotic and sympathomimetic toxidrome.
3. Describe investigations that can help identify the source of poisoning in a patient, including their limitations.
4. Recall the types of decontamination used in poisonings and specific contraindications for their use.
5. Describe the clinical features associated with alcohol withdrawal and its management.
6. Describe the clinical features of opioid withdrawal and its management, including consideration of opioid

agonist therapy (OAT).

**Airway:**

1. List the indications for intubation.
2. List the predictors of a difficult airway by laryngoscopy.
3. List the predictors of difficult non-invasive airway management.
4. Define rapid sequence intubation (RSI).
5. Understand the indications and contraindications for the use of non-invasive positive pressure ventilation in the ER.

**Cardiac arrest:**

1. Describe the basic life support (BLS) primary survey.
2. Describe the advanced cardiovascular life support (ACLS) primary and secondary survey
3. List the indications for defibrillation.
4. List the most common causes of pulseless electrical activity (PEA).
5. Interpret cardiac rhythm strips – including asystole, bradycardia, first, second, and third degree heart block, ventricular tachycardia, ventricular fibrillation, supraventricular tachycardia.

**Syncope:**

1. Define and differentiate the different types of syncope.
2. List the historical and physical exam features that can differentiate between syncope and seizure.
3. Recognize high risk ECG features in a patient who presents with syncope.

**Electrolyte abnormalities:**

1. Differentiate and outline the initial management considerations of diabetic ketoacidosis and hyperglycemic hyperosmolar state.
2. Describe the signs and symptoms associated with hypoglycemia.
3. Describe the methods of treatment for a patient presenting with hypoglycemia.
4. Describe risk factors for developing hyperkalemia.
5. Identify the electrocardiographic (ECG) manifestations of hyper- and hypokalemia.
6. List the principles of managing a patient with hyperkalemia.
7. List the principles of managing a patient with hyponatremia.

**Gastrointestinal bleed (GI):**

1. Describe the anatomy that separates an upper GI bleed from a lower GI bleed.
2. Using history and physical exam features, differentiate an upper GI bleed from a lower GI bleed.
3. Identify the risks factors and the causes of an upper GI bleed and a lower GI bleed.
4. Identify and initiate treatment for a patient presenting with an upper GI bleed secondary to both variceal and nonvariceal bleeding.
5. Identify and initiate treatment for a patient presenting with a lower GI bleed.

**Headache:**

1. Describe the difference between primary and secondary headache disorders.
2. List the common causes of secondary headaches.
3. Use diagnostic criteria to diagnose a patient with migraine.
4. List common ED treatments for migraine.

5. Describe the “red flag” symptoms for headache.  
Identify indications and contraindications for lumbar puncture in the ED.

**Focal weakness:**

1. Describe the difference between transient ischemic attack (TIA) and cerebrovascular accident (CVA).
2. Describe indications and contraindications for thrombolytic therapy in the treatment of acute stroke.
3. In a patient presenting with focal weakness, differentiate between upper and lower motor neuron pathology.

**Vertigo/dizziness:**

1. List the historical and physical exam features that can differentiate vertigo/dizziness from presyncope/syncope.
2. Identify historical and physical exam features that differentiate between peripheral and central causes of vertigo..
3. Describe the historical and physical exam features of posterior circulation strokes.
4. Explain the limitations of different imaging modalities on visualizing posterior circulation strokes.
5. Appropriately list the indications for and perform the Dix Hallpike maneuver.

**Psychiatric complaints:**

1. Using the most current DSM criteria, elicit the common symptoms associated with generalized anxiety disorder and major depressive disorder.
2. Perform a mental status exam, including assessment of suicide/homicide risk.
3. Identify high risk factors for suicide.
4. Describe the process of medical clearance.
5. Identify conditions that can mimic symptoms of mental illness.
6. Recognize the agitated and potentially dangerous patient; be able to describe appropriate methods for de-escalation and restraint.
7. Differentiate between delirium, dementia and psychosis.

