

UBC FACULTY OF MEDICINE, MD UNDERGRADUATE PROGRAM



POLICIES AND PROCEDURES MANUAL FOR STUDENTS IN YEAR 3

ACADEMIC YEAR 2009-2010

This document contains information for faculty and students in Year 3 of the medical curriculum on assessment and key policies and procedures.

Note: Updates to the Policies and Procedures manual may be made during the academic year. The most recent version of this document is the one found on the MEDICOL website

Last updated: June 16, 2010

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I. YEAR 3: CLERKSHIP SUPERVISION AND ASSESSMENT POLICIES

A. Role and Responsibilities of the Medical Student

All medical students at the University of British Columbia undertaking scheduled, supervised clinical experiences, either during an academic semester or between such semesters, are covered by the University's General Liability and Medical Malpractice Insurance policy. They are covered by automatically during academic semesters and eligible for coverage between semesters as long as they are engaged in supervised clinical activities which are appropriate to their level of education and clinical skills. Year 3 students must hold valid educational licenses at the College of Physicians & Surgeons of British Columbia and use this number when charting and writing orders.

Senior medical students participate in clinical training and health care delivery with physicians in hospital and ambulatory settings called "clerkships". Medical students may become involved in many aspects of patient care. In the UBC MD Undergraduate Program, the third and fourth years of our four-year program are both clerkship years: Year 3 is considered junior and "core"; Year 4 is considered senior.

The UBC Faculty of Medicine Undergraduate Exit Competencies are listed in **Appendix 1**. The broad, overall Year 3 Competencies are outlined in **Appendix 2**. These activities will vary depending on clerkship, hospital rules, patient care parameters and level of skill of the student.

Students may provide a spectrum of medical services, with stipulations as follows:

1. They must be **supervised directly or indirectly at all times**; this can be done by a post-graduate resident or an attending physician.
2. Histories and physicals must be completed, reviewed, and countersigned by the attending physician or resident **within 24 hours of admission**.
3. **Orders:** Orders written by clerks under appropriate supervision are recognized by the hospital as equivalent to orders written by other members of the resident and medical staff. "Appropriate supervision" in this section means: **previous** discussion of such orders with a resident or attending staff physician. For all orders, clerks must sign orders:

Signature

Printed name

Year 3, Class 2011

College of Physicians and Surgeons of British Columbia identity number (CPSID)

Pager or Cell #:

Discussed with Dr. _____

When ordering medications, students must follow the guidelines for abbreviations to be used and to be avoided outlined in **Appendix 4**: "Do Not Use Abbreviations...." From ISMP Canada

The clerk shall, except in an emergency, write the name of the resident or attending physician with whom the orders have been discussed after this signature. The above orders must be countersigned by the responsible resident or attending physician. Preferably, the responsible resident or attending staff physician should countersign orders before they are carried out. If this is not possible, the order may be carried out and then countersigned at the earliest opportunity.

All orders written and signed in the Emergency Department require prior discussion with an **on site** resident or attending staff physician before the orders are carried out.

6. **Procedures:** Clerks may perform procedures under appropriate supervision. "Appropriate supervision" in this section means: the supervising medical and/or resident staff shall ensure that the clerk has been sufficiently trained to carry out the particular elements of patient care and that he/she is capable of performing the procedure he/she is being permitted to undertake.

It is also the responsibility of the clerk to ensure that he/she is competent to undertake the elements of patient care. Patient and student safety must be ensured by supervisors in clinical settings. Students must not be required to attempt procedures that they are inadequately trained to perform or procedures with any significant foreseeable risk – e.g. attempting to suture an agitated HIV/HepC patient.

7. Clerks may **not** discharge a patient from a ward in the hospital, from the Emergency Department, or the Outpatient Department. Patients can only be discharged once approval has been given by a senior resident or attending.
8. Clerks **cannot** sign birth and death certificates, Mental Health Certificates or other medico-legal documents, although they may carry out the clinical task of certifying death.
9. Prescriptions to be filled outside the hospital **cannot** be signed by clerks.
10. Physicians and clerks are advised to exercise care and caution during introductions to hospital staff and patients, so that the role of the clerk is not misinterpreted. Each department, service or hospital to which a clerk is attached must be able to identify by name, the person responsible for the educational experience of the clerk while he/she is attached to the department, service, or hospital. Temporary registration is provided to the clerk under Section 38 [2](d) of the Medical Practitioner's Act.
11. Learning how to prepare discharge summaries or consultation letters under supervision has potential educational value and should be encouraged. In settings in which the organizational (hospital, clinic) rules permit clerks to dictate discharge summaries or consultation letters, the preceptor may decide to allow the clerk to dictate based on the clerk's skills and knowledge of the case. Clerks must be given feedback on these documents by the Supervisor on whose behalf the documents would be prepared. That preceptor bears responsibility for the document produced on his/her behalf. The dictation should be directly related to the student's learning and not a service requirement.
12. The Faculty of Medicine documents on *Professional Standards* and *Policy and Processes to Address Unprofessional Behaviour* can be found on the Faculty of Medicine website by using the following links:
http://www.med.ubc.ca/__shared/assets/Professional_Standards_for_Faculty_Members_and_Learners_Document3487.pdf
http://www.med.ubc.ca/__shared/assets/Policy___Process_to_Address_Unprofessional_Beahvior___Including_Harassment___Intimidation92.pdf

These documents apply both to and for students, staff, faculty and administrators.

B. Role of the Preceptor

A student may be supervised in the above functions by a variety of clinical preceptors in each clerkship rotation. Preceptors who spend at least 5-10 hours with a student in a clinical learning context will be expected to complete a student assessment form. These will vary depending on the clerkship; for example, daily sheets or MiniCEXs. Student assessment forms are distributed to each preceptor by each department either through one45 or in paper format (student will deliver the form to the designated preceptor). Preceptors are encouraged to review the completed assessment form with the student present. Depending on the Department and Site, these may be collected by one45, by a Program Administrator, or by the student to turn in to appropriate administrative support. Students are to provide the names of the preceptors completing their assessment forms to the program managers/assistants for each Department for VFMP and SMP, Twylla Hamelin for NMP, and Lynne Fisher for IMP. (Clerkships may specify a minimum number of preceptor forms to be completed by students.).

C. Role of the Clerkship Supervisor

At each clerkship site, a faculty member will be identified as the clerkship supervisor. This may be the Discipline-Specific Site Leader (DSSL) or a main preceptor. For VFMP, this may be the Departmental Clerkship Director. For the Integrated Continuous Clerkships (ICCs), this may be the Site Clerkship Director.

For clerkships of four or more weeks' duration, the clerkship supervisor must meet with each student at the start of the rotation and at the rotation mid-point. Initial orientation by the Clerkship Supervisor will include a review of learning objectives for the rotation as well as a discussion of performance expectations. The rotation mid-point review will allow discussion of the student's self-assessment and clinical performance to that point based on direct observations, preceptor reports, and logging data. The purpose of this meeting is to provide feedback and recommendations and to direct learning objectives for the balance of the clerkship. Integrated clerkships will conduct similar assessment meetings every six weeks. The student may meet with the ICC Clerkship Director or with a designated supervisor.

In all clerkships, the Clerkship Supervisor and/or DSSL and/or Departmental Clerkship Director must meet with each student at the end of the clerkship to review the student's progress. The reviewer will discuss the End-of-Clerkship Assessment with the student and will complete the one45 form. This may be available at the meeting or will be available on one45. Student logging data will be monitored on an ongoing basis. Logging will be reviewed at the end of the Clerkship and deemed adequate or not. The outstanding not met "Year 3 Must-Sees" will be identified. Students will be assisted in seeking out opportunities to fulfill these objectives in upcoming rotations or remedial time. Other clerkship rotations in which a student may encounter the Must-Sees are listed in **Appendix 3.**

II. ASSESSMENT OF YEAR 3 CLERKS

A. Introduction

Each clerkship is responsible for providing students with an overview describing the course, learning objectives, faculty contact information, and course-specific assessment procedures. This information is available on MEDICOL. The Clinical Encounters and Procedures that are absolute requirements for Year 3 (must-sees) are listed in **Appendix 3**. Students must indicate which clinical objectives they have met by logging on one45.

Although specific methods of assessment remain within the jurisdiction of each department or program, certain general policies regarding assessment have been approved as mandatory.

Assessment must be ongoing and must be discussed with the student at least at the midpoint of the rotational clerkships (for rotations of four weeks or longer) and at the end of the clerkship. For shorter rotations, the formative feedback may be in the form of daily brief assessment forms or MiniCEXs. Assessment discussions with the student should focus on the student's performance in the clerkship, and should be guided by the performance criteria listed on the assessment form. For the Integrated Clerkships, the formative assessment meetings should occur on a six-weekly basis.

End-of-Clerkship Assessment forms should be completed as soon as possible after a rotation is completed. Except in extraordinary circumstances, this should be within four weeks of the end of the clerkship.

It is strongly recommended that all students take responsibility to review and sign (or electronically indicate that they have read) their End-of-Clerkship Assessment form prior to the assessment being forwarded to the Dean's Office, Undergraduate Education. It is mandatory that a *Does Not Meet Requirements* or *Suggest Remediation* assessment, or one containing unfavorable comments in the narrative portion of the assessment, be signed by the student prior to this assessment being forwarded to the Dean's Office. Any such assessments received by the Dean's Office without the student's signature will be returned to the Department.

Although a resident may complete and sign an End-of-Clerkship Assessment form, it must be countersigned by a faculty member.

All students have access to completed assessments through one45. If the student does not feel a fair assessment has been submitted, he/she must address any concerns first with the Clerkship Supervisor, then the Departmental Clerkship Director or the Site Clerkship Director before presenting them to the Associate/Assistant Dean, Student Affairs. (See Appeals Policy included later in this document for a more detailed outline of the process that must be followed.)

1. Types of Assessments

Ongoing and detailed dialogue with students on their progress is an integral part of the learning process. Early detection of problems will enable more effective help to be provided. Both formative and summative assessments will be provided to each student. The following lists the types of assessments that may be included in each category:

- **Formative** (To provide students with information about their skills and achievements and how to improve them and to enable students to practice self-assessment skills):
 - Students' mid-rotation (or six-week for ICC programs) self-assessments
 - Supervisor-completed mid-rotation (or six-week for ICC programs)
 - Clinical supervisor feedback, including MiniCEXs and daily assessment forms
 - Practice exams
- **Summative** (To record formal judgments about student progress for promotion):
 - End-of-Clerkship Assessment
 - End-of-clerkship written examination/online exams

- End-of-clerkship oral examination(s)
- End-of-clerkship Objective Structured Clinical Examination (OSCE)

2. Purposes of Assessment

Assessments are critical to the learning process and significantly determine what, when and how students learn. The primary purposes of assessments are to assist student learning, to measure the learning results and to predict future performance. To ensure that assessments complement learning, the instruments and process used will measure attainment of the required competencies for the MD undergraduate program at the University of British Columbia and must provide feedback to students and faculty. Assessments will measure the critical components of learning: what we know; how we think; and how we act.

A list of the Defined Competencies: "Learning Goals and Objectives for the UBC MD Undergraduate Program" is attached as **Appendix 1**. These include:

- Knowledge Integration and Analytical Skills
- Communication Skills
- Professional Behaviours
- Clinical Skills including Clinical Reasoning
- Practical and Technical Skills
- Information Management Skills
- Personal Management Skills
- Health Policy Skills

The specific Year 3 competencies are organized by CanMEDS roles (Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional) and enabling competencies are attached as **Appendix 2**. A table indicating how these competencies are assessed is part of this Appendix.

3. Policies about Assessment

- Assessment policies and procedures will be consistent with the *Mission, Goals and Objectives of the MD Undergraduate Program* as approved by the UBC Faculty of Medicine.
- There must be a single standard for promotion and graduation of students across geographically separate campuses.
- Comprehensive assessment policies will be adopted which are consistent throughout all components of the entire MD undergraduate curriculum.
- The Curriculum Committee is responsible for approval of assessment policies and practices and for monitoring the effectiveness of the systems of assessment of students. The MD Student Assessment Operations Committee (SAOC) is tasked with the implementation of assessment in the UBC integrated and distributed program.
- The Years 3 and 4 Student Promotions Committee will use the criteria and policies as set out in this Policies and Procedure Manual in making decisions on student advancement, the need for remediation, and supplemental work or supplemental assessment.
- The development of assessment instruments will be based on the Domains of Competence (e.g., professional behaviours, knowledge, clinical, psychomotor and technical skills, reasoning and decision-making skills).
- Standards will be established and all stakeholders will be informed of promotion requirements. Specific consequences of failure will be made clear:
 - A structured process of appeal will be available.
 - Students experiencing difficulty will be referred to the Student Support and Development Committee.
- The development, administration, scoring of assessments, and remedial/supplemental instruction for students will be the responsibility of the Dean's Office and the Departmental and Site Clerkship Directors and designated faculty and staff.

- The assessment of course content and competencies will be cumulative across the MD Undergraduate Program.
- The Dean's Office will retain the originals of all summative assessment data. Students will have access to their End of Clerkship assessments through one45
- Students must satisfactorily pass all required assessments prior to being promoted into Year 4.

4. Principles of Assessment

- Assessment measures should be positive learning experiences.
- All assessments will be directly linked to competencies and specific course objectives.
 - Assessments across courses will provide a balanced representation of the biological, behavioral, and social and reflect population domains.
 - Assessments of basic knowledge will focus on the application and integration of knowledge as applied to relevant clinical phenomena.
- A variety of assessment methods will be used to provide reliable, valid and realistic evaluation of specific content and competencies. These include written and oral examinations, Objective Structured Clinical Examinations (OSCE), standardized patient examinations, clinical preceptor ratings and narratives, and any other procedures that effectively assess achievement of program objectives.
- Assessment of students will be comprehensive, cumulative, and frequent enough to help guide student learning.
- The assessment process will include effective measures to provide feedback to students on their strengths and weaknesses (formative assessment) and to judge students' achievement (summative assessment).
- Summative assessments will be based on expected levels of competency for a given objective (under review).
- All students must obtain a passing grade on all clinical evaluation and formal examination components of the assessment system.
- It is recommended that, when arriving at an overall mark for the clerkship, the clinical evaluation be weighted equally with other clerkship grading components.
- The timing of summative assessments will be scheduled to allow for remediation procedures.
- Assessment may include self- and peer-assessment, both of which are important elements of professional development.
- Faculty will be assisted to provide quality assessments.
- The system of student assessment will evolve with the ongoing development, review and evaluation of program effectiveness.

5. Clerkship Grading System

An Honours (H), Pass (P), or Fail (F) grading system has been adopted for all courses and rotations in the MD Undergraduate Program. While an H, P, or F will be recorded on the student's transcript, the full range of percentage grades and/or a reduced number of grade categories (*Does Not Meet Requirements, Suggested Remediation, Meets Requirements, Exceeds Requirements*) may be used within each department to help arrive at the H, P, and F final grade.

Honours in rotations and courses is defined as a score based on the numeric components of the course that is one standard deviation above the mean for the current class AND the student must have achieved an initial passing mark on each of the other rotation components. Students who are required to take remedial or supplemental examinations and achieve a passing score will receive a Pass in that rotation.

It is anticipated that the **majority of students should be *Meets Requirements***—this is a highly positive assessment.

A **very few** students will stand out as having difficulty and will be judged as *Suggest Remediation* or *Does Not Meet Requirements*. It is **important to substantiate and**

document assessments of *Suggest Remediation* or *Does Not Meet Requirements* with narrative comments identifying the areas of concern, including examples. The rating category *Suggest Remediation* is a Pass, but is meant to alert the student, the Site and Departmental Clerkship Director(s) and the Dean's Office, Undergraduate Education that the supervisor feels the student is in potential difficulty and in need of additional help. If a supervisor has concerns about a student, these should be addressed with the student as much as possible before the final assessment.

It is also important to substantiate judgments of *Exceeds Requirements* with narrative comments that justify this high rating. A **very few** students (most often 5-10% in a clerkship) will stand out as exceptional and will be judged to have exceeded requirements. The narrative comments recorded on the student's performance should follow the guidelines for providing useful feedback.

Narrative comments should be descriptive, not judgmental, specific, balanced (strengths and weaknesses), and limited to the two or three main issues.

B. Specific Assessments

1. Daily Formative Feedback

Daily discussions should be intrinsic to students' clinical experiences. The supervisor or preceptor should spend a few minutes discussing specific issues with individual students after a patient encounter and general discussion about how the student is functioning. This daily formative assessment will model and promote self-assessment skills, which are an important part of the clinical encounter process and central to the concept of educating medical students to become self-evaluating clinicians. If necessary, it should also be possible for the student to book time to meet with the supervisor and program director.

Some clerkships require daily assessment forms or MiniCEXs which should be completed at the time of the clinical encounter and discussed with the students at that time.

2. Formative Examinations (Practice Exams)

For some clerkships, formative examination(s) will be presented. Depending on clerkship, these may be paper-based or on-line examinations.

Formative exams should:

- be representative of clerkship objectives
- be similar to the format and content of the summative rotation examination
- provide each student with an indicator of his/her learning and identify areas of focus for further study
- not be used to grade students
- emphasize the application of knowledge to common and important clinical problems

Formative exam(s) may be taken at any time: before, during, at the end, or after the conclusion of a rotation.

