## COURSE OUTLINE

<table>
<thead>
<tr>
<th>Course Number:</th>
<th>MDCN 490</th>
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</thead>
<tbody>
<tr>
<td>Course Name:</td>
<td>Intro to Clinical Practice (ICP) Part 1</td>
</tr>
<tr>
<td>Dates:</td>
<td>August 4-7, 2020</td>
</tr>
</tbody>
</table>

### Schedules and classroom locations:

For pre-clerkship:
Year 1 & 2 timetable is here
https://cumming.ucalgary.ca/mdprogram/current-students/pre-clerkship-year-1-2/timetable

Detailed schedule is located online in OSLER

ICP also has a course website: [http://intro.ucalgaryblogs.ca](http://intro.ucalgaryblogs.ca)

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td><strong>Course Chair:</strong></td>
<td>Anthony Seto <a href="mailto:anthony.seto@ucalgary.ca">anthony.seto@ucalgary.ca</a></td>
</tr>
<tr>
<td><strong>UME Program Coordinator:</strong></td>
<td>Erin Weir <a href="mailto:intro@ucalgary.ca">intro@ucalgary.ca</a></td>
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</tbody>
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### Course Description

Please refer to the University Calendar:
[http://www.ucalgary.ca/pubs/calendar/current/medicine.html#8554](http://www.ucalgary.ca/pubs/calendar/current/medicine.html#8554)

### Prerequisites

Not applicable in the MD program.

### Supplementary Fees/Costs

- Lab Coat (not used in ICP)
- Stethoscope
- iClickers (not used in ICP)
Intro to Clinical Practice (ICP) Part 1 will be hosted online this year from August 4 – 7, 2020. There is a total of 13 discrete educational sessions. Intro To Code Blue (ITCB) has two components: ITCB Video + ITCB SIM. You must complete the ITCB video before attending ITCB SIM.

### Session Listing (Official Titles)

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<td><strong>1</strong></td>
<td>ICP Kickoff / Orientation</td>
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<td><strong>2</strong></td>
<td>Electronic Clinical Resources</td>
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<td><strong>3</strong></td>
<td>Approach To Fluids</td>
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<td><strong>4</strong></td>
<td>Acute Care Approaches</td>
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<td><strong>5</strong></td>
<td>Clinical Documentation (Clin Doc)</td>
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<td><strong>6</strong></td>
<td>Presentations &amp; Consultations (P&amp;C)</td>
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<td><strong>7</strong></td>
<td>Teamwork Simulation (<strong>Team SIM</strong>)</td>
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<td><strong>8a</strong></td>
<td>Intro To Code Blue (ITCB Video)</td>
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<tr>
<td><strong>8b</strong></td>
<td>Intro To Code Blue (<strong>ITCB SIM</strong>)</td>
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<td><strong>9</strong></td>
<td>X-Ray Interpretation (X-Ray)</td>
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<td><strong>10</strong></td>
<td>Prescriptions &amp; Orders (Rx &amp; Orders)</td>
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<td><strong>11</strong></td>
<td>Pain Management (Pain)</td>
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<td><strong>12</strong></td>
<td>Beep-Beep Simulation (<strong>BBS</strong>)</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>Infection Prevention &amp; Control (<strong>IPC</strong>)</td>
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</table>

**Scheduled mandatory Zoom session**

Four sessions are part of the Collaborative Virtual Innovative Delivery (CoVID) format, which include (7) Team SIM, (8b) ITCB SIM, (12) BBS, and (13) IP&C. These are labelled with asterisks and bolded, in the table above. These four sessions have a mandatory scheduled Zoom session, for which you need to attend and participate. Facilitators will guide you through interactive, collaborative activities. For “Team SIM”, you will be practicing and reflecting on your teamwork skills, through a team-based exercise (escape game format). “ITCB SIM” will let you rehearse how to run codes through a few scenarios. “BBS” will engage you in a variety of clinical puzzles (escape game format) to prepare you for on-call situations. “IPC” covers infection prevention and control best practices and practical considerations; it involves puzzles, discussion, and role-playing.
The remaining ICP sessions are unscheduled, so they can be reviewed at any time, via video and electronic slides. There are opportunities for practice during each session, so pause the video to complete the activities, and learn at your own pace.