By the end of the Emergency Medicine clerkship rotation, the student will have gained proficiency with a variety of procedures by actively participating in their performance. These procedures may include but are not limited to:

- Intravenous line insertion
- Application of oxygen via nasal cannula or non-rebreather face mask
- Local anesthetic infiltration
- Suturing \*
- Fracture or dislocation reduction
- Application of casts and splints \*

**COMMUNICATOR**

1. Demonstrate effective, non judgemental, and empathetic communication with patients and their families.
2. Effectively communicate discharge instructions to patients and their families.
3. Chart clearly, including positive and negative findings, investigations, reassessments and discharge instructions.
4. Present a clear verbal case report to attending staff.
5. Present a clear case summary and reason for consultation to a consulting service.
6. Effectively communicate in challenging situations (such as delivering bad news, addressing anger, disclosing medical error/adverse events).

7. Adhere to the ethical and legal requirements of confidentiality in all professional communication.

### **COLLABORATOR**

1. Establish and maintain effective working relationships with colleagues and other health care professionals.
2. Describe the roles of various providers of pre-hospital and emergency department care.

### **LEADER/MANAGER**

1. Describe the role of the emergency department in the healthcare system.
2. Describe the principles of triage.
3. Identify patients who need admission, an emergent consultation, or outpatient follow up.
4. Utilize health resources appropriately.

### **HEALTH ADVOCATE**

1. Demonstrate an awareness of the underlying psycho-social and socio-economic problems that may precipitate an Emergency Department visit.
2. Understand and respect wishes for resuscitation and life support.
3. Effectively communicate the different categories of goals of care.
4. Discuss how preventative care and health promotion is integrated into emergency care and practice these concepts in the care of patients.
5. Describe the factors that determine if a patient can be safely discharged home including severity of acute medical illness, mobility, comorbidities, cognition and supports.

### **SCHOLAR**

1. Attend and participate in scheduled academic sessions, such as Simulation and Key Concept Rounds.
2. Identify at least one learning objective per shift.
3. Read around cases, using appropriate resources.
4. Be able to perform a literature search while working a clinical shift and be familiar with reliable and commonly used electronic resources.

### **PROFESSIONAL**

1. Arrive on time for clinical shifts and academic sessions.
2. Exhibit honesty, integrity, commitment to altruism, and respect for the practice of medicine.
3. Recognize limitations and know when to ask for help.
4. Recognize patients requiring emergency attention by a supervising physician.
5. Demonstrate an understanding of the principles of informed consent.
6. Recognize and manage the psychosocial and ethical issues that commonly arise in the emergency department.

Please refer to core document on OSLER - <https://osler.ucalgary.ca/>

## **Evaluation and Course Requirements**

### **EMERGENCY MEDICINE Class of 2026**

- Formative MCQ (cards) = MC\*



- 7 completed One45s for shifts worked = MC
- Satisfactory Final Rotation ITER = MP
- Observed History and Physical = MC#
- Attendance and participation in teaching sessions = MC#
- Nursing Block = MC #
- Logbook = MC\*
- Clinical Expectations = MC
- Professionalism Expectation = MP
- Meet all expectations outlined in Core Document = MC

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)

# UCLIC student meet all expectations listed for rotation-based clerks except those noted by #

Please refer to Clerkship Student Handbook - <https://cumming.ucalgary.ca/mdprogram/current-students/clerkship/student-handbook> and core document on OSLER - <https://osler.ucalgary.ca/>


Grading	
The University of Calgary Medical Doctor Program is a Pass/Fail program. The grading system that will appear on a student's legal transcript is as follows:	
Grade	Description
CR	Completed Requirements
RM	Remedial Work Required
F	Fail
W	Withdrawal
MT	Multi-Term (Used for Part A Courses that fall under 2 different terms in the calendar year)
For Clerkship - A rotation signed off as “Satisfactory with Performance Deficiencies” will appear as a credit on a student's medical school transcript.	

One45 by Acuity Insights Overview
<p>The MD Program utilizes the One45 Software Program for assessment purposes for all evaluations in Year 1, 2 and 3. Students are able to view completed evaluations online through this software program. Evaluations and assessment data are collected at regular intervals.</p> <p>It is the student's responsibility to distribute their evaluations to preceptors and to follow up with preceptors if evaluations have not been completed by the deadline given out by the Undergraduate Medical Education (UME) Office.</p> <p>In addition to assessments and evaluations, One45 is also utilized to evaluate your preceptors and to gather information from students on their learning experiences.</p> <p>All students are provided training at the beginning of their program in Year 1. This would include a personal log in access code and password.</p>

One45 by Acuity Insights is used throughout your training in the MD Program (Undergrad).  
Website Link to Access One45 by Acuity Insights: <https://calgary.one45.com/>

#### **Course Evaluation/Feedback**

Student feedback will be sought at the end of each learning session as well as at the end of each course through the electronic UME evaluation tool.