Faculty members who would like assistance in developing and delivering formative examinations should contact Dr. George Pachev, Head, Educational Assessment Unit (gpachev@exchange.ubc.ca) and Riea Elder, Year 3 Assessment Administrator (rielder@interchange.ubc.ca).

To practice for NBME examinations, the NBME web site includes 20 sample questions for each subject examination.

For general information: <http://www.nbme.org/programs-services/medical-schools/subject-examinations/index.html>.

For clerkship specifics: <http://www.nbme.org/PDF/NBME2008SubjExams.pdf>.

Other formative examination experiences may be recommended by the Departmental or Site Directors, Department Site Leaders, Preceptors or residents.

3. Mid-rotation Self- and Supervisor Assessments

Near the mid-point of all clerkships of four or more weeks or every six weeks for ICCs, a discussion between each student and his/her supervisor and/or DSSL will be held to review both the student's self-assessment and the supervisor's feedback based on direct observation and/or preceptors' reports of a student's progress. At that time, logging of objectives will be reviewed to guide learning in the remainder of the clerkship.

4. End-of-Clerkship Assessment by Supervisor

Supervisors/DSSLs will provide a formal summative assessment of each student on an End-of-Clerkship assessment form at the end of the clerkship (see **Appendix 5**). For this final assessment, the supervisor will assign students one rating in each of the applicable skill areas that have been identified and in Overall Performance. The supervisor assessment of students should, as much as possible, be based on a student's degree of mastery of skills, rather than on comparisons of one student with another. The assessment will be based on direct experience and on input from preceptors, residents and the health care team and comments regarding each student's performance in the identified skill areas.

Each of the applicable items will be graded:

- *Exceeds Requirements*
- *Meets Requirements*
- *Suggest Remediation*
- *Does Not Meet Requirements*

The Overall Performance is based on cumulative ratings of skills and competencies:

Exceeds Requirements (85%)

- Only the most exceptional students should be given an overall *Exceeds Requirements*
- 75% of applicable categories for a rotation should be endorsed as *Exceeds Requirements* to receive an overall *Exceeds Requirements* (e.g. 10 of 13 or 14 applicable; 9 of 12; 8 of 10 or 11; 7 of 9; 6 of 8)

Meets Requirements (75%)

- Most students should be assigned to this category

Suggest Remediation (60%)

- This category should be completed if there is discomfort regarding any aspect of performance and will identify for both student and faculty the need for assistance
- All *Suggest Remediation* items MUST be discussed directly with the student and have narrative comments provided

Does Not Meet Requirements (Fail)

- This category should be completed if student receives two or more *Does Not Meet Requirements* but may be assigned with one item
- This category should be completed if student receives three or more *Suggest Remediation* but may be assigned with fewer items
- All *Does Not Meet Requirements* items MUST be discussed directly with the student and have explanatory narrative comments provided

The supervisor should include a **specific narrative assessment** intended to identify the student's strengths, areas for which improvement is needed, and recommendations to guide improvement. This is mandatory if areas of weakness have been identified in the ratings or if an overall mark of *Does Not Meet Requirements* or *Suggest Remediation* is assigned.

The ultimate decision on a student passing or failing the Clinical Assessment will be made by the Site Clerkship Director and the Departmental Clerkship Director.

At the conclusion of the clerkship, supervisors/DSSLs should review the assessment form with each student. The completed form will be available to the student on one45. The "signed" forms will be submitted by the Program Managers to the Dean's Office.

5. Clerkship Logging of Procedures and Patient Encounters

Accurate documentation of clinical experiences is an essential part of medical practice. For students in preparation for medical practice, logging clinical objectives is both an academic and a professional requirement. Although students may employ other methods for immediate recording of log items, they must enter the items in one45 before the items are deemed logged.

Each clinical department has identified their clerkship's core clinical experiences (Procedures and Patient Encounters) which are identified on MEDICOL and should be logged in one45. Every attempt should be made for students to meet these objectives; discipline-specific items may be mandatory to pass a given clerkship. Logging will be monitored by Department, Site and by the Dean's Office. Mid-clerkship review with the supervisor is recommended to tailor upcoming clinical experiences. The Departmental Clerkship Director is the final arbiter of adequacy of experience within that discipline.

Overall Year 3 Must-See Objectives have been drawn from these Procedure and Patient Encounter items. All Year 3 sites and clerkship formats (rotational and integrated) are expected to provide these experiences for students. Students, residents, preceptors, Discipline-Specific Site Leaders and administrators will be provided with these lists. Year 3 Must-See Patient Encounter and Procedure items are bolded in one45 logs. **These must all be endorsed by the end of Year 3 or the year will be considered *Incomplete* and remedial experiences assigned.** The list of items is attached as **Appendix 3**.

Logging will be monitored on an ongoing basis, Mid-year and end-of-year summary reports on the endorsement status of all Procedures and Patient Encounters will be generated. Mid-year and end-of-year summary reports on each student's logging in each clerkship will be generated.

6. Examinations

The written, online and oral examinations are usually administered at the conclusion of each of the clerkships but may be scheduled in groups or distributed throughout an integrated clerkship. The main purpose is to provide a consistent basis for assessing students' performance and to provide students with detailed feedback on their progress. These examinations will present a balanced assessment of the full range of competencies expected of students at the time of the examination. Each type of examination will focus on the objectives of the clerkships, but implicit within this context is the testing of cumulative program objectives up to the point at which the examination is administered. Faculty are encouraged to assess knowledge acquired in courses in previous years of the program as relevant to the context of the Year 3 clerkship. Examinations also serve, as necessary, to identify students requiring remediation.

C. Clerkship Grading Criteria

Students must pass all Departmental clerkships and have endorsed all Year 3 Must-See Objectives to be promoted to Year 4.

Marks for a clerkship will be derived from clerkship components. **Each clerkship component must be passed to pass the course.**

The weight assigned to each assessment component is specified for each of the clerkships. The assessment components may include:

- (a) clinical performance;
- (b) in-course assignments;
- (c) written examinations;
- (d) oral examinations;
- (e) end-of-rotation OSCE examination (Objective Structured Clinical Exam); and
- (f) completion of a sufficient number of specified types of Patient Encounters and Clinical Procedures and their documentation on one45 (paper or booklets are acceptable only as interim logs).

Note: See Promotions Policies Section III for details of the impact of each assessment component on the student's standing in the clerkship, the requirements for remediation and supplemental programs, and clarification of what is recorded on the student's transcript and the Medical Student Performance Record (MSPR).

Year 3 Rural Family Practice Clerkship - FMPR 428

This rotation is graded:

- *Exceeds Requirements* (Pass)
- *Meets Requirements* (Pass)
- *Suggest Remediation* (Pass)
- *Does Not Meet Requirements* (Fail)

Failure to complete any one of the following will result in an Incomplete (I) being assigned to the student:

- completion of all assigned evaluations including course, preceptor, and clerk assessments;
- check list of experiences logged on one45 and a matching number or written logs within four weeks of completion of their rotation; and
- completion of the assignment and the assignment evaluation by the end of the rotation

Please refer to **Appendix 6** for specifics of grading and evaluation protocol.

The Year 3 Rural Family Practice Clerkship is a Year 3 course comparable to other clinical clerkships. Because this course falls immediately after the completion of Year 2 examinations, students will be admitted into this course under the assumption that they will successfully complete Year 2. Since the Years 1 and 2 Promotions Committee meeting falls in June after the start of the FMPR 428 course for many students, students may be contacted during this clerkship and asked to take particular actions based on the recommendations of the Years 1 and 2 Promotions Committee. Students who are required to repeat all or part of Year 2 will be required to retake the Year 3 Rural Family Practice Clerkship after successful completion of Year 2.

Since this course begins before the *Year 3 Policies and Procedure Manual* is distributed to students, this course's grading criteria are also included in the *Years 1 and 2 Policies and Procedures Manual*.

Orientation Week - INDE 430

This course is graded on a Pass/Fail basis.

The criteria for a Pass will be:

- attendance at all sessions
- active participation
- completion of assignments from the various components of this course

Students will receive *Incomplete* in Orientation Week if they have unexcused absences (see Absence Policy) for any session. This will require remedial work: completing a short essay on the content of the lecture/small group session(s) not attended. This will be graded on a Pass/Fail basis. If this work is not done or deemed *Fail* preceptor will be assigned for supplemental work. Should continued failure result, it will be considered by the Promotions Committee as a course (three weeks or less) failure for the year.

Departmental Clerkships:

Each component must be passed to pass the clerkship. For clerkships in which there are two or more clinical assessments, if a student does not pass both or all these assessments, they may receive an "Incomplete" or a "Fail" in the overall Clinical Assessment at the discretion of the Departmental Clerkship Director and that Departmental Undergraduate Education Committee. The percentages indicated are the weight of each item toward the final mark for the clerkship when all components are passed.

1. Dermatology - DERM 430 (one week)

- Clinical Performance Assessment (may include assessment by the resident) (70%)
- Online assignment (30%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

2. Ophthalmology - OPTH 450 (one week)

- Professional behaviour assessment (33%)
- Written Examination (33%)
- Clinical skills assessment- ophthalmoscopy and slit lamp biomicroscopy skills (33%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

3. Anaesthesia - ANAE 430 (two weeks)

- Clinical Performance assessment (50%)
- Online (MCQ) examination (50%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

4. Orthopaedics - ORPA 430 (two weeks)

- Clinical Performance Assessment (50%)
- Online MCQ Examination (50%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

5. Emergency Medicine - EMER 430 (four weeks)

- Clinical Performance assessment (daily on "pocket-pad" forms) (75%)
- Online (MCQ) examination (25%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

6. Obstetrics/Gynaecology - OBST 430 (six weeks)

- Clinical Performance Assessment (34%)
 - clinics and preceptor evaluations (including nurse preceptors) (29%)
 - log book review (5%)
- Practical examination (8 stations) (33%)
- NBME Examination (33%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

7. Psychiatry - PSYT 430 (six weeks)

- Clinical Performance Assessment, Adult Psychiatry (40%)
- Clinical Performance Assessment, Child Psychiatry (10%)
- Psychiatry Clinical Reasoning Written Exam (20%)
- NBME Examination (30%)
- Completion of six MiniCEXs
- Completion of Patient Encounter/Procedure Objectives, logged in one45

8. Internal Medicine - MEDI 430 (eight weeks)

- Clinical Performance assessment (45%)
- Oral examination (25%)
- NBME examination (30%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

9. **Paediatrics - PAED 430 (eight weeks)**

- Clinical Performance Assessment (40%)
 - based mainly on in-patient assessment completed by residents and supervisors. The students are responsible for the completion of the in-patient assessment form.
 - also includes write-ups, attendance, presentations and other assessments by faculty in some of the ambulatory components where the student has a consistent preceptor(s), e.g., Emergency Medicine
 - completion of five miniCEXs
 - expectation that students will be given a mid-rotation assessment in a four-week rotation.
- End-of-rotation OSCE (25%)
 - Five stations
- NBME Examination (35%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

10. **Surgery - SURG 430 (eight weeks)**

- Clinical Performance Assessment (33%)
 - team or preceptor
 - final mark is the average of assessments of the 3 different services rotated through
- Oral examination (33%)
 - four fifteen minute sessions: 1 general surgery, 3 others randomly assigned
 - Final mark is average of the four components
- NBME Examination (33%)
- Completion of Patient Encounter/Procedure Objectives, logged in one45

Note: See **Appendix 8** for the Policies and Procedures related to Student Conduct in the Clerkship Examinations

National Board of Medical Examiners (NBME) 'shelf' examinations are used as written assessments in five of the clerkships. The Year 3 Committee has decided to use a relative standard (the 11th percentile) for determining the passing score based on the NBME norms provided for the previous year. This standard setting method will be applied by all clerkship departments that are administering the NBME exam.

The NBME Comprehensive Clinical Sciences Exam (CCSE) will be administered to students in ICC programs both formatively and summatively. Discipline specific scores will be derived from performance on related CCSE questions.

For courses not using the NBME, the score required for passing is 60%.

Elective - INDE 452 (two weeks)

This is graded on a Pass/Fail basis according to Site-specific guidelines:

- completion of the elective application (Form A or B, depending on the nature of the elective)
- brief reflective essay on the student's experience reviewed by Departmental, Site Directors or Year 3 Committee Chair
- completion of the assessment form (non-clinical or clinical) by the designated Supervisor

These must be submitted to: Bahareh Assadi (Bahareh.assadi@ubc.ca) for VFMP, Twylla Hamelin (hamelin@unbc.ca) for NMP or Lynne Fisher (Lynne.Fisher@viha.ca) for IMP.

Note: The Site specific elective guidelines, application forms and assessment forms can be found on Medical under the Year 3 Electives tab.

Integrated Continuous Clerkships (ICCs)

We are currently revising the assessment format for the ICC students. We will be using some of the current rotational assessments and the Comprehensive Clinical Skills exam both formatively and summatively. Please see **Appendix 7** for the proposed assessment pilot.

III. PROMOTION POLICIES

A. Medical Student Performance Record (MSPR)

A Medical Student Performance Record (MSPR) is composed for each student in the fall term of Year 4 in preparation for the Canadian Residency Matching Service (CaRMS) application process. The MSPR is a record of medical student assessments rather than a recommendation letter. It provides a description of the history of the student's progress throughout their first three years in the MD Undergraduate Program. It documents the student's academic progress and notes any gaps, extensions, and failures of a year or courses.

The MSPR does NOT record failures of a unit of assessment, course or clerkship component in Years 1 or 2 of the program nor does it record any *Requires Improvement* assessments. It does NOT include any narrative comments from Year 1 or 2.

The Year 3 section includes clinical assessment items drawn from the End-of-Clerkship Assessment forms and indicates the sequence of Year 3 clerkship rotations and information on the curriculum and grading and reporting practices to allow interpretation of the transcript. Also included is a template which discloses where information on assessment (i.e., failure of a year or block, etc.) can be found, whether it is in the MSPR or on the transcript. Narrative comments from assessments may be included or summarized in the MSPR to elucidate *Does Not Meet Requirements* and *Suggest Remediation* items. Narrative comments from assessments *Meets Requirements* or *Exceeds Requirements* will not be included. Students can forward these comments on their Assessment Forms as part of their CaRMS applications if they wish.

MSPR Review

The Undergrad Associate Deans will review the MSPRs and may decide to add clarifying comments.

Once their MSPR is completed, students will have an opportunity to review and verify it as an accurate summary of their assessments before it is sent to CaRMS. Disputes about content must be reviewed with Departmental Clerkship Directors.

Students are advised to review End-of-Clerkship Assessment forms soon after the Assessment is completed. If a student has objections to a grading of an item or to the Overall Performance assessment, the student should discuss the particulars with the department who issued the assessment.

Students with objections or questions regarding MSPR content may submit the issue in writing along with any supporting documentation to the Special Projects Officer, Dean's Office, who will work with the appropriate Undergraduate Associate Dean to review the issue and make changes if viewed necessary. Student will be notified of the decision, and may review any changes to the document.

The Office of Student Affairs is not allowed by LCME/CACMS to have a role in the creation and administration of the MSPR.

Information that appears on Transcripts and the Medical Student Performance Record (MSPR) is summarized in **Appendix 9**.

B. Student Promotions Committee, Years 3 & 4

The Student Promotions Committee, Years 3 and 4 makes decisions on student advancement, and the need for remedial and supplemental assessment or clinical work based on the academic standards and policies of the UBC Faculty of Medicine. Promotion decisions are based on a detailed review of students' performance both within and across clerkships for the academic year. The detailed terms of reference of this committee are available from the Dean's Office, Undergraduate Education.

C. Student Support and Development Committee (SSDC)

Students identified as having academic difficulty, issues related to professional behaviour or other situations that may affect their academic or clinical performance will be referred to the Year 3 Student Support and Development Committee (SSDC). This referral can be made by any concerned party, including the student. An SSDC is convened individually for each student. The committee is drawn from appropriate faculty members. Rapid convening is essential for timely intervention.

The members of the Year 3 SSDC and the student will develop a "best plan" for remediation or actions for improvement. This may include timing of Remedial Exams, Supplemental Exams and/or Supplemental Clerkships, or additional support or referrals. It may also include information-sharing with upcoming Clerkship Directors for most appropriate experiences. The latter would occur with the student's knowledge.

The plan and follow-up are documented at the time of meeting and signed by the attendees. The Year 3 SSDC reports to the Promotions Committee, Years 3 and 4, and documentation of the plan also occurs in those minutes.

For Summary of Policies and Procedures for Students Experiencing difficulties see **Appendix 10**

For the Terms of Reference of the Year 3 SSDC, see **Appendix 11**

D. Advancement in Year 3

The detailed advancement policies of the UBC Faculty of Medicine are presented in the UBC Calendar. A student must achieve a Pass in all the clerkship courses to be promoted to Year 4. A student will not be promoted to Year 4 until the requirements of Year 3 have been met, including remedial exams, supplemental rotations, supplemental exams and Year 3 Must-See logging objectives.

Failure of a clerkship results when:

1. The student receives a rating of *Does Not Meet Requirements* in Clinical Performance; and/or
2. does not pass required Remedial Examination(s).