I have included a recommended schedule of where to self-schedule the learning sessions. This recommended schedule takes into account breaks as well as learning progressions. Try your best to do sessions in the recommended order, as this placement was educationally strategic.

Each student will be placed into 1 of 8 Ranger Colour groups. Each ranger colour group will be further split into 4 SIM Teams. You will be assigned a Ranger Colour + Sim Team, sticking with this combination for the ICP Part 1 course. The SIM Team # will let you know which Zoom room to enter (will be emailed).
If you are a Red Ranger, for example, you will only follow everything underneath the Red Ranger header. Refer to the above schedules to follow along. On August 4th, you are recommended to schedule in your review of “ICP Kickoff / Orientation”, “Electronic Clinical Resources”, “Approach To Fluids”, and Acute Care Approaches” sessions. On August 5th, it is mandatory to show up to the “Team SIM” session at 0830h on Zoom. Afterwards, you are recommended to schedule in your review of “Clin Doc” and “P&C”. On August 6th, you are recommended to schedule in your review of “X-Ray”, “Rx & Orders”, and “ITCB Video”. You must complete the “ITCB Video” before attending the mandatory “ITCB SIM” session at 1630h on Zoom. On August 7th, you have mandatory “BBS” and “IPC” sessions on Zoom at 0830h and 1045h, respectively. You are then recommended to schedule in your review of “Pain”. Once all ICP sessions have been reviewed, you will need to submit a Reflective Assignment in by 11:59pm Mountain Time, as part of the course completion criteria.

As you work through the material, questions that come up can be directed to myself, Anthony, at anthony.seto@ucalgary.ca, and I will get back to you as soon as possible. For all 13 ICP sessions, there will be 2 reflection questions to complete, as part of the Reflective Assignment that is due on the last day, August 7, at 11:59pm. This Reflective Assignment will be completed on One45, for which you will receive access. Upon the completion of each ICP session, log onto One45 to complete the corresponding questions, and then click “save” to save your work. Do NOT press submit until you are done reviewing all the ICP sessions and have completed all the reflective questions. The purpose of the Reflective Assignment are the following: i) promote reflective practice in your own medical journey and goal-setting (practical purpose), ii) encourages you to actively retrieve the material and reconsolidate the information learned (educational purpose), and iii) serves as “completion proof” of an ICP session (course purpose).

Please contact me at any time with regards to anything about the ICP course. I look forward to seeing and working with you through the online environment!

Enjoy the ICP online experience!

Anthony Seto
ICP Course Chair
“Blobfish”
anthony.seto@ucalgary.ca
Course website: http://intro.ucalgaryblogs.ca
Learning Objectives

ICP Kickoff / Orientation
1. Refuel excitement and energy for clinical training and future clinical practice
2. List course completion criteria
3. Describe ICP course schedule

Electronic Clinical Resources
1. Identify electronic resources useful for clinical practice
2. Practice finding information efficiently for clinical questions

Approach to Fluids
1. Discuss strategies to determine volume status (hypovolemia, euvoeumia, hypervolemia)
2. Describe how the Gorelick score can be used to determine level of dehydration in pediatric patients
3. List a differential diagnosis for hypovolemic shock (use Blackbook scheme)
4. List different types of fluid (i.e. crystalloids, blood products, other fluids/infusions such as dextrose and bicarbonate)
5. Determine maintenance fluid rates for adult and pediatric patients
6. Determine bolus fluid amounts for adult and pediatric patients
7. Discuss methods of administering a fluid bolus: gravity, pressure bag, rapid infuser pump, push-pull
8. Given clinical scenarios, propose fluid administration strategies