At the end of each learning activity (ie. Lecture, small group, orientations, etc.), students will be asked to complete online evaluation forms to provide feedback to instructors regarding the effectiveness of their teaching and achievement of the learning objectives. An overall course evaluation will be completed following course completion.

Students are welcome to discuss the process and content of the course at any time with the Course Chairs or Preceptors.

#### **Internet and Electronic Device Information and Responsible Use**

Students are welcome to use laptops and other electronic note-taking devices in this course unless otherwise stated. Please be considerate of others when using these devices.

The use of laptop and mobile devices is acceptable when used in a manner appropriate to the course and classroom activities. Please refrain from accessing websites and resources that may be distracting to you or for other learners during class time. Students are responsible for being aware of the University's Internet and email use policy

<https://www.ucalgary.ca/legal-services/university-policies-procedures/acceptable-use-electronic-resources-and-information-policy>

#### **Professional Conduct**

Students, employees, and academic staff are also expected to demonstrate behaviour in class that promotes and maintains a positive and productive learning environment. As members of the University community, students, employees, and academic staff are expected to demonstrate conduct that is consistent with the University of Calgary Calendar, the Code of Conduct and Non-Academic Misconduct policy and procedures, which can be found at: <https://calendar.ucalgary.ca/uofcregs/university-regulations/integrity-conduct>

Students and staff are expected to model behaviour in class that is consistent with our professional values and ethics to promote and maintain a positive and productive learning environment. All students and staff are also expected to respect, appreciate, and encourage expression of diverse world views and perspectives. While critical thought and debate is valued in response to concepts and opinions shared in class, feedback must, at all times, be focused on the ideas or opinions shared and not on the person who has stated them.

Where a breach of an above-mentioned expectation occurs in class, the incident should be reported immediately to the Associate Dean or his/her designate. As stated in the University Calendar, students who seriously breach these guidelines may be subject to a range of penalties ranging from receiving a failing grade in an assignment to expulsion from the University.

University of Calgary Medical School – Student Code of Conduct

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

University of Calgary - Integrity and Conduct

<https://calendar.ucalgary.ca/uofcregs/university-regulations/integrity-conduct>

### Attendance and Participation Expectations

All learning events are mandatory. Attendance will be taken.

### Reappraisals and Appeals

Please refer to the CSM Reappraisal of Graded Term Work and Academic Assessments and CSM UME Academic Assessment and Graded Term Work Procedures for details regarding reappraisals and appeals

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

Please note by policy and terms of reference if the student plan to request a reappraisal of the result(s) of this exam/course, a formal reappraisal request in writing needs to be submitted to the Chair of Student Evaluation within 10 business days of receiving the result. Please refer to the CSM Reappraisal of Graded Term Work and Academic Assessments for further information.

(<https://cumming.ucalgary.ca/mdprogram/about/governance/policies>) (under C). When a reappraisal has been submitted, any scheduled rewrite exams for that course will be on hold, depending on the outcome of the Reappraisal. Unless, under extenuating circumstances, and at the request of the student an early rewrite may be granted, if approved by the appropriate Assistant or Associate Dean.

Chair of Student Evaluation

Email - [md.reappraisals@ucalgary.ca](mailto:md.reappraisals@ucalgary.ca)

Please complete the CSM Reappraisal Submission Form on the UME website to ensure all information has been included. (<https://cumming.ucalgary.ca/mdprogram/about/governance/policies>) – (under C)

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.

### Academic Accommodation

It is the student's responsibility to request academic accommodations according to the University policies and procedures listed below. The Student Accommodations policy is available at <https://ucalgary.ca/student-services/access/prospective-students/academic-accommodations>.

Students needing an accommodation because of a disability, or medical concerns should communicate this need to Student Accessibility Services (SAS) in accordance with the Procedure for Accommodations for Students with Disabilities <https://www.ucalgary.ca/legal-services/university-policies-procedures/student-accommodation-policy>.

For Student Accessibility Services, please contact the office at (403) 210-6019, visit: MacEwan Student Centre room 452, or email: [access@ucalgary.ca](mailto:access@ucalgary.ca). Students who have not registered with the Student Accessibility Services are not eligible for formal academic accommodation.