Failure of two or more clerkships of four weeks or longer will result in a failure of Year 3. The student may be granted permission to repeat the year or, after review of the student's file, s/he may be required to withdraw from the program.

Failure of one clerkship (of four weeks or longer) requires the successful completion of a Supplemental Clerkship (see below) and Supplemental Assessment(s). These will usually require the use of elective time in the fall of the next academic year before the student can be fully promoted to Year 4.

A cumulative history of consistently low, albeit passing, marks may be grounds for assigning remedial work, repeating the year, or being placed on Probationary Learning Contract (see below).

Students who are repeating the year will be expected to achieve the same standard of performance as other students in the clerkship i.e., 60% on clerkship examinations and an adjusted NBME score of 60. Normally, a student may repeat each year only once.

E. Remedial Clinical Clerkship

Students who receive a *Suggest Remediation* in an overall clinical performance assessment may be encouraged to utilize approximately two to four weeks during the Year 3 elective or Year 4 elective time for remediation.

Remediation may include learning a particular clinical skill, researching a particular clinical topic or completing the cognitive and clinical objectives of the clerkship.

Remedial clinical clerkships are not recorded on the student's transcript. Comments from a successfully completed remedial clerkship may be used as mitigation in the MSPR.

F. Supplemental Clinical Clerkship

If the student fails a clerkship based on the End-of-Clerkship Assessment (i.e., *Does Not Meet Requirements*), the student's transcript will show a *Failure* for that clerkship until a Supplemental Clerkship has been completed. Provided that no other clerkship four weeks or longer has been failed, and there are no other problems related to knowledge, skills and professional behaviours identified in other clerkships, the Promotions Committee will normally permit the student to complete a Supplemental Clerkship. Normally this will involve repetition of the clerkship in whole or in part, including passing all the clerkship assessments. The Supplemental Clerkship may require the utilization of four of Year 4. It is the responsibility of the student to consult the Clerkship Departmental and/or Site Directors concerning the details of the schedule.

In order to be promoted, the student must achieve an End-of-Clerkship Assessment in the Supplemental Clinical Clerkship with a grade of at least *Meets Requirements* and pass any other required assessments/examinations (60% on OSCE, oral and online/written exam, or an adjusted score on a NBME exam of 60 based on the 11th percentile reported most recently for the relevant Subject Exam Academic Year Norms for Examinee Performance). The student will then receive a Pass in the clerkship; however, the Supplemental notation will remain on the transcript.

The consequences of not successfully completing the Supplemental Clerkship will be decided by the Student Promotions Committee, Years 3 & 4 and may result in the repetition of the Year 3 or dismissal from the program.

The Promotions Committee reserves the right to prevent students from continuing in the Year 3 program if End-of-Clerkship Assessments are failed in more than two clerkships. In these cases, the student's entire record will be reviewed and it is possible that the student may be required to repeat Year 3 or withdraw from the program.

G. Remedial Examination

Students who achieve *Meets Requirements* in the End-of-Clerkship Assessment, but do not pass one of the other clerkship required assessments (OSCE, oral, NBME, online, written examinations) will generally be granted **one** opportunity of taking another examination by the Student Promotions Committee, Years 3 and 4. This second examination should be similar in content and degree of difficulty to the end-of-clerkship examination and is called a "Remedial Examination".

The passing mark for a Remedial Exam is 60% for an OSCE, Oral, Online, or Written exam, or an adjusted score on a NBME exam of 60 (based on the 11th percentile reported most recently for the relevant Subject Exam Academic Year Norms for Examinee Performance). The successful completion of a Remedial Examination will result in a mark of **60%** being recorded for that component of the course and the student will receive a Pass in the rotation. Remedial Exams, if successfully passed, are not recorded on the student's transcript nor described in the MSPR.

Students in the ICCs will be granted a similar remedial opportunity to retake the Comprehensive Clinical Skills Exam (CCSE) before the end of Year 3. This would similarly not be recorded on the transcript or MSPR. Students not meeting the Pass criteria would be required to do a Supplemental exam.

Failure to pass the Remedial Examination will result in a Failure (F) for that rotation and the need for a Supplemental Examination (see below).

Standardization of Required Remedial Activities

This is intended to standardize remedial requirements across clerkships and for clerkships occurring at different times throughout Year 3.

The Year 4 Director has set a limit of **four weeks** on the mandated Remediation and Supplemental time allowable in Year 4. Supplemental Clerkship time and Remedial and Supplemental Examinations must be in the **first** four weeks of Year 4.

NBME failure ONLY, clinical End-of-Clerkship Assessment and in-house exams passed

- Suggest two weeks for study time; students will usually write at the first available time (Christmas, Year 3 Elective, summer, or first month of Year 4).
- The onus is on the student to develop a study strategy in conjunction with the involved Program and Site Directors and possibly an SSDC, and resources for academic support/assessment/coaching.

Other single exam failure, clinical End-of-Clerkship Assessment passed

- The onus is on the student to develop a study strategy in conjunction with the involved Clerkship Directors and possibly an SSDC.
- Examinations must be set so as not to interfere with learning experiences in other clerkship rotations and in discussion with involved Departmental and Site Clerkship Directors and the SSDC and with Promotion Committee approval. Students will usually write at the first available time (Christmas, Year 3 Elective, summer, or first month of Year 4).

Two exams failed; or

One exam failure and clinical End-of-Clerkship Assessment *Suggest Remediation*

- Since multiple failures in exams or an exam failure plus identified areas of clinical weakness often indicate a student needs additional work on clinical reasoning, and since this is best achieved in a clinical setting, a four-week clinical placement and guided study in September of Year 4 are required.
- It is only possible to remediate one clerkship failure of this degree without compromising Year 4.

H. Supplemental Examinations

If a student fails a Remedial Examination, they will receive a *Failure* in the clerkship and must successfully pass a Supplemental Examination to pass Year 3. Supplemental Examinations are recorded on the transcript and described in the MSPR. A Supplemental Examination should be similar in degree of difficulty and format, but not necessarily identical to the End-of-Clerkship Examinations or the Remedial Exams. Normally the Promotions Committee will require the student to complete additional clinical time (two to four weeks) in the same discipline while preparing for the Supplemental Examination. If the student passes the Supplemental Exam (achieves a score of 60% or an adjusted NBME score of 60), the student will receive a *Pass* in the rotation. The Supplemental notation will remain on the transcript.

I. Release of Grades and Promotions Committee Decisions

All grades are provisional until reviewed by the Promotions Committee. Departments may release provisional marks pending formal approval by the Promotions Committee. VFMP students receive marks from the Departmental Clerkship Directors; IMP and NMP students will receive their marks through the Site Clerkship Director. Students are encouraged to discuss the possibility of Remedial Exams, Remedial Clinical Clerkship or Supplemental Clinical Clerkship with the Departmental or Site Clerkship Director but formal approval is by the Promotions Committee.

Students who are required to do Remedial or Supplemental activities will be informed by e-mail and/or telephone as soon as possible following the Promotions meeting to enable them to plan for this additional work with faculty. Every effort will be made to notify all other students of their performance within seven days of the Promotions meeting. Those students who are concerned about their performance may contact the Dean's Office following Promotions meetings.

Students who are required to complete Remedial and/or Supplemental Exams following their last Year 3 rotation must accommodate their schedule either in the August break or at the beginning of Year 4.

Students who must use the August break to complete Year 3 requirements are advised that results may not be known for the year-end Student Promotions Committee for promotion into Year 4. These students are advised not to arrange Out-of-Province Electives during the first four weeks of Year 4 because further remedial or supplemental work may require cancellation. Students should discuss their plans with the Year 4 Director.

Students who must use some of the first four weeks of Year 4 are **not** permitted to do Out-of-Province electives during that time.

If a student has Year 3 requirements to complete in Year 4 (August or September) such as:

- Remedial exam(s)
- Supplemental exam(s)
- Supplemental rotation(s)
- Make up time from LOA
- Examination(s) deferred
- Incomplete required MUST-SEE/DO items, not yet remediated

the Promotions Committee will formally refer students directly to the Year 4 Director (Chair) or designate and information about the student's performance will be shared. Students will be also asked to attend an individual Student Support and Development Committee (SSDC) meeting to discuss plans for remediation and supplemental work. Students will be notified of the Year 4 referral and SSDC referral by letter from the Promotions Committee Chair.

If the Promotions Committee has two or more concerns about a student such as:

- Remedial exam(s) written and passed
- Weakness in clinical performance
- Professionalism issues

or a single concern that is of sufficient magnitude that it may have an impact on the student's learning, the Promotions Committee will formally refer students to an individual SSDC to develop a learning contract with the student. Information sharing with the Year 4 Director (Chair) or designate may be part of this contract. Students will be notified of the SSDC referral by letter from the Promotions Committee Chair.

The purpose of the above referrals is to provide educational support for the student: to facilitate his/her success within the undergraduate program and set the framework for success in a residency program and independent clinical practice. The Year 4 Director (Chair) or designate will help the student choose appropriate Year 4 Electives given the learning contract and the identified difficulties, and may provide oversight of and feedback on the issues throughout Year 4. Guidance and/or oversight will support the student's planning and preparation for CaRMS during the first three blocks of Year 4.

The referrals will begin with the February Years 3 and 4 Student Promotions Committee meeting.

J. Special Recognition and Awarding of Scholarships and Prizes

Students' scores on objective assessments will be used by the Promotions Committee to recommend scholarships and prizes.

K. Probationary Learning Contract

A student about whom the Promotions Committee has serious concerns about academic performance and/or professional behaviour may be referred to a Student Support and Development Committee (SSDC), placed on a probationary learning contract, and/or required to meet certain conditions that are specified in a remediation plan. The plan is discussed with the student; this is outlined in writing and signed by the student as a condition of proceeding in the program. If the student fails to meet the conditions stated in the plan, he/she may be required to withdraw from the program. Normally a student may not be allowed to undertake electives at other institutions while on a Probationary Learning Contract. The reason for placing a student on a Probationary Learning Contract, the

conditions that must be met to end the period of a Probationary Learning Contract and the resolution of the problem are reported and explained.

L. Problems related to Professional Behaviour

Problems may arise in clerkships relating to professional behaviour or interpersonal difficulties between students, between a student and preceptor or between a student and other health team members which may interfere with the learning process especially in the context of clinical care. The following steps should be considered in addressing such problems, and these should be pursued as quickly as possible. The specific steps to be followed will depend on the severity and nature of the problem.

1. **Individual Discussion between Student and Preceptor:** The preceptor who identifies the problem should initiate a discussion of the situation as part of the feedback process, with the goal of resolving the problem.
2. **Clerkship Directors:** If step #1 does not resolve the problem, the preceptor should bring the problem to the attention of the Departmental Clerkship Director and/or the Site Clerkship Director.
All activities relating to steps #1-2 should occur as quickly as possible (in the span of less than one week).
3. **Office of Student Affairs** is an option for student support and advocacy.
4. **Associate Dean of Curriculum:** If the problem persists, the Clerkship Program Director and Site Clerkship Director should notify the Associate Dean of Curriculum of the problem in writing to request that a meeting be held with the student to resolve the problem. Depending on the nature and severity of the problem, the matter may be brought to the Promotions Committee.
4. **Student Support and Development Committee:** If deemed appropriate by the Associate Dean of Curriculum, the student may be referred to a Student Support and Development Committee for the development of a plan and learning contract to address the problem.
5. **Record-Keeping:** Letters, meeting summaries and other documentation pertaining to the problem and the process of attempting its resolution should be forwarded to the Associate Dean of Curriculum.

Note the link to Faculty of Medicine website on Professional Behaviour and Protocols:

http://www.med.ubc.ca/__shared/assets/Professional_Standards_for_Faculty_Members_and_Learners_Document3487.pdf

http://www.med.ubc.ca/__shared/assets/Policy__Process_to_Address_Unprofessional_Behavior__Including_Harassment__Intimidation92.pdf

M. Information Sharing with Upcoming Clerkship Directors

- For the purposes of ensuring that academic and/or professionalism issues are successfully remediated, the Promotions Committee may mandate information sharing as part of the Learning Contract developed with the student (i.e., with the student's knowledge).
- The goals of information sharing about a student experiencing problems are to help the student, and to alert Clerkship Directors to the difficulties being encountered by the student, so that they may make an effective contribution to the resolution of those problems.
- If the problem is being resolved through the above interventions and if this process carries over to the next clerkship(s), the student is encouraged to brief the new preceptor, DSSL or Departmental Clerkship Director on the problem and what is being done to resolve it, or permit them to be briefed. A Learning Contract may specify that new preceptors and Departmental Clerkship Directors must be advised of the concerns to best support the student during that clerkship.
- If problems persist, information sharing may be a requirement set by the Promotions Committee on recommendation from the SSDC.

N. Withdrawal from the Program

Although satisfactory academic performance is a prerequisite to advancement, it is not the sole criterion in the consideration of the suitability of a student for promotion or graduation. The Faculty reserves the right to require a student to withdraw from the Program if there is evidence that the required competencies included in Professionalism have not been achieved despite remediation, or that documented deficiencies in Professionalism can not be effectively addressed through remediation.

O. Appeals Policy and Process

1. Examination Marks Review and Appeal of Marks

After students complete the online examinations in Emergency Medicine, Orthopaedics and Anaesthesia, preliminary scores are automatically calculated and provided to the student. The student is able to review each question and provide feedback to the faculty about other possible correct answers including the rationale. Any problems with the clarity of the question can also be included. The exams of students failing the online exams are automatically reviewed by the specific Departmental Clerkship Director. The Departmental Clerkship Director will take into consideration the feedback provided by students and may decide to modify the answer key or delete questions. The marks are recalculated and sent to the students by the Departmental administration.

The exams of all failing students are automatically reviewed by staff and faculty for scoring errors. It should be noted that the written portions of examinations and OSCEs involve a thorough review process by faculty content experts. The review process, which includes an analysis of the examination item statistics, is aimed at eliminating errors in scoring, content and format. The NBME and CCSE exams are scored by computer by the NBME, not UBC. The student who fails a NBME can request a rescoring of their exam. They should contact the Departmental Clerkship Director and Office of Student Affairs with this request.

In addition to the above practices, students can appeal if they believe that a mark is incorrect. The student should submit an appeal in writing within 30 days of receiving the results. This written appeal should be sent to the Departmental Clerkship Director and must include the rationale supporting the request. The Departmental Clerkship Director will examine the rationale and item documentation, including statistical analysis information. The Departmental Clerkship Director, in conjunction with the appropriate content experts, will make every attempt to resolve the situation. If a satisfactory agreement is not reached, the Departmental Clerkship Director will bring all relevant documents to the Associate Dean of Curriculum. In some cases, the matter may be brought to the Promotions Committee for resolution.

2. Appeal process for preceptor grade

If a student does not agree with the clinical End-of-Clerkship Assessment provided by the supervisor, the student and preceptor should first meet to discuss the perceived discrepancy.

If a satisfactory agreement is not reached, the student should bring an appeal with written rationale to the Departmental Clerkship Director who will attempt to facilitate a resolution.

In some unresolved cases, the appeal may need to be brought to the Associate Dean, Curriculum and/or the Promotions Committee.

3. Appeal of Promotions Decisions

Decisions about academic standing made by the Promotions Committee (e.g., requirement to repeat the year or to withdraw from the Program) may be appealed to the Dean. The student should address their appeal in writing (not e-mail) to the Dean of the Faculty of Medicine, detailing the reason for the appeal, the specific reasons why the appeal should be considered and any relevant objective documentation supporting the same. Appeals should be submitted as soon as possible after the student has been informed of the Promotions Committee decision.

P. Record-Keeping Activities

The clinical End-of-Clerkship Assessments will be kept by the Dean's Office, Undergraduate Education for the duration of a student's tenure in the program so that it can be accessed as required by Promotions, Appeals and other committees. Final examination grades are sent to the Dean's Office.