Acute Care Approaches
1. Watch a video demonstration on how a team of medical students may facilitate an altered level of consciousness scenario in a theatre-based simulation
2. Describe an approach to acute care presentations
   a. Initial steps
      i. Assessment: initial impression (see, smell, hear), vitals
      ii. Action: ?code blue management, IV, O2, monitor
   b. Code Blue management
      i. Assessment: rhythm, pulse
      ii. Action: CPR/defibrillation, epinephrine, Hs & Ts, teamwork
   c. Primary survey/assessment
      i. Assessment: Airway, Breathing, Circulation (ABCs)
      ii. Action: Management of ABCs, consider glucose level and ECG
   d. Secondary survey/assessment
      i. Assessment: SAMPLE history, head-to-toe exam, repeat vitals
      ii. Action: DDx, tailored investigations, treatment, disposition
3. Describe acute care approach modifications for:
   a. Trauma cases (ABCDE)
   b. Toxicological cases (ABCDEF)
   c. Mass gatherings / disasters (START Triage Algorithm)
4. Describe adjunctive approaches and concepts useful in acute care:
   a. BLS algorithm
   b. Pediatric vital signs and weight-based dosing
   c. DIM/DIMES mnemonic for altered level of consciousness
      i. Opioid triad and opioid toxicity management
      ii. Alcohol metabolism rate
      iii. Hypoglycemia rule of 50
Tea

work

Simulation

1. Through participation in an escape game housed in a simulation theatre, participants will deliberately practice applying at least one teamwork competency under each of the four domains of the University of Calgary Team Scheme (Leadership / Membership, Communication, Situation Monitoring, and Collaborative Decision Making / Mutual Support) (Application)

2. Through participation in the post-game debriefing session, participants will:
   a. Identify at least one strength or challenge encountered during the escape game, under each of the four Team Scheme domains (Comprehension)
   b. Propose a solution to each of the teamwork challenges previously identified (Synthesis)
   c. Select up to 3 goals as to how the Team Scheme competencies may be applied to one’s practice setting and/or life (commitment-to-change), through reflection upon the teamwork simulation experience (Evaluation)

Clinical Documentation

1. Describe the importance of clear and accurate documentation in clinical practice
2. Identify clinical note features that improve conciseness and support consistency
3. Identify and discuss the key components of Admission Notes, Emergency Department / Urgent Care Notes, OR Notes, Progress Notes, and Labour & Delivery Notes
4. Given medical scenarios, write appropriate clinical notes

Presentations and Consultations

1. Practice a structured process for presenting clinical cases to a preceptor (F-SOAP)
2. Identify tools that support a clinical consultation request
3. Practice a structured process for communicating with consultants (5Cs)
4. List elements to include in a referral letter

Intro To Code Blue

1. Conduct primary and secondary surveys
2. Develop initial management plans for select acute care patient presentations (ACS, anaphylaxis, tension pneumothorax, and UGIB)
3. Demonstrate the management of cardiac arrest cases (VT, pulseless VT, PEA, and asystole)
   a. Identify cardiac arrest rhythms: VF, pulseless VT, PEA, asystole
   b. Demonstrate early CPR and early defibrillation
   c. Demonstrate effective CPR and BVM techniques
   d. Demonstrate accurate dosing and frequency of epinephrine administration
   e. Select an appropriate defibrillation dose
4. List causes of cardiac arrest, using H’s and T’s as a mnemonic
5. Demonstrate attributes of effective team dynamics

X-Ray Interpretation

1. Describe an approach to the interpretation of chest, abdominal, and bone x-rays
2. Practice interpreting chest, abdominal, and bone x-rays
**Prescriptions & Orders**
1. Write prescriptions according to the Alberta College of Pharmacists Standards of Practice
2. Demonstrate modifications to prescription-writing for pediatric patients by including a patient’s weight and calculating weight-based doses
3. Identify tools to look-up prescription considerations for patient contexts such as liver disease, renal disease, pregnancy, and breastfeeding
4. Identify where to obtain information on drug interactions
5. Identify where to obtain information on TPP Alberta
6. Identify resources for de-prescribing
7. Write an example admission order, using the mnemonic “AD-DAVID”
8. Discuss pitfalls in writing prescriptions and orders that may lead to medical error
9. Discuss safe approaches to writing prescriptions and orders
10. Write legibly on all prescriptions and physician orders
11. Identify abbreviations and acronyms that should be avoided when writing orders to prevent medical error