Students who require an accommodation in relation to their coursework or to fulfil requirements for a graduate degree based on a protected ground other than disability should communicate this need, preferably in writing, to the appropriate Assistant or Associate Dean

Students who require an accommodation unrelated to their coursework, based on a protected ground other than disability, should communicate this need, preferably in writing, to the Vice-Provost (Student Experience).

For additional information on support services and accommodations for students with disabilities, visit <https://live-ucalgary.ucalgary.ca/student-services/access>

### **Academic Integrity**

The University of Calgary is committed to the highest standards of academic integrity and honesty. Academic integrity is a core value of the University of Calgary. At UCalgary, academic integrity is a commitment to, and the demonstration of, honest and responsible scholarship. Maintaining academic integrity while earning your degree represents your true academic accomplishments. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect.

Academic integrity is the foundation of the development and acquisition of knowledge and is based on values of honesty, trust, responsibility, and respect. We expect members of our community to act with integrity.

Research integrity, ethics, and principles of conduct are key to academic integrity. Members of our campus community are required to abide by our institutional code of conduct and promote academic integrity in upholding the University of Calgary's reputation of excellence.

Student Academic Misconduct Policy and Procedure:

<https://www.ucalgary.ca/legal-services/university-policies-procedures/student-academic-misconduct-policy>

<https://www.ucalgary.ca/legal-services/university-policies-procedures/student-academic-misconduct-procedure>

Additional information is available on the Academic Integrity Website at

<https://ucalgary.ca/student-services/student-success/learning/academic-integrity>

### **Use of Artificial Intelligence Tools**

Generative Artificial Intelligence (AI), and specifically foundational models that can create writing, computer code, and /or images using minimal human prompting includes not only GPT-4 (and its siblings ChatGPT and Bing), but many writing assistants that are built on this or similar AI technologies.

In the MD program, learners may use artificial intelligence tools, including generative AI, as learning aids or to help produce assignments. Learners are ultimately accountable for the work they submit. Use of AI tools must be documented in an appendix for each assignment. The documentation should include what tool(s) were used, how they were used, and how the results from the AI were incorporated into the submitted work. Failure to cite the use of AI generated content in an assignment/assessment will be considered a breach of academic integrity and subject to Academic Misconduct procedures.

### **Academic Misconduct**

Academic Misconduct refers to student behavior which compromises proper assessment of a student's academic activities and includes cheating; fabrication; falsification; plagiarism; unauthorized assistance; failure to comply with an instructor's expectations regarding conduct required of students completing academic assessments in their courses; and failure to comply with exam regulations applied by the Registrar.

For information on the Student Academic Misconduct Policy and Procedure please visit:

<https://www.ucalgary.ca/legal-services/university-policies-procedures/student-academic-misconduct-policy>

<https://www.ucalgary.ca/legal-services/university-policies-procedures/student-academic-misconduct-procedure>

Additional information is available on the Academic Integrity Website at:

<https://ucalgary.ca/student-services/student-success/learning/academic-integrity>

### Research Ethics

If a student is interested in undertaking an assignment that will involve collecting information from members of the public, he or she must speak with the Assistant Dean, Research (UME) and consult the CHREB ethics website (<https://ucalgary.ca/research/researchers/ethics-compliance/chreb>) before beginning the assignment.

Students are advised that any research with human participants – including any interviewing (even with friends and family), opinion polling, or unobtrusive observation – must have the approval of the Conjoint Faculties Research Ethics Board (<https://research.ucalgary.ca/conduct-research/ethics-compliance/human-research-ethics/conjoint-faculties-research-ethics-board-cfreh>) or the Conjoint Health Research Ethics Board (<https://research.ucalgary.ca/conduct-research/ethics-compliance/human-research-ethics/conjoint-health-research-ethics-board-chreb>)

For further information see E.5 Ethics of Human Studies:

<https://calendar.ucalgary.ca/pages/627ed88eb4b041b7a2e8155effac3501>

For more information on ethics and compliance visit:

<https://research.ucalgary.ca/conduct-research/ethics-compliance>

### Intellectual Property

Course materials created by instructors (including presentations and posted notes, labs, case studies, assignments and exams) remain the intellectual property of the instructor. These materials may NOT be reproduced, redistributed or copied without the explicit consent of the instructor. The posting of course materials to third party websites such as note-sharing sites without permission is prohibited. Sharing of extracts of these course materials with other students enrolled in the course at the same time may be allowed under fair dealing.