IV. ADMINISTRATIVE POLICIES

A. Year 3 Scheduling Policies

1. On-Call

- The student will not at any time be designated as "first on-call" either through printed schedules or by carrying the "first call" beeper. It has been unanimously agreed that all scheduling policies will be developed towards achieving the **educational** goals of the clerk program and will never be developed primarily to fulfill a "service" requirement of the institution. The student can be delegated the responsibility of first contact with a patient by the resident or the attending physician first on-call.
- Night call will not exceed one night in four. This frequency should be distributed as evenly as possible through the clerkship.
- For all Year 3 clerkships at all sites, if students are required to be on call past midnight, they are automatically excused to leave at noon the next day.
- There will be no call for the student after 1700 hours on the last day of a rotation. Between back-to-back eight-week rotations, students will be released at 1700 hours on Saturday (Sunday free).
- There will be no call for the student after 2100 hours the night prior to a scheduled examination. The student should consult the Departmental Clerkship Director or Clerkship Site Director if he/she needs to be off earlier.
- Students are expected to attend on-call duties after the exam if they are scheduled to be on-call on the day of an examination or the days following.
- The student is not expected to cover additional night call for another student who may be absent for reasons of illness, holidays or other related reasons.
- Students will be exempted from being on-call if they attend special occasions, as detailed below. As traditions develop in all three sites, these special occasions may change, and this policy will be re-visited.
 - **VFMP students** are exempted from night call for the Medical Ball, starting at 1700 hours through to 0800 hours the morning after the Ball. VFMP students are also exempted from call on the evening of the Spring Gala from 1700 hours through to 2300 hours and for two hours for Careers night. VFMP students are exempted from call for the CaRMS representative's presentation. VFMP students are exempted from call for the Year 4 elective selection presentation and Year 4 Orientation session.
 - **IMP students** are exempted from night call for the Victoria Medical Society Welcome Dinner, from 1700 hours through until 0800 hours the morning after the dinner. Call protection is available for IMP students if they perform in the Gala. They will be required to return to Victoria as soon as possible the morning after the event, and will have call protection until that time. IMP students are exempted from call for the CaRMS representative's presentation. IMP students are exempted from call for the Year 4 elective selection presentation and Year 4 Orientation session.
 - **NMP students** are exempted from night call for the Ewert Lecture, from 1700 hours through to 0800 hours the morning after the Lecture. NMP students are exempted from night call, from 1700 hours through to 0800 hours for the Northern Doctor's Day. Call protection is available for NMP students if they perform in the Gala. They will be required to return to Prince George as soon as possible the morning after the event, and will have call protection until that time. NMP students are exempted from call for the CaRMS representative's presentation. NMP students are exempted from call for the Year 4 elective selection presentation and Year 4 Orientation session.
 - **VFMP students doing clerkships in the SMP** will be granted the same call-protection and travel time as the IMP and NMP students for the above-described VFMP events.

- Students may be exempted from being on-call in extraordinary circumstances with the agreement of the Year 3 committee (e.g. meeting called by Dean; extra session required for one of the above activities).

2. Holidays

- Students are allocated two weeks of holiday during the academic year over the Christmas/New Year period. Holidays cannot be taken during any Year 3 clinical clerkship.
- Statutory holidays, except for scheduled holidays as noted above, should not be assumed to be holidays for students. Students should check with Departmental Clerkship Directors, Site Clerkship Directors, DSSLs and/or supervisors about whether clinical placements are available on the statutory holiday. The UBC mid-term reading break does not apply for Year 3 students.

3. Work Hours

- Each clinical specialty and different clinical settings have varying hours of work and work loads and thus specific hours a student is expected to work cannot be defined precisely.
- Students are expected to make use of the clinical opportunities to learn as much as possible. This may mean staying beyond a scheduled OR time, ER shift or clinic time to complete the learning experience.
- Students should assume that they are to return to their clinical duties after an examination unless otherwise instructed. Allowances for travel time and circumstances will be made.
- If students feel that the above policies are not being respected or that the hours they are working are extraordinary, they should first address this with their supervisor, DSSL, Departmental Clerkship Director and/or Site Clerkship Director if possible. The students may address this with the Office of Student Affairs if they are uncomfortable with or dissatisfied in addressing it directly.
- In the event when a disruption in delivery occurs before or during a teaching and learning activity due to inclement weather, labour disputes or facility closures, students may be requested not to attend or concessions made about attendance. Please see **Appendix 12** for guidelines.

B. Policies Relating to Insurance for Clerks

1. **Malpractice insurance** through the University's General Liability and Medical Malpractice Insurance policy will cover the UBC student undertaking a clerkship in UBC-affiliated sites as well as in other locations approved by the UBC Faculty of Medicine. Please see **Appendix 13**.
2. **Additional personal Health insurance** for students undertaking electives outside British Columbia, should be arranged before the student leaves British Columbia. It is the student's responsibility to ensure that he/she has adequate health insurance coverage.
3. **Hospital insurance** will be covered by the hospital's insurance policy while the student is on site. This applies to all aspects of the coverage except long-term disability.
4. **Illness and Injury and the UBC Employee WCB Policy:** Students are deemed to be UBC employees for the purpose of their clinical service, and are therefore covered by the UBC Employee WCB policy. If illness or injury arises, as a result of working within a teaching hospital site, a student should refer to policy guidelines with the site hospital, especially items pertaining to: "Puncture Wound/Blood and Body Fluid Exposure Protocol" and "Procedure for Obtaining First Aid". The student must also fill out UBC Incident Reports and a Workers' Compensation Report at the time of the incident, as well as, report to the site's health unit or employee health unit. Forms are held within the Departments or with the Dean's Office. Procedures will be explained at the Orientation Session at the commencement of clinical clerkships (program and/or site specific). Instructions and forms can be found on the UBC website using this link:
<http://www.hse.ubc.ca/healthpromotion/wcb/employee-reporting.html>

C. Pagers

Students in Year 3 are assigned a pager from their home sites and are responsible for carrying it with them at all times during their rotations. The Dean's Office will circulate the pager number to all Departments, including NMP and IMP. Students must inform their home sites if they are lost or stolen or if they are having any problems with their pagers. For VFMP, students must contact the service provider directly if any issues arise. Students should ask about areas where their assigned pagers may not work, as well as any required procedures. These might include serving notice to a main ward or an office prior to entering a "problem" area. IMP and NMP students are responsible for returning their pagers to their home site at the end of their academic year. VFMP students may renew their pager at their own discretion and expense and should make arrangements with the service provider.

D. Dress code

When medical students are working in any clinical setting with patients, they are required to maintain a clean, neat and tidy appearance, since dress reflects one's professional attitude and respect toward patients.

1. Clean white short clinical jackets should be worn on the wards, ambulatory clinics and doctor's offices. (Students will generally not wear their white jackets in Psychiatry or Paediatrics unless asked to do so).
2. ID badges must be worn and visible at all times.
3. Students will not wear jeans, shorts or tee-shirts. Clothes should not be torn or ragged. Midriffs should not be exposed and necklines modest.
4. Students should wear closed shoes; this is a safety issue.
5. Please be aware that obvious body piercing and tattoos could affect your patients' perception of you and your professionalism.
6. Hair should be well groomed, with long hair pulled back. Hands should be clean with nails trimmed.
7. In the interests of patient and colleague comfort, heavy perfume/cologne should not be worn. Some hospitals and clinics are designated scent-free. Please respect these restrictions.

E. Absence Policy and Procedures

In extraordinary circumstances, students may have an Unavoidable Absence or request an Anticipated or Negotiated Absence from their clinical education. Most students will miss no time from core clinical clerkships. We expect all students to approach potential absences in a professional manner, and seriously consider implications for their education, their patients and fellow members of the medical team. Therefore, a **request for leave will be reviewed, and may be either approved or not approved.** For the IMP and NMP, this will be done by the Site Clerkship Director in consultation with the relevant DSSL. For VFMP, this will be done by the Departmental Clerkship Director in consultation with the relevant DSSL and the Year 3 Committee Chair.

Attendance at scheduled Academic Half-Days is mandatory except where noted under "on call", or when an approved absence has been obtained. Attendance may be taken and recorded. If the Academic Half-Day is being video-conferenced, students are required to make every effort to sit on camera.

The following procedures outline the steps that must be taken in the event that a student is considering an Absence (Unavoidable, Anticipated, or Negotiated) from their studies. All Absences will be recorded on a spreadsheet in the secure student folder.

1. Unavoidable Absences: Illness, injury, family emergency or bereavement

The student will notify the preceptor responsible for the session/time being missed (phone or in-person) at their earliest opportunity and, when possible, before the start.

- a. The student will contact the appropriate administrator(s) via email or phone. For the **NMP** and **IMP**: Year 3-4 Clinical Program Assistant; for the **VFMP**: the Departmental Program Administrator and the Year 3 Program Manager.
- b. Upon their return, the student must provide the above administrator(s) with a **Record of Student Absence Form** reporting an Unavoidable Absence.
- c. Students should outline what action they propose to take in order to catch up on missed work (if more than two days) and how they will fulfill their clinical responsibilities on the **Record of Student Absence Form**.
- d. Copies of the **Record of Student Absence Form** will be distributed as follows:
 - NMP/IMP:**
 - i. Year 3-4 Clinical Program Assistant – NMP/IMP Files
 - ii. Assistant Dean, Student Affairs – NMP/IMP Files
 - iii. Student –mailbox
 - VFMP:**
 - iv. VFMP Department Program Administrator – Departmental files
 - v. Year 3 Program Administration – VFMP files
 - vi. Associate/Assistant Dean, Student Affairs – VFMP Files
 - vii. Student –mailbox

2. Anticipated Absences: For medical or dental appointments or religious holidays (for a complete list, please refer to <http://students.ubc.ca/current/holidays.cfm?page=all>).

Students will attempt to book medical or dental appointments for times outside of scheduled clinical duties.

Prior to the Anticipated Absence:

- a. The student will contact the **IMP** or **NMP Site Clerkship Directors** or the **VFMP Departmental Clerkship Director** (all hereafter called “**the Clerkship Director**”) in a timely fashion to discuss the potential for an Anticipated Absence. The Clerkship Director will consult with the relevant DSSL, Site Director and the Assistant/Associate Dean of Student Affairs, if necessary, before approving the absence. If the Anticipated Absence is approved by the Clerkship Director, the student will complete a **Record of Student Absence Form** and have the Clerkship Director sign it. Students should outline what action they propose to take in order to catch up on missed work (if more than two days) and how they will fulfill their clinical responsibilities on the **Record of Student Absence Form**.
- b. The student will submit the signed/approved **Record of Student Absence Form** to the appropriate administrators. For the **NMP** and **IMP**: Year 3-4 Clinical Program Assistant; for the **VFMP**: the Departmental Program Administrator and the Year 3 Program Manager.
- c. The student will notify the appropriate preceptor responsible for the session being missed.
- d. Copies of the **Record of Student Absence Form** will be distributed as follows:
 - NMP/IMP:**
 - i. Year 3-4 Clinical Program Assistant – NMP/IMP Files
 - ii. Assistant Dean, Student Affairs – NMP/IMP Files
 - iii. Student –mailbox
 - VFMP:**
 - iv. VFMP Department Program Administrator – Departmental files
 - v. Year 3 Program Administration – VFMP files
 - vi. Associate/Assistant Dean, Student Affairs – VFMP Files

- vii. Student –mailbox

3. Negotiated Absences:

Negotiated Absences are for academic pursuits of a one-time nature (e.g. commencement exercises, attendance at a scientific meeting to present a paper or accept an award), participation in major varsity team events, participation in major faculty activities or in worthy social endeavors (e.g., planning of a fund-raising event, education or other community event), or rare occurrences (e.g., compassionate leave, marriage).

Note: holidays cannot be taken during any Year 3 clinical clerkship outside of the Christmas Holiday break. Please note that Negotiated Absences may or may not be granted and are at the discretion of the **IMP** or **NMP Site Clerkship Directors** or **the VFMP Departmental Clerkship Director** (all hereafter called “**the Clerkship Director**”).

Prior to the Negotiated Absence:

- a. The student will contact the Clerkship Director to discuss the potential for a Negotiated Absence. This should be **at least one month prior** to the absence. The Clerkship Director will consult with the relevant DSSL, Site Director and the Associate/Assistant Dean of Student Affairs, if necessary, before approving the absence. If the Absence is approved by the Clerkship Director, the student will complete a **Record of Student Absence Form** for the Clerkship Director to sign. The student should outline what action they propose to take in order to catch up on missed work (if more than two days) and how they will fulfill their clinical responsibilities on the **Record of Student Absence Form**.
- b. The student will submit the signed/approved **Record of Student Absence Form** to the relevant administrator. For the **NMP** and **IMP**: Year 3-4 Clinical Program Assistant; for the **VFMP**: the Departmental Program Administrator and the Year 3 Program Manager.
- c. The student will notify the preceptor responsible for the session being missed.
- d. Copies of the **Record of Student Absence Form** will be distributed as follows:
 - NMP/IMP:**
 - i. Year 3-4 Clinical Program Assistant – NMP/IMP Files
 - ii. Assistant Dean, Student Affairs – NMP/IMP Files
 - iii. Student –mailbox
 - VFMP:**
 - iv. VFMP Department Program Administrator – Departmental files
 - v. Year 3 Program Administration – VFMP files
 - vi. Associate/Assistant Dean, Student Affairs – VFMP Files
 - vii. Student –mailbox

Grievances

Students with grievances pertaining to any absence are encouraged to meet with the **Associate/Assistant Dean, Student Affairs**.

Please refer to site specific Absence Request Forms found on Medicol. It is the student’s responsibility to complete the absence request form according to the nature of the request and within the identified time allotment.

Professionalism

Students who fail to comply with the Absence policies and the negotiated agreements around anticipated and negotiated absences may be cited on breach of professionalism.

F. Extended Leave of Absence Policy

In the event a student is considering a request for a leave of absence from their studies, an appointment must be arranged with the Associate/Assistant Dean, Student Affairs to discuss the request. All leaves must be approved by the Associate/Assistant Dean, Student Affairs in consultation with the Associate Dean, MD Undergraduate Curriculum and others as appropriate. Any leave of absence greater than two months will generally result in the recommendation that the student return to the beginning of the year from which the leave was requested. The expectation in these situations is that the student will complete the year in its entirety, after joining a following year's class. Students should not make individual arrangements with Departmental Clerkship Directors. All communication with respect to course requirements and expectations should be finalized with the Associate/Assistant Dean, Student Affairs and Associate Dean, MD Undergraduate Curriculum. With extended leaves, stipends are cancelled and reactivated upon return as students are only eligible for 12 months. The Dean's office and Site Leadership will make every effort to accommodate schedule requests however capacity and availability may limit options.

G. Parental Leave of Absence Policy

The Faculty of Medicine supports MD Undergraduate student requests for Parental Leaves of Absence. This policy applies to all medical students who are becoming parents and will not discriminate on the basis of gender or sexual orientation.

It is a goal of the Faculty of Medicine to support students in creating a Leave Plan that both optimizes the time they need with family and ensures that they have the best opportunity for success within the MD degree program.

Students have a professional obligation to ensure that their training will be complete and a leave of absence will not risk their future ability to serve their patients' needs.

Parental Leave in Year 3

Students are responsible for completion of all of the objectives and assessments of each of the clerkships. They will be expected to meet the same level of academic/clinical competence, including required on-call duties, as their peers. Students may be required to repeat or complete missed clinical time. It is vital that students seeking Parental Leave recognize that many important elements of the MD degree program are delivered **once** during a rotational clerkship and there will be limited flexibility to rejoin another clerkship group or to tailor a clerkship for a particular student. Each Parental Leave will need to be negotiated on an individual basis, depending on clerkship, length of leave, academic concerns and possible remediation requirements.

Students with absences in excess of four weeks from one or more clerkships will require an extension of the usual Year 3, either extension into Year 4, or an extension of the four-year time frame for completion of their MD degree. There is some flexibility in Year 3 for returning to the original rotation group and making up a missed clerkship in Year 4. This option would be limited by the student's academic record (for example, need for remediation), by the amount of time needed to be made up and the program's capacity to accommodate additional learners. The latter may require a different clerkship sequence than originally planned.

Process for requesting Parental Leave in Year 3

1. VFMP students requesting Parental Leave are required to meet with their Assistant/Associate Dean for Student Affairs and the Year 3 Chair, in consultation with Departmental Clerkship Directors. NMP and IMP students requesting Parental Leave will meet with the Assistant Dean for Student Affairs and the Site Clerkship Director (in consultation with the Year 3 Chair, the Program Directors and DSSLs). The meeting

will be held to discuss the program, and the personal and financial implications of a Leave. At that time, the elements of this Policy will be discussed.

2. Following this discussion, students are required to present a written 'Leave Plan', including the time they expect to be away from the Program. If everything is in order the Assistant/Associate Dean of Student Affairs and the Assistant Dean of Curriculum or Regional Associate Dean of the IMP or NMP (or designates) will respond to the student in writing supporting the plan and granting permission for a Leave of Absence.
3. Appropriate Departmental Clerkship Directors and administrative staff will be notified in writing by the Office of Student Affairs (VFMP/IMP/NMP) when a Leave has been granted. The Administrative Director, MD Undergraduate Education, Faculty of Medicine, must also be notified.
4. It will be the student's responsibility to determine how he/she will make up the work missed during the Leave. This will be in conjunction with the Year 3 Chair, Site Clerkship Directors, and Departmental Clerkship Directors.
5. Students will contact their Associate/Assistant Dean of Student Affairs and the Year 3 Chair or Site Clerkship Director if it appears that their leave will be longer than expected. Initial expectations regarding time lines for course completion may have to be adjusted accordingly. If a major change in the curriculum occurs during an extended Leave of Absence, it may necessitate re-entry at an earlier level in the Program.
6. Students are expected to meet with their Associate/Assistant Dean of Student Affairs and Year 3 Clerkship Directors involved, one to three months (depending on the length of absence) prior to returning from a Parental Leave to discuss their options and requirements for reintegration into the Program. The timing of this meeting should be documented in the written 'Leave Plan'. (see 2.above)
7. If the Leave becomes longer than originally anticipated, it will be important for students to maintain contact with their Associate/Assistant Dean of Student Affairs and Year 3 Chair or NMP/IMP Clerkship Director. Students will re-negotiate the timing for the reintegration meeting, to ensure that plans are in place for return to the program.