**Pain Management**
1. Describe an approach to acute pain management
2. List common dose regimens and adverse effects for acetaminophen
3. List commonly encountered NSAIDS and their common dose regimens and adverse effects
4. List commonly encountered opioids and their common dose regimens and adverse effects
5. List medications that can be used for neuropathic pain
6. List examples of local anesthesia agents, their toxic doses, and adverse effects
7. List analgesia strategies for infants and pediatric patients
8. Given pain scenarios, outline appropriate analgesia plans

**Beep-Beep Simulation**

**Hyperkalemia**
1. Identify manifestations of hyperkalemia
2. Identify peaked T-waves as an early ECG change in hyperkalemia
3. Discuss an approach to the differential diagnosis to electrolyte abnormalities
4. Identify indications for treating acute hyperkalemia
5. List potential treatments for acute hyperkalemia

**Chest Pain**
1. List 6 life-threatening causes of chest pain
2. Identify features on history and physical examination for high risk chest pain
3. List appropriate initial investigations in a patient with chest pain
4. Identify concerning ECG features in a patient with chest pain
5. Propose initial management plans for select chest pain presentations

**Hyperglycemia**
1. Outline a differential diagnosis for hyperglycemia in patients with and without diabetes
2. List manifestations of hyperglycemia
3. Practice the use of the Basal Bolus Insulin Therapy (BBIT) protocol
4. Describe an approach for the management of DKA
Agitation
1. Define agitation
2. Identify risk factors for agitation
3. Describe an approach for the differential diagnosis of agitation
4. List preventative and proactive measures when interviewing agitated patients
5. List verbal methods of de-escalation
6. List physical and chemical methods of de-escalation

Fall
1. Outline a differential diagnosis for why a patient may fall
2. Identify features on history and examination important in elucidating the cause of a fall
3. List the Canadian CT Head Rule criteria, including its inclusion criteria
4. Identify hip fractures on x-rays

Fever
1. Outline a differential diagnosis for fever
2. Describe appropriate investigations for a septic work-up
3. Identify potential causes of post-operative fever (based on post-operative day)
4. List the criteria of SIRS and qSOFA, and identify which is more sensitive or specific for predicting mortality in sepsis

Infection Prevention and Control

Application and Resources
1. Discuss the implications of proper and poor IP&C practices
2. Identify the common breaches of proper IP&C practice
3. Discuss practical considerations when on clinical rotations (e.g. cleaning stethoscopes, navigating paperwork and charts, navigating acute care situations)
4. Identify and review available IP&C resources (e.g. contact information, local statistics, isolation precautions, routine practices, and outbreak management)

Skill Demonstration
1. Discuss the indications and differences between alcohol-based hand rub and handwashing
2. Discuss and demonstrate proper hand hygiene technique
3. Discuss and demonstrate the proper sequence and technique of donning and doffing personal protective equipment

Outbreak
1. Define an outbreak
2. Describe the main steps in outbreak management and prevention
3. Describe different types of infection control practices for different outbreak conditions

Communication
1. Discuss an approach to communicating to a colleague or preceptor who is not following proper IP&C practices
2. Discuss strategies to effectively explain to patients the rationale behind IP&C practices

Course Text(s)/Recommended Reading/Learning Resources

Course Website:
http://intro.ucalgaryblogs.ca
### Evaluation Method
ICP is a “complete” or “fail” course. In order to successfully complete the course and receive credit, the following course completion criteria must be satisfied:

1. 100% Zoom Session Attendance (exception: absences approved by UME, where make-up assignments must be submitted within 72h from missed session)
2. Review all ICP sessions and then complete/submit the Reflective Assignment (found on One45), by course end date at 11:59pm

### Examination
There is no written examination for this course. In lieu of a written examination, attendance must be 100% to complete the course (exception: absences approved by UME, where make-up assignments must be submitted within 72h from missed session)

### Excused Absences
Occasionally, certain circumstances may preclude a student from attending sessions. Please contact the Course Chair (anthony.seto@ucalgary.ca) and Course Coordinator (intro@ucalgary.ca) if this applies. Completion of make-up assignments will be required for excused absences to ensure that students meet the learning objectives of missed sessions. Make-up assignments must be emailed to anthony.seto@ucalgary.ca and intro@ucalgary.ca within 72 hours of the scheduled end of the missed session(s).