### Emergency Evacuations and Assembly Points

Assembly points for emergencies have been identified across campus. The primary assembly point for the Health Sciences Centre (HSC) building is HRIC - Atrium. For more information, see the University of Calgary's Emergency Management website: <https://www.ucalgary.ca/risk/emergency-management/evac-drills-assembly-points/assembly-points>

In the case of an emergency during exam, immediately stop writing the examination and follow the direction of the invigilator and go to the nearest exit. Students should not gather personal belongings. Emergency Evacuation Procedures - <https://www.ucalgary.ca/risk/emergency-management/plans-and-procedures>.

### Supports for Students

Student Advocacy and Wellness Hub (SAWH): <https://cumming.ucalgary.ca/mdprogram/current-students/student-advising-wellness>

AMA Physician and Family Support Program: <https://www.albertadoctors.org/services/physicians/pfsp>

Student Wellness Services: <https://www.ucalgary.ca/wellness-services>

Safewalk: <http://www.ucalgary.ca/security/safewalk>

Campus security: call (403) 220-5333

Student Success Centre: <https://ucalgary.ca/student-services/student-success>

Libraries and Cultural Resources: <http://library.ucalgary.ca/>

Student Union: <https://www.su.ucalgary.ca/about/who-we-are/elected-officials/>

Graduate Student's Association: <https://gsa.ucalgary.ca/about-the-gsa/gsa-executive-board/>

Student Ombudsman: <http://www.ucalgary.ca/ombuds/role>

### 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/wellnesscentre/services/mental-health-services> ) and the Campus Mental Health Strategy website (<http://www.ucalgary.ca/mentalhealth>).

### Privacy Statement/Collection Notice

#### PROTECTION OF PRIVACY ACT

The University of Calgary (UCalgary) respects your privacy and is committed to ensuring the privacy of all students, staff, and community members. UCalgary's collection, use, and disclosure of your personal information is authorized under section 4(c) of the Alberta [Protection of Privacy Act](#) (POPA). It will be collected, used and disclosed as permitted under POPA and in accordance with UCalgary's [Privacy Policy](#) and [Notice of Collection, Use and Disclosure of Student Personal Information](#). All student assignments and personal information provided to your course instructor will remain confidential unless otherwise stated before submission. It may be used by UCalgary for program evaluation or accreditation purposes but will not be disclosed to anyone else without your permission unless permitted under POPA.

### Copyright Legislation

All students are required to read the University of Calgary policy on Acceptable Use of Material Protected by Copyright (<https://www.ucalgary.ca/legal-services/university-policies-procedures/acceptable-use-material-protected-copyright-policy>) and requirements of the copyright act (<https://laws-lois.justice.gc.ca/eng/acts/C-42/index.html>) to ensure they are aware of the consequences of unauthorized sharing of course materials (including instructor notes, electronic versions of textbooks, etc.) Students who use material protected by copyright in violation of this policy may be disciplined under the Non-Academic Misconduct Policy <https://www.ucalgary.ca/legal-services/university-policies-procedures/student-non-academic-misconduct-policy>.

### Sexual and Gender-Based Violence Policy

The University recognizes that all members of the University Community should be able to learn, work, teach and live in an environment where they are free from harassment, discrimination, and violence. The University of Calgary's sexual violence policy guides us in how we respond to incidents of sexual violence, including supports available to those who have experienced or witnessed sexual violence, or those who are alleged to have committed sexual violence. It provides clear response procedures and timelines, defines complex concepts, and addresses incidents that occur off-campus in certain circumstances. Please see the policy available at <https://www.ucalgary.ca/legal-services/university-policies-procedures/sexual-and-gender-based-violence-policy>

### ATSSL Guidelines

Please refer to the ATSSL Web Lab PPE Requirement:  
<https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

### UME Policies, Guidelines and Terms of References (TORs)

Please refer to the MD program website:  
<https://cumming.ucalgary.ca/mdprogram/about/governance>

<b>UME Forms</b>
Please refer to the MD program website: <a href="https://cumming.ucalgary.ca/mdprogram/current-students/student-resources/student-forms">https://cumming.ucalgary.ca/mdprogram/current-students/student-resources/student-forms</a>