H. Academic Concessions

Students may request academic concession in circumstances that may adversely affect their attendance or performance. Such circumstances include:

- a medical condition (student must provide documented evidence of condition)
- emotional or other problems
- religious observance

Please note that students who intend to request, or as the result of circumstance must request, academic concessions must notify their respective Associate/Assistant Dean, Student Affairs, (*not an individual faculty member or Clerkship Director*), as specified in the procedures below.

In the case of a request for alternative written examination accommodation, a student must provide the documented request **at least two weeks prior to the scheduled exam**.

Religious observance may preclude attending classes or examinations at certain times. Students who wish to be accommodated for religious reasons must notify their respective Associate/Assistant Dean, Student Affairs, in writing, at the beginning of a clerkship or **at least one month prior** to the exam. This must also be communicated to the relevant Clerkship Director(s) either by the Office of Student Affairs or by the student.

Students absent from final examinations held at the official examination time must request academic concession from the Undergraduate Dean's/Student Affairs Office. Students who are unable to complete tests or other graded work because of short-term illness, religious obligation, or for other reasons, should normally discuss with their Associate/Assistant Dean, Student Affairs how they can make up missed work. The Associate/Assistant Dean, Student Affairs is not required to make allowances for any missed test or incomplete work that is not satisfactorily accounted for.

Students who wish to request academic concession from the Undergraduate Dean's/Student Affairs Office must apply as soon as possible after their attendance is adversely affected. The University, in considering these requests or any appeals of decisions on academic concession, will not normally take into account untimely notifications. When a student requests academic concession, he or she will be asked to provide such evidence as is deemed appropriate. If there is a medical problem, the student should submit a Statement of Illness obtained from the Student Health Service or attending physician. The student may be asked to provide additional information.

I. Accommodation for Examinations

A student who requires accommodation for examinations due to a disability should contact the UBC Disability Resource Centre (DRC):
(<http://www.students.ubc.ca/facultystaff/disability.cfm?page=students>).

Documentation will be required in order for any assessments (written, oral or OSCE exams) to be taken under different circumstances (e.g. extra time, separate room, larger font, or use of special equipment or assistance). Requests for accommodation must be made to a Department or Site at the beginning of a clerkship or at least one month prior to the exam. A student with a known disability who does not make a request for accommodation and subsequently fails an examination cannot appeal the failure on the basis of the disability. Students must take responsibility to self-identify and seek support through the DRC to obtain the arrangements they require to optimize their ability to succeed in the program. Students who are granted accommodation for examinations are required to meet the same academic standards as all other students. It is important to make an appointment with the DRC as early as possible, and then provide them with documentation they require. The DRC determines what accommodations can be offered to students.

J. Policy and Procedure for Missed Examinations

Examinations are obligatory for all students. Should a student be unavoidably absent from an examination because of illness or other reason, the Associate/Assistant Dean, Student Affairs, the Dean's Office, Undergraduate Education as well as the relevant Clerkship Director must be notified of the facts in the case before the deferral can be granted. If the absence was for reasons of health, a physician's certificate indicating the nature and duration of the illness must be submitted to the Associate/Assistant Dean, Student Affairs. Failure to observe this rule may result in a failure being recorded in the course.

If a student is unable to attend an examination due to illness or accident, the student must contact the Associate/Assistant Dean, Student Affairs and the pertinent Departmental Clerkship Director or Clerkship Site Director (IMP and NMP), as soon as possible and, in most circumstances, prior to the exam.

After contacting the Office of Student Affairs and the absence deemed justifiable, application for deferred examination or special consideration must be made **in writing** to the appropriate Clerkship Program Director, not later than 48 hours after the examination, to arrange an appointment to schedule a time for the deferred examination. Deferred examinations must be scheduled so as not to compromise current clerkships.

A student may be denied the privilege of writing an examination in any subject because of unsatisfactory work, tardiness, or attendance, and in this case will be considered to have failed the course.

K. Responsibility of the Dean's Office Relating to Deferred Examinations and Follow-up for Leave of Absence

The Dean's Office, Faculty of Medicine is responsible for:

1. Informing the Registrar's Office of all leaves of absences where a student's academic record is affected;
2. Informing, in writing, the Departmental Clerkship Directors, of all students who have been granted a leave of absence or have missed an examination and been granted a deferral;
3. Requesting arrangements (location and date) for the student to write the deferred examinations from Site and Departmental Clerkship Directors and the SSDC;
4. Forwarding remedial marks to the Registrar's Office;
5. Completing the Record of Student Absence form (Faculty of Medicine) for the student file; and
6. Forwarding the application for re-admission form to the student returning from a leave of absence and preparing the appropriate paperwork (licenses, etc.).

L. Student Movement between Sites of the UBC MD Undergraduate Program

1. Overall Four-Year Transfer Policy

- a. At the time of admission, a student is assigned to a primary learning site. This site assignment holds for the entire MD Program.
- b. Program switches by students between sites are discouraged.
- c. The Faculty reserves the right to require a student to transfer between sites for extraordinary reasons.
- d. Although a student's clinical education may occur in a variety of locations, each student will continue to be considered a member of his/her original primary program site for administrative and other purposes, unless a formal transfer is requested and approved.
- e. Transfers may be requested by students with extraordinary circumstances or on compassionate grounds.
- f. Requests for transfer must be made in writing and will require approval of the Council of Undergraduate Associate Deans prior to authorization.
- g. Supporting documentation will be required when any medical or personal issues referred to in the transfer request are considered compelling.
- h. Resources to accommodate the requirements of any transfer students must not significantly diminish the resources available to existing enrolled students.
- i. Any additional costs incurred by a student's request for transfer will be the responsibility of the student. Travel stipends apply once only and are intended for the use of the student moving to the Island or Northern Medical Programs.
- j. If a transfer is refused or cannot be accommodated and the student is unable to continue at his/her current primary program site, the student must withdraw from the MD Program and re-apply, stating his/her preference for the desired site.

2. Usual Opportunities for Student Movement in Year 3

The following opportunities are provided in Year 3 for movement of students among programs for formal curriculum components

Rural and Underserved Community Practice (four weeks at the beginning of Year 3): Students from all three programs enter a common "lottery" system to choose placements for the rural practice. Placements may be anywhere throughout rural BC. Some support for travel and accommodations costs is provided.

Year 3 Elective (two weeks during Year 3 clerkships): Students from all three program sites may be able to take an elective anywhere within the UBC program or elsewhere, dependent on availability of places.

Integrated Continuous Clerkships (Chilliwack, Terrace and Peace-Liard): Students from all three Sites are welcome to apply for these positions. This a location change but the student stays under the auspices of the original Program.

Pilots and ongoing clerkships in developing sites: Students from all sites may apply to do pilot clerkships or ongoing clerkships offered in developing sites. For 2009-2010, these will primarily be at the SMP sites. Funding for travel and accommodation for sites not within commuting distance is outlined in **Appendix 14, Clerkship Travel and Accommodation Reimbursement Policy**

3. Transfer requests for or during Year 3

The overall four-year policy applies. Students may not have choice of rotational group at the new Site, depending on capacity and scheduling.

M. Alcohol and Drug Use in an Academic Setting

The consumption of alcohol is restricted on University premises and regulated by UBC Policy No. 13.* The public consumption of alcohol on University property is, therefore, generally not permissible. Specifically, unauthorized consumption of alcohol before, during, and after a Faculty of Medicine academic event (such as a lecture, examination or examination review session) is not permissible on the premises and will not be tolerated. If students are found consuming alcohol or using illicit drugs at such academic events or settings, this behaviour will be reviewed in light of UBC Policy, the Faculty of Medicine's "Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia," and provincial law.** Any student found to have distributed and/or consumed alcohol or drugs, in violation of this statement, will be referred to the Student Promotions Committee and/or the UBC student discipline process.

*See also University of Victoria policy #6445, Liquor Policy, and the "Regulations & Policies" section of the University Calendar, University of Northern BC, for the regulations at the IMP and NMP sites.

**Section 40(1) of the *Liquor Control and Licensing Act*, c. 267 R.S.B.C. 1996, states: "Except for liquor purchased and consumed in accordance with a licence that permits consumption in a public place, a person must not consume liquor in a public place."

APPENDIX 1: DEFINED EXIT COMPETENCIES: LEARNING GOALS AND OBJECTIVES

Extracted from UBC MD Undergraduate Program Mission, Goals & Objectives
(Approved Faculty Executive, January 2005)

- LG1. **Exit competencies:** to ensure that every graduating student meets or exceeds the competency requirements necessary for postgraduate training and as a foundation for lifelong learning and proficient medical care

Learning objectives: Defined competencies for the UBC MD Undergraduate Program include:

- LO1. **Knowledge integration and analytical skills:** Knowledge skills relate to the acquisition, maintenance, integration and use of knowledge. Students should be able to demonstrate that they can:
- LO1.1 acquire new knowledge and retrieve essential knowledge from memory to effectively provide clinical care in health, disease and illness
 - LO1.2 think critically and apply the scientific method
 - LO1.3 commit themselves to life long reflection and learning for the purpose of maintaining and enhancing professional competence
 - LO1.4 integrate new research knowledge into clinical practice
 - LO1.5 Students should be able to demonstrate an in-depth knowledge of:
 - LO1.6 normal molecular, biochemical and cellular mechanisms of the body and its organ systems
 - LO1.7 the various aetiologies' of disorders and the mechanisms by which they cause disease (pathogenesis)
 - LO1.8 altered structure (pathology) and function (pathophysiology) of the body and its major organ systems
 - LO1.9 clinical and pathologic manifestations of the most common and serious acute and chronic disorders
 - LO1.10 standard clinical and laboratory investigations and radiological imaging appropriate to common and serious disorders
 - LO1.11 management options for the most common and serious disorders, diseases, and illnesses requiring immediate and long-term treatment
 - LO1.12 relieving pain and ameliorating the suffering of patients
 - LO1.13 the incidence and impact of economic, psychological, societal, and cultural determinants of health, illness and disease for individuals and within populations
 - LO1.14 the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies
- LO2. **Communication skills:** These skills relate to communication between doctor and patient, doctor and the patient's family, doctor and doctor, doctor and health care team, and doctor as manager/leader. Students should be able to demonstrate that they can:
- LO2.1. conduct an interview with a patient in an empathic manner, which is both therapeutic and effective in eliciting information.
- During an interview, the student will:
- LO2.2. establish good rapport
 - LO2.3. proceed logically
 - LO2.4. obtain the essential history, including issues related to age, gender, and socio-economic status
 - LO2.5. listen carefully

- LO2.6. observe non-verbal cues
- LO2.7. demonstrate an understanding of the person, and their life
- LO2.8. determine the patient's feelings, understanding of illness and expectations.

Students should also be able to demonstrate that they can:

- LO2.9. communicate truthfully and compassionately with patients, their families, colleagues, and other professionals both verbally and in writing
- LO2.10 develop and maintain effective relationships with patients with complex problems
- LO2.11 provide information, emotional support and recommendation to ensure understanding and informed consent for a mutually agreeable therapeutic plan
- LO2.12 recognize and handle appropriately the reactions to bad news, loss, grief and other common but difficult clinical situations
- LO2.13 apply negotiation and conflict resolution skills in interpersonal relationships.

LO3. Professional behaviours: These behaviours relate to professional conduct. Students should be able to demonstrate that they can:

- LO3.1 meet or exceed accepted ethical standards, including the *Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia*, with the highest sense of honesty and integrity.
- LO3.2 interact with patients, patients' families, colleagues, and others with honesty, integrity, compassion, and respect
- LO3.3 demonstrate respect and protection of the patient's confidentiality, dignity and autonomy when discussing personal issues, illness, and disease, prognosis and treatment options with patients, their families, or other members of the health care team
- LO3.4 advocate at all times the primacy of patient well-being in the clinical setting
- LO3.5 not discriminate in interactions with others, on protected grounds such as age, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation or unrelated criminal convictions
- LO3.6 respect social and cultural differences in attitudes and beliefs
- LO3.7 understand and exhibit appropriate strategies to deal with boundary issues
- LO3.8 exhibit professional conduct regarding demeanour, use of language, and appearance in health care settings
- LO3.9 understand the contributions of other health care disciplines, show respect for the skills of others, and be prepared to practice effectively within a multidisciplinary, inter-professional team
- LO3.10 understand and value the concept of patient-centred care and the non-disease-oriented determinants of wellness
- LO3.11 understand the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine
- LO3.12 demonstrate an ethos of service to better meet the health needs of all British Columbians

LO4. Clinical skills including clinical reasoning: These competencies relate to providing highly skilled clinical care to patients. Students should be able to demonstrate that they can:

- LO4.1 obtain a complete and accurate history of the patient's presenting complaints
- LO4.2 perform a complete general and organ-specific examination including mental status examination of patients, where appropriate
- LO4.3 summarize and prioritize a patient's clinical problems and present the results in a standard written and oral form

- LO4.4 request and interpret the results of appropriate investigations and diagnostic procedures
 - LO4.5 accurately record history and physical findings, test results, and other information pertinent to the care of the patient
 - LO4.6 distinguish normal structure and function from abnormal and understand the significance of these abnormalities in each of the major organ systems
 - LO4.7 analyze the information obtained from the medical history, physical examination, and appropriate investigations in order to reach a working or provisional diagnosis (diagnostic reasoning)
 - LO4.8 consider natural history, evaluate options and formulate a management plan (therapeutic reasoning)
 - LO4.9 recognize urgent situations requiring immediate response and provide the appropriate response
 - LO4.10 identify persons at risk for common health problems and provide health promotion/risk prevention education and counselling.
- LO5. **Practical and technical skills:** Students should be competent in performing a set of core practical and technical skills meeting the specific objectives of all clerkships as outlined in the attached appendices.
- LO6. **Information management skills:** These skills relate to the acquisition and use of information. Students should be able to demonstrate that they can:
- LO6.1 use general-purpose computer software packages
 - LO6.2 use electronic networks for communication with others
 - LO6.3 search, retrieve, and organize information from a variety of information sources
 - LO6.4 select and use materials as resources in self-directed learning, including computer-aided and web-based learning resources
 - LO6.5 be adept at using hospital information systems
 - LO6.6 critically evaluate the validity and applicability of commonly encountered information sources, including published literature and the Internet, and critically evaluate material from pharmaceutical and other health-related industries.
- LO7. **Personal management skills:** These skills relate to development of the Person. Students should be able to demonstrate that they can:
- LO7.1 manage time effectively between work, study, recreation, and other activities.
 - LO7.2 prioritize tasks, plan and schedule work to meet deadlines and communicate effectively with others around planning and scheduling work
 - LO7.3 select appropriate learning methods for the subject/competency to be mastered
 - LO7.4 assess their own strengths and weaknesses and be willing to seek help or accept feedback about personal limitations in knowledge and skills; acknowledge error and institute corrective action
 - LO7.5 recognize and respond appropriately to emotional distress in themselves and others, including colleagues, or seek help where appropriate
 - LO7.6 develop and practice active coping skills and when distressed, seek appropriate help.
- LO8. **Health policy skills:** These skills relate to working within the health care delivery system. Students should be able to demonstrate that they can:
- LO8.1 identify major issues of health care policy, economics and services in BC, Canada, and the world
 - LO8.2 discuss the Canada Health Act and the Canadian health care system in relation to health care delivery, including delivery to underserved citizens of Canada,

- and understand that health care systems in other developed and less developed nations may be different
- LO8.3 explain and integrate quality assurance and practice audit principles into clinical practice
 - LO8.4 understand the cost and societal implications of approaches to providing health care services for patients and explain the principles of cost-effective patient care
 - LO8.5 recognize and appropriately address gender and cultural biases in the process of health care delivery
 - LO8.6 advocate for access to health care for members of traditionally underserved populations.

APPENDIX 2: YEAR 3 OVERALL COMPETENCIES

The student should achieve the following competencies by the end of Year 3. These competencies link to the current Exit Competencies of UBC and have been formatted into the CanMEDS framework. They are presented with a KEY overall competency, followed by enabling objectives. Discipline-based objectives should be strategically aligned with and make significant contributions to the competencies outlined as well as the Exit Competencies. All clerkships are expected to use this framework to briefly summarize the discipline's learning objectives. This process assists in identifying important content and will help guide the development and delivery of the Year 3 curriculum.

Medical Expert:

KEY: To acquire new knowledge and retrieve essential knowledge from memory to effectively provide clinical care in health, disease and illness demonstrating an in-depth knowledge of:

- normal molecular, biochemical and cellular mechanisms of the body and its organ systems;
- the various etiologies of disorders and the mechanisms by which they cause disease (pathogenesis);
- altered structure (pathology) and function (pathophysiology) of the body and its major organ systems; and
- clinical and pathologic manifestations of the most common and serious acute and chronic disorders.

KEY: To obtain a complete and accurate history of the patient's presenting complaints and significant past medical and psychosocial history:

- use appropriate interviewing techniques to obtain a focused or complete medical history (appropriate to setting);
- organize logically within the interview;
- sufficient information gathered to plan investigations, develop differential diagnoses and management;
- sensitive to the patient's emotional state; and
- look for secondary problems.

KEY: To perform a complete and comprehensive physical examination of a patient:

- perform a complete general and organ-specific examination including mental status examination of patients, where appropriate;
- organize the exam logically;
- explain examination procedures to patient;
- distinguish normal structure and function from abnormal; and
- understand the significance of these abnormalities in each of the major organ systems.