### Course Remediation and Failure
Failing to meet any course completion criteria results in a failure. Because the remediation process should be based on the reason for failure, the remediation task will be based on professionalism; missing deadlines or not showing up to mandatory sessions breaches professionalism. If you need to remediate the course, you will be completing the ICP Reflective Essay, which covers the rationale and benefits of deadlines, implications of missing deadlines, and proposing strategies to meet deadlines, including realistic modifications you can make in your own life to help meet deadlines. If you need to remediate the course, you will receive an email with further detailed instructions.
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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>CR</td>
<td>Completed Requirements</td>
</tr>
<tr>
<td>RM</td>
<td>Remedial Work Required</td>
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<tr>
<td>F</td>
<td>Fail</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
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<tr>
<td>W</td>
<td>Withdrawal</td>
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<tr>
<td>MT</td>
<td>Multi-Term (Used for Part A Courses that fall under 2 different terms in the calendar year.)</td>
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For Pre-Clerkship - A student's final grade for the course is the sum of the separate components. It is not necessary to pass each mandatory components separately in order to pass the course.

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

Assignments/Projects
The following criteria shall generally apply to all written assignments. Faculty responsible for grading specific assignments may add additional criteria.

Timeliness
In general, dates listed in Core Documents are intended to act as guidelines for assisting students to complete their learning activities and assignments in a timely fashion. Students encountering difficulties completing assignments due to health or other serious factors must contact the Course Chair to arrange a deferral of term work. A Physician/Counsellor Statement to confirm an absence for health reasons may be required.

Professional Conduct
As members of the University community, students and staff are expected to demonstrate conduct that is consistent with the University of Calgary Calendar. The specific expectations cited in the Calendar include:

- respect for the dignity of all persons
- fair and equitable treatment of individuals in our diverse community
- personal integrity and trustworthiness
- respect for academic freedom, and
- respect for personal and University (or Host Institution) property.

Students and staff are expected to model behaviour in class that is consistent with our professional values and ethics. Students and staff are also expected to demonstrate professional behaviour in class that promotes and maintains 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. All members of the University community are expected to offer their fellow community members unconditional respect and constructive feedback. 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

<table>
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<tr>
<th>Electronic Submission of Course Work</th>
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<tr>
<td>Most assignments will be submitted via email to the Program Coordinator, UME unless otherwise stated. Assignments may be submitted in MS Word or Rich Text formats. It is the student’s responsibility to confirm with the Program Coordinator that the assignment has been received. This may be done through utilization of the return receipt function available on most email packages, or by a follow up confirmation email to the Program Coordinator.</td>
</tr>
<tr>
<td>It is the Program Coordinator’s responsibility to reply to any confirmation email from the student, and to inform the student promptly if there are any problems with the file (unable to open attachment, damaged data, etc.). In such cases, it is the responsibility of the student to promptly consult with the Program Coordinator regarding an alternate delivery method (e.g. courier, fax, etc.). It is the student’s responsibility to retain a copy of the original document.</td>
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<tr>
<th>One45 Overview</th>
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<tr>
<td>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.</td>
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<tr>
<td>It is the student’s responsibility to distribute their evaluations to preceptors during any given course and to follow up with preceptors if evaluations have not been completed by the deadline given out by the Undergraduate Medical Education Office.</td>
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<tr>
<td>In addition to assessments and evaluations, One45 is also utilized to evaluate your preceptors and to gather information from students on their learning experiences.</td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td>One45 is used throughout your training in the MD Program (Undergrad) as well as Residency (PGME).</td>
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**Website Link to Access One45:** [https://calgary.one45.com/](https://calgary.one45.com/)

**Problems Accessing One45:** Please contact the Academic Technologies at osler@ucalgary.ca
**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.