KEY: To apply the concepts of clinical reasoning to the history and physical examination such that the student can reach a working diagnosis, generate an appropriate differential list, formulate an investigation plan and discuss a management plan:

- within the range of their responsibilities, make acceptable diagnostic, therapeutic, and management decisions (clinical decision making);
- request and interpret the results of appropriate investigations and diagnostic procedures;
- analyze the information obtained from the medical history, physical examination, and appropriate investigations in order to reach a working or provisional diagnosis (diagnostic reasoning);
- consider natural history, evaluate options and formulate a management plan (therapeutic reasoning);
- understand management options for the most common and serious conditions requiring immediate and long-term treatment;
- seek appropriate consultation from other health professionals; and
- summarize and prioritize a patient's clinical problems.

KEY: To demonstrate competence in and to document the core practical and technical skills outlined in the appended Patient Encounter and Procedure items.

Communicator:

KEY: To communicate with patients and their families in an empathic manner, which is both therapeutic and effective in eliciting information:

- During an interview:
 - establish best rapport possible;
 - proceed logically;
 - obtain the essential history, including issues related to age, gender, and socio-economic status;
 - listen carefully;
 - observe non-verbal cues;
 - demonstrate an understanding of the person, and their life; and
 - determine the patient's feelings, understanding of illness and expectations.
- During ongoing patient contact and care:
 - develop and maintain effective relationships with patients with complex problems;
 - provide information, emotional support and recommendation to ensure understanding and informed consent for a mutually agreeable therapeutic plan; and
 - recognize and handle appropriately the reactions to bad news, loss, grief and other common but difficult clinical situations.

KEY: To communicate effectively with colleagues and other professionals both verbally and in writing:

- organize their communication logically, concisely and clearly;
- present the patient's problems in a standard written and oral form;
- accurately and legibly record history and physical findings, test results, and other information pertinent to the care of the patient;
- summarize and prioritize a patient's clinical problems; and
- communicate truthfully and compassionately.

Collaborator:

KEY: To recognize and respect the diversity of roles, responsibilities and competencies of other professionals and to learn and to work collaboratively in any setting:

- understand the importance of cooperation and communication;
- determine whom to involve depending on the needs of the patient;
- communicate promptly;
- share knowledge and expertise;
- share decision-making with others;
- maintain professional conduct during inter-professional encounters;
- maintain flexibility and adaptability when working with others; and
- apply negotiation and conflict resolution skills in interpersonal relationships.

Manager:

KEY: To manage time effectively between work, study, recreation, and other activities:

- prioritize tasks, plan and schedule work to meet deadlines;
- communicate effectively with others around planning and scheduling work;

understand the cost and societal implications of approaches to providing health care services for patients and explain the principles of cost-effective patient care.

Health Advocate:

KEY: To be aware at all times of the primacy of patient well-being in the clinical setting:

- recognize and appropriately address gender and cultural biases in the process of health care delivery;
- understand and value the concept of patient-centered care and the non-disease-oriented determinants of wellness;
- advocate for individual patient health needs;
- recognize the need to relieve pain and ameliorate the suffering of patients;
- recognize the incidence and impact of economic, psychological, societal, and cultural determinants of health, illness and disease for individuals and within populations;
- be aware of the Canada Health Act and the Canadian health care system in relation to health care delivery, including delivery to underserved citizens of Canada, and understand that health care systems in other developed and less developed nations may be different; and
- show awareness of health care error and patient safety concepts.

Scholar:

KEY: To develop and apply ongoing learning skills using a variety of relevant resources in order to critically evaluate a clinical problem:

- commit themselves to self-directed learning;
- critically evaluate the validity and applicability of commonly encountered information sources, including published literature and the Internet;
- apply the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies; and
- adeptly search, retrieve, and organize information from a variety of information sources including hospital information systems, general-purpose computer software packages, web-based learning resources, and library resources.

Professional:

KEY: To interact with patients, patients' families, colleagues, and others with honesty, integrity, compassion, respect and reliability:

- meet or exceed accepted ethical standards, including the *Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia*;
- demonstrate respect and protection of the patient's confidentiality, dignity and autonomy;
- not discriminate in interactions with others, on protected grounds (such as age, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation or unrelated criminal convictions) or on other grounds (e.g. life style choices);
- respect social and cultural differences in attitudes and beliefs;
- understand and exhibit appropriate strategies to deal with boundary issues;
- exhibit professional conduct regarding demeanor, use of language, and appearance in health care settings; and
- recognize and discuss ethical issues related to patient care.

KEY: To assess their limitations and competencies and take responsibility for shortcomings and difficulties:

- assess their own strengths and weaknesses and be willing to seek help or accept feedback about personal limitations in knowledge and skills;
- acknowledge error and institute corrective action;
- recognize and respond appropriately to emotional distress in themselves and others, including colleagues, and seek help where appropriate;
- develop and practice active coping skills; and
- seek appropriate consultation from supervisors and other health professionals.

References:

1. UBC Exit Competencies
2. UBC Year 3 End-of-Clerkship Assessment Form (approved for September 2009)
3. The CanMEDS 2005 Physician Competency Framework.
4. Faculty of Medicine, University of Toronto, Undergraduate Medical Education Curriculum Goals and Objectives.
5. Faculty of Medicine, University of Western Ontario
6. Northern Ontario School of Medicine, Faculty Handbook.
7. The College of Family Physicians of Canada, CanMEDS Family Medicine working group on Curriculum Review.
8. The BC Competency framework for Interprofessional Collaboration, College of Health Disciplines, UBC

8 July 2009
Working Draft

Key Learning Competencies Mapped to Assessment Methods

Key Competencies Addressed	Assessment Method(s):
<p>MEDICAL EXPERT</p> <ul style="list-style-type: none"> • Acquire new knowledge and retrieve essential knowledge from memory to effectively provide clinical care in health, disease and illness while demonstrating in-depth knowledge. • Obtain a complete and accurate history of the patient’s presenting complaints AND perform a complete and comprehensive physical examination of a patient. • Apply the concepts of clinical reasoning to the history and physical examination such that they can reach a working diagnosis and formulate an investigation and management plan. • Competently perform a set of core practical and technical skills as outlined in the appended Patient Encounter and Procedure logs. 	<ul style="list-style-type: none"> ○ Daily Formative Assessment with preceptors ○ Case Write-Ups ○ Case Presentations ○ Mini-CEX Clinical Skills ○ Chart Review ○ Formative Portfolio Assessment ○ “In-house” and NBME Written Exams ○ Oral and OSCE Exams ○ Patient Encounters and Clinical Procedures Log Review ○ Clinical Procedures Log ○ Patient Encounters Log ○ Summative Clinical Performance Review
<p>COMMUNICATOR</p> <ul style="list-style-type: none"> • Communicate with patients and their families in an empathic manner, which is both therapeutic and effective in eliciting information. • Communicate effectively with colleagues and other professionals both verbally and in writing. 	<ul style="list-style-type: none"> ○ Daily Formative Assessment with preceptors ○ Mini-CEX Clinical Skills ○ 360° Evaluation ○ Summative Clinical Performance Review
<p>COLLABORATOR</p> <ul style="list-style-type: none"> • Recognize and respect the 	<ul style="list-style-type: none"> ○ Daily Formative Assessment with preceptors ○ 360° Evaluation

<p>diversity of roles, responsibilities and competencies of other professionals and work in collaboration with them whether or not a formalized team exists.</p>	<ul style="list-style-type: none"> ○ Summative Clinical Performance Review
<p>MANAGER</p> <ul style="list-style-type: none"> • Manage time effectively between work, study, recreation, and other activities. 	<ul style="list-style-type: none"> ○ Daily Formative Assessment with preceptors ○ 360° Evaluation ○ Summative Clinical Performance Review
<p>HEALTH ADVOCATE</p> <ul style="list-style-type: none"> • Be aware at all times of the primacy of patient well-being in the clinical setting. 	<ul style="list-style-type: none"> ○ Daily Formative Assessment with preceptors ○ Chart Review ○ 360° Evaluation ○ Summative Clinical Performance Review
<p>SCHOLAR</p> <ul style="list-style-type: none"> • To apply ongoing learning skills using a variety of relevant resources in order to critically evaluate a clinical problem. 	<ul style="list-style-type: none"> ○ Case Write-Ups ○ Case Presentations ○ Formative Portfolio Assessment ○ Summative Clinical Performance Review
<p>PROFESSIONAL</p> <ul style="list-style-type: none"> • Interact with patients, patients' families, colleagues, and others with honesty, integrity, compassion, respect and reliability. • Assess their limitations and competencies and take responsibility for short-comings and difficulties. 	<ul style="list-style-type: none"> ○ Daily Formative Assessment with preceptors ○ Formative Portfolio Assessment ○ Chart Review ○ 360° Evaluation ○ Summative Clinical Performance Review

APPENDIX 3: YEAR 3 MUST-SEE CLINICAL OBJECTIVES

A. PATIENT ENCOUNTERS

- Actual patients with these conditions or in these situations should be seen during Year 3
- These should be logged into one45
- Disciplines in which these may be encountered are listed

Abbreviations

AN	Anaesthesia
DR	Dermatology
EM	Emergency Medicine
FM	Family Medicine
IM	Internal Medicine
OG	Obstetrics and Gynaecology
OP	Ophthalmology
OR	Orthopaedics
PD	Paediatrics
PS	Psychiatry
SR	Surgery

PATIENT ENCOUNTER	DISCIPLINES
Abdominal Pain, Acute	EM IM OG SR FM
Abdominal Pain, Child	PD EM SR FM
Amblyopia/Strabismus	OP PD FM
Acne	DR, FM
Agitation and Safety Assessment	EM PS FM
Anemia, Adult	IM FM
Antepartum Assessment	OG FM
Anticipatory Guidance, Newborn	PD FM
Anticipatory Guidance, Infant and Toddler	PD FM
Anticipatory Guidance, Adolescent	PD FM
Arrhythmia	IM EM FM
Arthropathy	IM OR FM
BP, high	IM FM
BP, low and shock	EM IM AN SR FM
Back Pain	EM OR SR FM
Breast Problem	SR FM
Cataract	OP FM
Chest pain	EM IM SR FM
Child/Adolescent/Family Psychiatric Assessment	PD PS FM
Coma/altered level of consciousness	EM FM
Congestive Heart Failure	IM EM FM
Dehydration, Child	PD EM FM
Delirium	EM IM PS FM
Dementia	IM PS FM
Depressive Episode	PS FM
Diarrhea, Adult	IM SR EM FM
Dizziness	EM FM
Dyspnea	EM IM SR FM
Eczema	DR PD FM
Electrolyte Disorder (incl Na, K)	IM EM PD FM
Failure to Thrive, Child	PD FM
Febrile Seizure	PD FM

Fever, Adult	IM SR EM FM
Fever, Child	EM PD FM
Fracture, extremity	EM OR FM
GI Bleed, Acute	EM IM SR FM
Glucose Disorder (incl Diabetes)	IM FM
Headache	EM PD FM
Heart Murmur	IM FM
Hernia	SR FM
Hypomanic/Manic Episode	PS FM
Hypotonic Infant	PD FM
Jaundice, Neonatal	PD FM
Labour and Delivery	OG FM
Liver abnormality, Adult	SR IM FM
Lymphadenopathy	IM PD FM
Obesity, Child	PD FM
Otitis/Pharyngitis	PD EM FM
Overdose	EM PS FM
Perianal Problem	SR FM
Personality Disorder	PS FM
Pain, Acute	SR AN EM FM
Postpartum Assessment	OG FM
Pregnancy Complications (medical and surgical)	OG FM
Prostate Complaint	SR FM
Psychosis, Acute	PS FM
Red eye	EM FM
Renal Failure	IM FM
Resp. Distress, Child	PD EM FM
Skin Cancer	DR FM
Stroke/TIA	EM IM FM
Substance use/withdrawal	PS EM FM
Suicide Assessment	EM PS FM
Syncope	EM FM
Trauma, multisystem	EM SR FM
Vaginal bleeding, abnormal nonpregnant	OG EM FM
Vaginal Bleeding, abnormal pregnant	OG EM FM
Vaginal discharge	OG FM

B. PROCEDURES

- Students must observe assist or perform these procedures during Year 3
- The required level of performance is indicated by shading
- These should be logged into one45
- The student should log a procedure even if the required level is not met
- Disciplines in which these may be encountered are listed

PROCEDURES	observed	assisted	performed	DISCIPLINE
Acid Base and ABG Interpretation				IM EM PD
Airway Insertion, oral				AN EM
Arterial puncture (ABGs)				EM IM SR
Assisting at major surgery				OG SR OR
Bag Mask Ventilation				AN EM
Cardiopulm resuscitation (CPR)				EM IM SR PD
Cast				EM OR
Chest tube/Thoracostomy tube				EM SR
Cognitive assessment (MMSE)				PS
Conscious sedation				AN EM PD
CXR (reading)				IM PD EM SR
Delivery of placenta				OG
Drains, remove				SR
Electrocardiogram (ECG) Monitoring Lead Placement				EM AN
Electrocardiogram (ECG) Reading				IM EM PD AN
Endotracheal intubation				AN EM
Episiotomy/tear (repair of uncomplicated)				OG
Excision of small skin lesion				DR SR
Incision and drainage of abscess				EM
Injections: administer SC, IM, IV push agents, intradermal PPD				EM IM SR AN
Intravenous insertion (IV)				AN EM IM SR OG
Labour, assess: abdominally and vaginally				OG
Lumbar puncture				EM IM SR PD
MDI plus aerochamber inhalation				IM PD
Measure and plot newborn: HC, Length, Weight				PD
Measure and plot child: HC, Length, Weight				PD
Nasogastric intubation (NG)				EM IM SR
Newborn - complete exam				PD OG
Ophthalmoscope (direct)				OP
Paediatric intravenous insertion (IV) or blood collection				PD
Paediatric immunizations				PD
Paediatric position oximeter attachment monitor				PD
Paediatric vital signs - BP/P/RR/Temp (all ages)				PD

Paediatric vital signs - newborn				PD
Pap smear and culture specimen				OG
Pelvic exam with speculum				OG EM
Psychiatry interview, full under supervision				PS
Slit lamp examination				EM OP
Spinal anesthesia				AN
Spine immobilization				EM SR
Splint application				EM OR
Surgical knots (hand and instrument)				SR OG EM OR
Suture laceration/wound				EM OR SR OG
Tensor bandage application				EM
Urinary catheter insertion - female				EM IM OG SR
Urinary catheter insertion - male				EM IM SR
Vaginal delivery				OG
Venipuncture				EM IM SR
Wound dressing using sterile technique				EM SR

Do Not Use

Dangerous Abbreviations, Symbols and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported as being frequently misinterpreted and involved in harmful medication errors. They should NEVER be used when communicating medication information.

Abbreviation	Intended Meaning	Problem	Correction
U	unit	Mistaken for "0" (zero), "4" (four), or cc.	Use "unit".
IU	international unit	Mistaken for "IV" (intravenous) or "10" (ten).	Use "unit".
Abbreviations for drug names		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO ₄ (morphine sulphate), MgSO ₄ (magnesium sulphate) may be confused for one another.	Do not abbreviate drug names.
QD QOD	Every day Every other day	QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).	Use "daily" and "every other day".
OD	Every day	Mistaken for "right eye" (OD = oculus dexter).	Use "daily".
OS, OD, OU	Left eye, right eye, both eyes	May be confused with one another.	Use "left eye", "right eye" or "both eyes".
D/C	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications).	Use "discharge".
cc	cubic centimetre	Mistaken for "u" (units).	Use "mL" or "millilitre".
µg	microgram	Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.	Use "mcg".
Symbol	Intended Meaning	Potential Problem	Correction
@	at	Mistaken for "2" (two) or "5" (five).	Use "at".
> <	Greater than Less than	Mistaken for "7" (seven) or the letter "L". Confused with each other.	Use "greater than"/"more than" or "less than"/"lower than".
Dose Designation	Intended Meaning	Potential Problem	Correction
Trailing zero	X.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use "X mg".
Lack of leading zero	.X mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use "0.X mg".

ISMP Canada July 2006

Adapted from ISMP's List of Error-Prone Abbreviations, Symbols, and Dose Designations 2006

Report actual and potential medication errors to ISMP Canada via the web at https://www.ismp-canada.org/err_report.htm or by calling 1-866-54-ISMP. ISMP Canada guarantees confidentiality of information received and respects the reporter's wishes as to the level of detail included in publications.



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Year 3 End-of-Clerkship Assessment

Name of student: _____

Clerkship: _____

Dates: From _____ To _____

This form must be completed by the designated Supervisor, Discipline-Specific Site Leader (DSSL) or Clerkship Director and should summarize assessments completed by attending physicians, fellows and/or senior residents who have spent an adequate number of hours of direct teaching contact (ideally, five or more hours) with the student being assessed.

Thank you for your time and consideration in completing this summary assessment form. It is an important part of ongoing learning and of the assessment record. The items on this form will be compiled into the student's Medical Student Performance Record (MSPR). This will replace the system we have been using of compiling comments. There are definitions of each of the items to guide your choice of how the student has performed.

This form looks different from past years' but the items have been retained. They have been organized into broad areas following the CanMEDS competencies: Medical Expert, Communicator, Collaborator, Scholar and Professional. Manager and Health Care Advocate are not included in the items but can be commented on in the Narrative if applicable.

Definitions of Assessment Standards:

N/A = Not applicable or insufficiently assessed in this clerkship

Does Not Meet Requirements = Fail

- critical errors or omissions
- disorganized
- jeopardizes patient care
- passive
- lacking insight

Suggest Remediation

- gaps in functioning but not necessarily failing

Meets Requirements = Pass

- satisfactory and clear pass
- performing well

Exceeds Requirements (no more than 10-15% of students)

- performs above the level of peers
- deserves consideration for awards

Please remember the vast majority of students will be doing well and should receive "**Meets Requirements**". Please comment on areas not meeting requirements, requiring improvement or exceeding requirements.

.....

Logging Review:

Student's logging has been reviewed:

- Yes, by Faculty Member completing form

- Yes, by Clerkship Director or Discipline-Specific Site Leader (DSSL)
- Yes, by Program Administrator
- Yes, by Year 3 Chair

History and/or Interview:

- uses appropriate interviewing techniques to obtain a complete or a focused medical history (appropriate to setting)
- organizes logically
- sufficient information gathered to plan investigations, develop differential diagnoses and management
- sensitive to the patient’s emotional state
- looks for secondary problems

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Physical Examination:

- performs either a complete or a focused physical exam (appropriate to setting)
- can demonstrate correct exam techniques
- organizes logically
- detects presence or absence of abnormalities
- understands context of findings

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Differential Diagnosis:

- identifies and organizes important information
- constructs prioritized differential diagnosis based on basic science and clinical knowledge
- supports with data gathered from the history, physical, collateral and investigations

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Diagnostic Tests:

- identifies appropriate laboratory or diagnostic procedures that may confirm or disprove the diagnosis
- interprets results based on basic science and clinical knowledge

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Treatment Plan:

- weighs options for management for the problem(s)
- considers context of other patient factors
- considers urgent/immediate, short-term and long-term issues

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Procedures:

- performs required basic clinical procedures in clinic, on ward or in OR competently
- performs with care, judgment and mastery

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggested Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Oral Presentation:

- organizes logically and concisely
- provides reasons which support the working diagnosis, therapeutic recommendations and continuing care
- concise but contains full information and are accurate

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Written Presentation:

- organizes logically and concisely
- provides reasons which support the working diagnosis, therapeutic recommendations and continuing care
- completes records that are concise but contain full information and are accurate
- Timely, up-to-date and legible

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Therapeutic Alliance:

- establishes professional relationship with the patient and family members
- understands the patient's context and can apply a patient-centred method of interviewing
- demonstrates compassion and interest
- inspires confidence and obtains co-operation of the patient
- provides information and instruction based on basic science, clinical knowledge and on the patient's understanding of the issues

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Working Relationships:

- understands the importance of co-operation and communication with entire health care team
- establishes and maintains effective working relationships with colleagues and other health personnel
- communicates promptly with team
- contributes the overall team effort by sharing knowledge and expertise
- accepts and values the contributions of others
- resolves or prevents conflicts

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Initiative and Motivation for Self-Learning:

- actively participates in the educational opportunities available
- develops program of self-directed learning based upon self-assessment and assessments from others

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Use of Learning Materials, Preparation and Knowledge Base:

- actively and effectively searches for information from multiple, credible sources
- recommended material is read in anticipation of learning opportunities/sessions
- demonstrates basic science and clinical knowledge base

<input type="checkbox"/> N/A	<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
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Reliability:

- is aware of and abides by the University/FOM codes of professional conduct
- fulfils his/her responsibility to patients and their families, and to colleagues and other health professionals
- responds to pages, patient and team needs in a timely manner
- arranges for the care of his/her patients during absence
- demonstrates honesty, integrity and conscientiousness

<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
--	--	--	---

Capacity for Self-Assessment:

- aware of capabilities and limitations
- acts only within limits of his/her competence (patient welfare as the highest priority)
- seeks assistance when necessary
- listens to, reflects on and acts on feedback
- recognizes and accepts the need for self-care and personal development

<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
--	--	--	---

OVERALL PERFORMANCE

"Exceeds Requirements"

- Only the most exceptional students should be given an overall "Exceeds Requirements"
- 75% of applicable categories for a rotation should be endorsed as "Exceeds Requirements" to receive an overall "Exceeds Requirements" (e.g.10 of 13 or 14 applicable; 9 of 12; 8 of 10 or 11; 7 of 9; 6 of 8)

"Meets Requirements"

- most students should be assigned to this category

"Suggest Remediation"

- This category should be completed if there is discomfort regarding any aspect of performance and will identify for both student and faculty the need for assistance
- all "Suggest Remediation" items MUST be discussed directly with the student and have narrative comments provided

"Does Not Meet Requirements"

- This category should be completed if student receives three or more "Suggest Remediation" but may be assigned with fewer items
- This category should be completed if student receives two or more "Does Not Meet Requirements" but may be assigned with one item
- all "Does Not Meet Requirements" items MUST be discussed directly with the student and have narrative comments provided

<input type="checkbox"/> Does Not Meet Requirements (Fail)	<input type="checkbox"/> Suggest Remediation (Incomplete)	<input type="checkbox"/> Meets Requirements	<input type="checkbox"/> Exceeds Requirements
--	---	--	---

N.B.: The ultimate decision on the student passing or failing this rotation will be made by the Site Clerkship Director and the Departmental Clerkship Director.

NARRATIVE COMMENTS

- Please elaborate on the assessment items, especially particular strengths, specific areas of difficulty, items that require improvement and reasons the student does not meet requirements
- Please provide recommendations or guidance for improvement or future work
- These comments are intended for **formative feedback** and will not directly form the MSPR
- Information may be drawn from them for explanatory comments of "Does Not Meet Requirements" and "Suggest Remediation".

To be completed by Student:

I have read this assessment

Yes No

This assessment was discussed with me by the clinical supervisor

Yes No

Signatures

Clinical Supervisor Name

Clinical Supervisor Signature

Student Signature

Date

APPENDIX 6: SPECIFICS FOR GRADING AND ASSESSMENT PROTOCOLS FOR RURAL AND UNDERSERVED COMMUNITY PRACTICE (FMPR 428)

(A) GRADING

The rotation director and the rural preceptor will discuss any student who did not achieve a Pass in the overall assessment of the "Preceptor Evaluation of Student". If the course director concurs with the rural preceptor, students receiving a *Does not Meet Requirements* will be assigned a failing grade (F). Students assigned a *Suggest Remediation* (P-) in the overall assessment will be referred to the Student Support and Development Committee.

(B) PROTOCOL FOR ASSESSMENT REVIEW IN THE RURAL FAMILY PRACTICE CLERKSHIP

- 1) Rural Family Practice Clerkship office in Vancouver receives, reviews and forwards any possible problems to Rural Family Practice Course Director immediately.
- 2) The assessments that do not raise any concerns are filed for the Rural Family Practice Course Director to review periodically during the rotation and at the completion of the rotation.
- 3) The Rural Family Practice Course Director meets with students who do not meet expectations on one or more domains on their final assessment or have some other area of concern (phone call from preceptor, comment on assessment, unprofessional conduct in relation to course activities or placement).
- 4) The Rural Family Practice Course Director communicates any problems/concerns with the Site Clerkship Director of the student's home site and Undergrad Dean's Office to discuss the student and recommend remediation that would be proposed at the soonest Years 3 and 4 Student Promotions Committee meeting.
- 5) Assessments of all students are sent to the Undergrad Dean's office with copies to the Site Clinical Coordinator for review if requested.

APPENDIX 7: SPECIFICS FOR GRADING AND ASSESSMENT PROTOCOLS FOR INTEGRATED CONTINUOUS CLERKSHIPS

To be inserted when approved

APPENDIX 8: POLICES AND PROCEDURES RELATED TO STUDENT CONDUCT IN CLERKSHIP EXAMINATIONS

RULES GOVERNING FORMAL EXAMINATIONS:

(Extracted from the UBC Calendar):

1. Each candidate must be prepared to produce, upon request, an UBC card for identification.
2. Candidates are not permitted to ask questions of the invigilators, except in cases of supposed errors or ambiguities in examination questions.
3. No candidate shall be permitted to enter the examination room after the expiration of one-half hour from the scheduled starting time, or to leave during the first half hour of the examination.
4. Candidates suspected of any of the following, or similar, dishonest practices shall be immediately dismissed from the examination and shall be liable to disciplinary action:
 - a. having at the place of writing any books, papers or memoranda, calculators, computers, sound or image players/recorders/transmitters (including telephones), or other memory aid devices, other than those authorized by the examiners;
 - b. speaking or communicating with other candidates; and
 - c. purposely exposing written papers to the view of other candidates or imaging devices.The plea of accident or forgetfulness shall not be received.
5. Candidates must not destroy or mutilate any examination material; must hand in all examination papers; and must not take any examination material from the examination room without permission of the invigilator.
6. Candidates must follow any additional examination rules or directions communicated by the instructor or invigilator.

RULES FOR ONLINE EXAMINATIONS:

Arrive at the scheduled examination room no later than 15 minutes prior to the posted start of the exam. Remain outside the examination room until instructed to enter by the exam invigilators.

PERSONAL EFFECTS

All bags (including lunch bags), books, and electronic devices must be placed at the front of the examination room before the start of the exam. Only Login ID/Password and Student ID card will be allowed at the workstation. No food or drinks are permitted in the Computer Lab.

CALCULATORS / ELECTRONIC DEVICES

Calculators and other electronic devices (i.e., cell phones, pagers, PDAs, etc.) must not be with the student when writing the exam. All cell phones must be turned off. In the event that a cell phone rings, the invigilator will remove the phone from the examination room.

WASHROOMS

Students are advised to use the washroom before the start of the exam. If use of a washroom is required during the exam, the student will raise their hand and wait to be escorted by an exam invigilator. Only one student may leave the exam room at any time.

BEFORE THE EXAMINATION

Students will receive a Login ID and Password via e-mail one week before the exam. If you do not receive your information, please contact the Clerkship Program Assistant or the Online Exam Assessment Administrator (Riea Elder, rielder@interchange.ubc.ca). Students are responsible for bringing their own Login ID and Password to the examination and will only be permitted to bring this paper into the examination room. Read the detailed online examination instructions on the rotation site on MEDICOL.

DURING THE EXAMINATION

Exam instructions are given prior to the start of the examination. Exam instructions will not count in students' allotted exam time. Once the instruction period commences, all students will remain seated and observe complete silence through to the exam's conclusion. **STUDENTS WILL NOT LOG IN UNTIL THE EXAM INVIGILATOR INFORMS THE STUDENTS TO DO SO.**

Bring your student ID and place it at your workstation and an invigilator will come to verify your ID during the examination.

Students are only permitted to use the whiteboard provided by the invigilator to make notes. No other papers or writing instruments are allowed. **Students are encouraged to "save" after each question.**

Due to the length of questions or the type of questions the exam may contain more than one page. The main page of the test screen will indicate how many pages are included on a particular exam. It is the student's responsibility to ensure that ALL (currently 50) questions in each exam are answered.

Once logged onto a computer, the student will not relocate to another computer. If there are difficulties with the workstation/computer the student will bring this to the attention of an invigilator who will resolve the problem and/or relocate the student.

END OF THE EXAMINATION

The examination program will give a warning 15 minutes prior to the end of the exam time. When the clock displayed on the exam screen has expired the program will shut down.

EXAM REVIEW

Immediately after the student logs out of an exam they will be able to view their scores and provide feedback.

If a student is taking more than one exam, they may choose to review the exams after completion of the last exam. Students are encouraged to provide feedback on questions regarding clarity, and other answer options they feel are applicable. The option of reviewing the exam and providing feedback is available only during the formal exam session that day. Any electronic devices (i.e., cell phones, pagers, PDAs, etc.) must not be with the student while reviewing the exam. No notes can be taken during the exam review session.

Students who complete the exam early may begin the next exam or if no other exams are scheduled, students must leave the examination room and are prohibited to access any of the computers in the exam room for other activities.

APPENDIX 9: TEMPLATE FOR MEDICAL STUDENT PERFORMANCE RECORD (MSPR)

The Faculty of Medicine at the University of British Columbia discloses the following information for all students in the program. The grid below indicates where the information can be found. This grid has been adapted from a standardized one for all schools across Canada and thus the wording may not be specifically that of UBC. Please refer to the specific sections of this Policies and Procedures Manual for UBC-specific terminology (*).

The MSPR provides an overview of the academic and clinical performance of a student in their years of medical school. Clerkship rotations are Anaesthesia, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics & Gynaecology, Ophthalmology, Orthopaedics, Paediatrics, Psychiatry and Surgery.

Note: The Faculty of Medicine will inform Post-Graduate Program Directors if there is a significant change in academic or professional performance at any point during or after the residency selection process.

1. PRECLINICAL YEARS:	On Transcript	MSPR	Not Reported
1. University of BC records failure of a year.	X	X	<input type="checkbox"/>
2. University of BC records failure of a course/block.	X	<input type="checkbox"/>	<input type="checkbox"/>
3. University of BC records failures of a unit of evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	X
4. University of BC records failure of a course component.	<input type="checkbox"/>	<input type="checkbox"/>	X
5. If a year is repeated, University of BC shows performance of the original year.	X	<input type="checkbox"/>	<input type="checkbox"/>
2. CLINICAL YEARS:			
1. University of BC records failure of a year.	X	X	<input type="checkbox"/>
2. University of BC records failure of a rotation*.	X	X	<input type="checkbox"/>
3. University of BC records failure of a component of a rotation*.	<input type="checkbox"/>	<input type="checkbox"/>	X
4. In any of the above failures, University of BC shows performance in the original year/rotation/block.	X	<input type="checkbox"/>	<input type="checkbox"/>
5. Required remediation occurring at the end of a rotation is reported*.	<input type="checkbox"/>	X	<input type="checkbox"/>
3. ALL YEARS:			
1. University of BC reports any significant interruption in the program.	<input type="checkbox"/>	X	<input type="checkbox"/>
2. University of BC reports any major or repeated breach of professionalism that led to disciplinary action.	<input type="checkbox"/>	X	<input type="checkbox"/>

APPENDIX 10: SUMMARY OF POLICIES AND PROCEDURES FOR STUDENTS EXPERIENCING DIFFICULTIES

This document outlines the process that should be followed for students experiencing difficulties, which may or may not be related to academic issues.

1. How are students in difficulty identified?

- by self-assessment;
- by clinical supervisors;
- by preceptors, including other health care team members;
- by examination results (clerkship component scores, examination component scores, etc.); and
- by peers.

2. Who receives the assessments of the students?

- Students (all formative and summative information);
- Office of Student Affairs ;
- Dean's Office, Undergraduate Education (summative information only); and
- Student Support and Development Committee (SSDC).

3. What is the role of supervisors in identifying/helping students in difficulty?

If supervisors believe a student is experiencing academic problems, they should:

- Discuss the situation with the student;
- Recommend to the student that he/she speak to the Site or Departmental Clerkship Director or Associate Dean, Student Affairs, depending on the severity and nature of the problem;
- Report (in writing) the situation to the Associate/Assistant Dean, Student Affairs if the student declines to seek help on their own volition (note: The chain of communication would usually be from the preceptor to the supervisor/DSSL to the Site or Departmental Clerkship Director to the Associate Dean, Student Affairs)
- Rate students as *Suggest Remediation* or, in more serious cases, *Does Not Meet Requirements* on the relevant End-of-Clerkship Assessment (Specific narrative description of problems must be provided); and
- Report to the Site and Departmental Clerkship Directors.

4. What is the role of the Clerkship Directors for students in difficulty?

- Meet with the student and review the components of their assessment;
- Communicate with the Dean's Office directly or through administrative staff;
- Refer the student to the SSDC;
- Participate in the "best plan" development by the SSDC; and
- Attend the Student Promotions Committee, Year 3 and 4.

5. What is the role of the Dean's Office?

- Review the End-of-Clerkship Assessment forms on receipt and to direct students with *Suggest Remediation* or *Does Not Meet Requirements* to meet with Site or Departmental Clerkship Directors, and Associate/Assistant Dean, Student Affairs if they have not already done so.
- Monitor students with academic or professionalism notations and track the student's performance for the Student Promotions Committee, Year 3 and 4.

6. What is the role of the Student Promotions Committee, Year 3 and 4 with students in academic difficulty?

- Review the composite record (e.g., exam results, clinical performance ratings, oral exams) of all students failing one or more courses or course components

- After Promotions Meetings, instruct failing students to meet with the appropriate Clerkship Director, the Associate/Assistant Dean, Student Affairs and SSDC to review the situation and its potential implications for advancement at the end of the year; and
- Instruct failing students about Remedial and Supplemental requirements.

7. What is the role of the Student Support and Development Committee with students in difficulty?

- Receive referrals from students, Clerkship Directors, Office of Student Affairs and the Student Promotion Committee, Year 3 and 4;
- Convene an individually tailored, timely SSDC to meet with a given student;
- Communicate with Clerkship Directors and Associate Deans in developing a "best plan" with the student;
- Document the "best plan" and distributing this as appropriate; and
- Report to the Student Promotions Committee, Year 3 and 4.