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**Clinical Core Overview (Pre-Clerkship Only)**

Please refer to the Clinical Correlation Guidelines here:  
[https://cumming.ucalgary.ca/mdprogram/about/governance/policies](https://cumming.ucalgary.ca/mdprogram/about/governance/policies)

There is no Clinical Core component of ICP.

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**Clinical Correlation Rules of Conduct**

Students and preceptors will not be used as patients for clinical correlation sessions. This means that students will not examine the preceptor, the preceptor will not examine the students and students will not examine one another.

There is no Clinical Correlation component of ICP.

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**UME Policies, Guidelines, Forms & TORs**

Please refer to the MD program website  
[https://cumming.ucalgary.ca/mdprogram/about/governance](https://cumming.ucalgary.ca/mdprogram/about/governance)

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**Appeals**

Please refer to the UME Student Evaluation: Reappraisals and Appeals for details regarding appeals  
[https://cumming.ucalgary.ca/mdprogram/about/governance/policies](https://cumming.ucalgary.ca/mdprogram/about/governance/policies)

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)

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**Academic Accommodation**

Students needing an accommodation because of a disability or medical condition should contact Student Accessibility Services in accordance with the Procedure for Accommodations for Students with Disabilities available at [https://www.ucalgary.ca/policies/files/policies/procedure-for-accommodations-for-students-with-disabilities_0.pdf](https://www.ucalgary.ca/policies/files/policies/procedure-for-accommodations-for-students-with-disabilities_0.pdf).

Student Accessibility Services, please contact their office at (403) 220-8237, address: MacEwan Student Centre room 452 or email: access@ucalgary.ca. Students who have not registered with the Student Accessibility Services are not eligible for formal academic accommodation.
### Accommodations on Protected Grounds Other Than Disability

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](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. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect.

It is expected that all work submitted in assignments should be the student’s own work, written expressly by the student for this particular course. Students are referred to the section on plagiarism in the University Calendar ([http://www.ucalgary.ca/pubs/calendar/current/k-5.html](http://www.ucalgary.ca/pubs/calendar/current/k-5.html)) and are reminded that plagiarism is an extremely serious academic offence.

### Student Misconduct

A single offence of cheating, plagiarism, or other academic misconduct, on term work, tests, or final examinations, etc., may lead to disciplinary probation or a student's suspension or expulsion from the faculty by the Dean, if it is determined that the offence warrants such action. A student is defined as any person registered at the University for credit or non-credit courses.

### Freedom of Information and Protection of Privacy

The Freedom of Information and Protection of Privacy (FOIP) Act indicates that assignments given by you to your course instructor will remain confidential unless otherwise stated before submission. The assignment cannot be returned to anyone else without your express permission. Similarly, any information about yourself that you share with your course instructor will not be given to anyone else without your permission.

### 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](https://www.ucalgary.ca/risk/emergency-management/evac-drills-assembly-points/assembly-points)

Emergency Evacuation Procedures - [https://www.ucalgary.ca/risk/emergency-management/plans-and-procedures](https://www.ucalgary.ca/risk/emergency-management/plans-and-procedures). 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.
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.

Supports for student learning, success, and safety
Student Advising and Wellness (SAW): https://cumming.ucalgary.ca/mdprogram/current-students/student-advising-wellness
Student Union Wellness Centre: https://www.ucalgary.ca/wellnesscentre/
Safewalk: http://www.ucalgary.ca/security/safewalk
Campus security - call (403) 220-5333
Student Success Centre: https://www.ucalgary.ca/ssc/
Library Resources: http://library.ucalgary.ca/
Student Union (https://www.su.ucalgary.ca/about/who-we-are/elected-officials/) or Graduate Student’s Association (https://gsa.ucalgary.ca/about-the-gsa/gsa-executive-board/) representative contact information
Student Ombudsman: http://www.ucalgary.ca/ombuds/role

Copyright
All students are required to read the University of Calgary policy on Acceptable Use of Material Protected by Copyright (www.ucalgary.ca/policies/files/policies/acceptable-use-of-material-protected-by-copyright.pdf) 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.

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/).

Research ethics
If a student is interested in undertaking an assignment that will involve collecting information from members of the public, he or she should 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.

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

There is no Wet Lab component of ICP.