APPENDIX 11: YEAR 3 STUDENT SUPPORT AND DEVELOPMENT COMMITTEE (SSDC)

VFMP TERMS OF REFERENCE 2009 - 2010

The VFMP Year 3 Student Support and Development Committee is a purpose- and student-specific committee reporting to the MD Undergraduate Student Promotions Committee for Year 3 and 4 (SPC). It is responsible for meeting with an individual student who is identified as having academic difficulty, issues related to professional behaviour, or other concerns that may interfere with their ability to succeed in Year 3. Students with Leaves-of-Absence of greater than one week usually would be required to have an SSDC meeting.

The VFMP Year 3 SSDC will provide the same services and perform the same functions as the Year 1, Year 2, IMP and NMP SSDCs (q.v. Terms of Reference of those committees) but needs to be structured differently for several reasons:

1. Size of Year 3 VFMP class – all students cannot be reviewed together;
2. Clinical Nature of Year 3 Clerkship:
 - students present with academic difficulties and professionalism issues throughout the year;
 - these must be addressed as soon as possible to ensure patient safety;
 - students must balance their clinical obligations with meeting with an SSDC;
3. Year 3 students not synchronized
 - rotations are of different durations and exam failures do not happen synchronously;
 - different students fail different rotations at the same time;
4. Limited and variable times available for remediation:
 - two-week window during their Elective Block;
 - possible two-week study time during Christmas break;
 - two-week summer break; and
 - limit of six-weeks remediation/supplemental time in the first period of Year 4.

Thus, the VFMP Year 3 SSDC must be tailored to address the student's immediate needs and to be flexible for the ongoing needs. The Committee needs to be convened immediately if a problem arises both for the student's planning and for patient safety.

The VFMP Year 3 SSDC Terms of Reference will be reviewed next year and then on an as-needed basis by the Year 3 Committee and approved by MD Undergraduate Curriculum Committee.

MEMBERSHIP

An individualized, appropriate, available consultation team will be drawn together in a timely fashion for each student from:

Year 3 Committee Chair, Chair VFMP Year 3 SSDC

Associate Dean, Student Affairs, standing (as student support)

Assistant Dean, VFMP

VFMP Clerkship Director

Departmental Clerkship Directors (possibly including the rotation in which the difficulty was identified and current and future rotation Directors)

Specific DSSLs

Year 4 Committee Chair

"Educational specialist(s)" – for questions about studying, learning and exam taking

RESPONSIBILITIES AND PROCESS

1. to receive referral from:
 - a. the student him- or herself;
 - b. the Departmental Clerkship Director;

- c. the Site Education Leader;
 - d. the Site Clerkship Director;
 - e. the DSSL;
 - f. the Dean's Office staff; or
 - g. the Student Promotions Committee, Year 3 and 4 (SPC).
2. The Chair will convene a team drawn from the potential members and other appropriate resources to meet with and correspond with the student.
 3. Together with the student, a "best plan" will be developed and documented and presented to the SPC for approval. Documentation of meetings and of the "best plan" is the responsibility of the Chair. This document will be signed by the participants and distributed to the student, Office of Student Affairs and Dean's Office. Depending on the nature of the difficulty, a student may be required to generate a Reflection/Remediation Plan (e.g. for professionalism issues).
 4. The VFMP Year 3 SSDC will continue to monitor and support the student through Year 3 and through the remedial or supplemental work and liaise with the Year 4 Committee Chair.
 5. The "best plan" will be revisited and revised as the situation changes.
 6. Tracking of the student through the year will be done through the SPC process and the Dean's Office managers and administration.
 7. Continuity with Year 2 will be insured by:
 - a. attendance by the Chair or designate at the Year 2 Student Promotions Committee meetings and receipt of the minutes of those meetings;
 - b. communication with the Year 2 SSDC;
 - c. access of the Chair to the Administrative Years 1 through 4 Promotions Tracking document (currently being developed); and
 - d. access of the Chair to the Promotions Sharepoint site (currently being developed).
 8. Continuity within Year 3 will be insured by:
 - a. attendance of Departmental Clerkship Directors at the SPC;
 - b. discussion with the current and upcoming Departmental Clerkship Directors as part of the "best plan" and with the student's knowledge and cooperation (this may insure a best match for the student in an upcoming placement but would not include forward-feeding to the supervisors or preceptors); and
 - c. ongoing communication between the student and the VFMP Year 3 SSDC team.
 9. Continuity with Year 4 will be insured by:
 - a. attendance of the Year 4 Committee Chair at the SPC;
 - b. including the Year 4 Committee Chair in the Year 3 VFMP SSDC team; and
 - c. discussion with the Year 4 Committee Chair to monitor and tailor Year 4 electives.

Submitted for consideration to Year 3 Committee – 16 December 2008

Revised to include items from the Years 1 and 2 SSDC materials – 19 January 2009

Approved Curriculum Committee Meeting – 27 January 2009

Revised for 2009-2010 – 14 June 2009

IMP
SSDC TERMS OF REFERENCE Years 3 & 4
2008 - 2009

Purpose:

The Student Support and Development Committee Year 3 and 4 will make recommendations on appropriate remediation for IMP students who are identified as having academic difficulty, issues related to professional behavior, or other concerns that may interfere with their ability to succeed in the clinical clerkship years 3 and 4.

The IMP SSDC Year 3 & 4 is accountable to the IMP Associate Dean and its membership must be approved by the IMP Associate Dean.

Membership:

The Committee will be chaired by the IMP Year 3 Clerkship Director or IMP Year 4 Electives Director. Membership includes the following individuals:

- Year 3 Clerkship Director, Co-Chair
- Year 4 Electives Director, Co-Chair
- IMP Assistant Dean Student Affairs
- IMP Assistant Dean Curriculum (TBD)
- One IMP Clinical Faculty

Decisions require a quorum of 3 committee members.

Support:

Administrative support will be provided by the IMP Year 3 and 4 Program Coordinator.

Annual Review:

The Terms of Reference will be reviewed annually for the first three years.

Responsibilities and Process:

1. The IMP Year 3 Clerkship Director or Year 4 Electives Director may receive concerns from:
 - a. the student him- or herself;
 - b. the postgraduate resident
 - c. the preceptor;
 - d. the DSSL;
 - e. the Site/Electives Education Leader;
 - f. the Postgraduate Program Director;
 - g. the Regional Dean's Office staff; or
 - h. the Student Promotions Committee (SPC).
2. These concerns will be referred to the Year 3 and 4 SSDC. The appropriate consultation team will be drawn together and recommendations will be made.
3. Together with the student, a "best plan" will be developed and documented and presented to the SPC when appropriate. Documentation of meetings and of the "best plan" is the responsibility of the Chair. Depending on the nature of the difficulty, the remediation plan will be sent to the IMP Assessments and Evaluations Coordinator, as appropriate. A student may be required to generate a Reflection/Remediation Plan (e.g. for professionalism issues).

4. The IMP Year 3 and 4 SSDC will continue to monitor and support the student through Year 3, through the remedial or supplemental work and liaise with the Year 4 Electives Director. This information may be shared with the SPC.
5. The "best plan" will be revisited and revised as the situation changes.
6. Tracking of the student through the year will be done through the SPC process, the Regional Dean's office managers and administration, and the IMP Assessments and Evaluations Coordinator, as appropriate.
7. Continuity from Year 2 will be insured by:
 - a. communication with the Year 2 SSDC (may be written, through the Office of Student Affairs or through attendance at the meetings);
 - b. access of the Chairs to the Promotions Sharepoint site (currently being developed).
8. Continuity within Year 3 will be insured by:
 - a. attendance of IMP Year 3 Clerkship Director at the SPC;
 - b. discussion with the current and upcoming DSSLs/Site Leaders as part of the "best plan" and with the student's knowledge and cooperation (this may insure a best match for the student in an upcoming placement but would not include forward-feeding to the supervisors or preceptors); and
 - c. ongoing communication between the student and the IMP Year 3 and 4 SSDC team.
9. Continuity with Year 4 will be insured by:
 - a. attendance of the Year 4 Electives Director at the SPC;
 - b. discussion with the Year 4 Electives Director and PMP Director to monitor and tailor Year 4 electives.

*Based on the Year 3 VFMP SSDC Terms of Reference-December 16, 2008
Modified to make IMP Site Specific - March 12, 2009*

NMP
SSDC TERMS OF REFERENCE Years 3 & 4
2008 - 2009

Purpose:

The Student Support and Development Committee Year 3 and 4 will make recommendations on appropriate remediation for NMP students who are identified as having academic difficulty, issues related to professional behavior, or other concerns that may interfere with their ability to succeed in the clinical clerkship years 3 and 4.

The NMP SSDC Year 3 and 4 is accountable to the NMP Associate Dean and its membership must be approved by the NMP Associate Dean.

Membership:

The Committee will be chaired by NMP Assistant Dean, Curriculum. Membership will be drawn from the following list depending on the individual student situation.

- NMP Assistant Dean Curriculum
- Year 3 Clerkship Director
- Year 4 Electives Director
- PMP Course Director
- NMP Associate Dean
- NMP Assistant Dean Student Affairs (as student support)
- Other individuals may be asked to attend by the Chair or the student, if either so wish.

Support:

Administrative support will be provided by the Curriculum and Assessment Manager, Years 3 and 4.

Annual Review:

The Terms of Reference will be reviewed annually for the first three years.

Responsibilities and Process:

1. The committee may receive referrals from:
 - a. the student him- or herself;
 - b. a preceptor;
 - c. a DSSL;
 - d. the Regional Dean's Office staff; or
 - e. the Student Promotions Committee (SPC).
2. The Chair will convene the committee to meet with and correspond with the student.
3. Together with the student, a "best plan" will be developed and documented and presented to the SPC when appropriate. Documentation of meetings and of the "best plan" is the responsibility of the Chair. Depending on the nature of the difficulty, the remediation plan will be sent to the NMP Assessments and Evaluations Coordinator, as appropriate. A student may be required to generate a Reflection/Remediation Plan (e.g. for professionalism issues).
4. The NMP Year 3 and 4 SSDC will continue to monitor and support the student through Year 3 and 4, through the remedial or supplemental work. This information may be shared with the SPC.
5. The "best plan" will be revisited and revised as the situation changes.

6. Tracking of the student through the year will be done through the SPC process, and the Regional Dean's office managers and administration, as appropriate.
7. Continuity from Year 2 will be insured by:
 - a. communication with the Year 1 and 2 SSDC (may be written, through the Office of Student Affairs or through attendance at the meetings);
 - b. access of the Chair to the Administrative Years 1 through 4 Promotions tracking document; and
 - c. access of the Chairs to the Promotions Sharepoint site (currently being developed).
8. Continuity within Year 3 will be insured by:
 - a. attendance of NMP Year 3 Clerkship Director at the SPC;
 - b. discussion with the current and upcoming DSSLs/Site Leaders as part of the "best plan" and with the student's knowledge and cooperation (this may insure a best match for the student in an upcoming placement but would not include forward-feeding to the supervisors or preceptors); and
 - c. ongoing communication between the student and the NMP Year 3 and 4 SSDC team.
9. Continuity with Year 4 will be insured by:
 - a. attendance of the Year 4 Electives Director at the SPC;
 - b. discussion with the Year 4 Electives Director and PMP Director to monitor and tailor Year 4 electives.

*Based on the Year 3 VFMP SSDC Terms of Reference-December 16, 2008
Modified to make NMP Site Specific – April 7, 2009*

APPENDIX 12: DISRUPTION OF TEACHING AND LEARNING ACTIVITIES

Note: Full Policy can be found on the Faculty of Medicine website

1. Objective

The purpose of this document is to specify policy and procedure when a disruption in delivery occurs before or during a teaching and learning activity in the Undergraduate Medical Program.

Despite the low probability of delivery disruptions occurring, there have been incidents over past years of the distributed program, including:

- technical failure
- labour disputes and/or work stoppage
- facility closures due to chemical spills
- inclement weather

As a result of these incidents, the need to outline procedures when a potential, or actual, disruption occurs has been identified. The guiding principles in the revision of this policy are as follows: (1) to keep the policy concise and feasible and (2) years one and two are to remain as consistent as possible, and for years three and four there are exceptions. The appended process document outlines the internal process for each department in years 3 and 4 and the first point of contact in the event that a disruption of teaching and learning occurs.

2. Definitions

Program Management Team – Includes the Course Directors, MDUP Program Managers, Coordinators and Assistants. This team is accessible by a listserv and by telephone.

AV Support Team – Includes AV Specialists supporting the undergraduate medical education program. This team is accessible by a listserv and the Technical Operations Managers.

MEDICOL – Medicine and Dentistry Integrated Curriculum On-Line, a centralized curriculum repository for learners in the undergraduate program.

VCSD – (Videoconference Service Desk) AV support team centrally located at UBC to provide remote Videoconference support for facilities without on-site technical personnel

Cancellation Criteria – The criteria on which the cancellation of MDUP classes is based. See section 6.

3. Disruption Protocols

3.1. Years 1 and 2

Missed Content

If a disruption of any kind causes one site to miss (a) teaching and learning session(s), or a portion thereof, the other sites will continue as normal, and the missed content will be accessed by the affected learners on MEDICOL if available for posting.

Closed Facility

If the instructor and AV specialist are able to attend the host delivery site, the teaching and learning session will go ahead as planned. Instructors will be granted financial compensation regardless of whether or not a facility is closed. Learners who miss the session will be responsible

for the content through self-directed study. If available, learning materials will be posted on MEDICOL, and may be provided in hard copy.

Absent Instructor

Regardless of the reason, if an instructor is not able to attend the host delivery site, the teaching and learning session will be cancelled at all sites. The communication process (see below) will be activated by the Program Manager for the year in which the disruption occurs. If available, learning materials will be posted on MEDICOL, and may be provided in hard copy.

Absent AV Specialist

Regardless of the reason, if an AV specialist is not able to attend the host delivery site, the teaching and learning session will be cancelled at all sites. The AV support team will notify the Program Manager for the year in which the disruption occurs, thus activating the communication process. Learning materials will be made available on MEDICOL, and may be provided in hard copy.

Multiple Instructors

When multiple instructors are involved in a teaching and learning session, the situation will be assessed on a case-by-base basis. The Program Manager for the year in which the disruption occurs will lead the assessment process based on a criteria list [to be determined by Program Managers in consultation with course leadership], to ascertain whether or not the session can go ahead as planned.

Anticipated Outages

For anticipated outages, or outages that last more than one day, the situation will be assessed by the Project Management team on a case-by-base basis and accommodations will be made to transfer learning materials to the affected site(s).

3.2. Years 3 and 4

As above in years 1 and 2, with the addition of the following:

Videoconference Service Desk

Should UBC's Point Grey campus close due to inclement weather or any other reason, the Videoconference Service Desk (VCSD) will also be closed. This means that sites without onsite technicians (ie, Affiliated Regional Centres, ARCs) will not be supported and students at those sites may have to miss the lecture.

In this event, the VCSD Coordinator will contact the Program Managers/Coordinators at affected sites to report the VCSD closure.

4. Communication Structure

The site Program Manager/Coordinator for the MD Undergraduate Program will be the central point of communication for all delivery disruptions.

In the event of inclement weather, the Program Managers/Coordinators will check the local university website – or 24 hour message service – for closure notifications. The Program Manager(s)/Coordinator(s) at the affected site(s) are responsible for communicating closure information to all relevant sites. For example, if there is a snow day at the University of Victoria, the IMP Program Coordinator is responsible for activating the communication process.

In the event of facility closures, Program Managers/Coordinators may be alerted by a facility manager, learner, instructor or staff. Currently, there is no formalized communication process from each facility that results in the Program Manager(s)/Coordinator(s) being alerted when a facility is

closed. Once alerted of the closure, the Program Manager/Coordinator at the affected site is responsible for communicating closure information to all relevant sites.

In the event of labour stoppage, Program Managers/Coordinators will be alerted by the host university or health workers union. Once the Program Manager/Coordinator is alerted of the labour stoppage, the Program Manager/Coordinator at the affected site will be responsible to communicate closure information to all relevant sites.

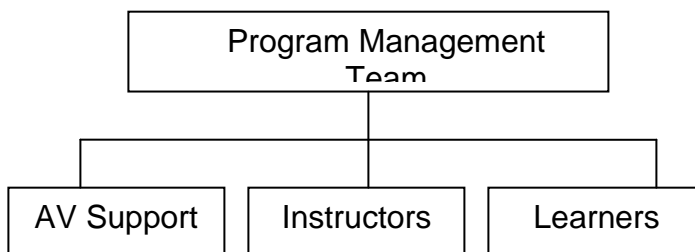
In the event of technical outages, the AV support team will send written notification via email, in addition to telephoning the Program Manager/Coordinator at the affected site, notifying them of the disruption. Once the Program Manager/Coordinator is alerted of the technical outage, s/he is responsible for communicating the outage information to all sites.

Program Managers/Coordinators will be required to make the decision to cancel a teaching and learning session based on 1) the cancellation criteria, and 2) the information available to them at that time. Where possible, the Program Manager/Coordinator will make this decision in collaboration with the instructor(s), and other Course Director(s)/Site Director(s).

5. Communication Process

The following communication process will be activated for any disruption in teaching and learning in the MD Undergraduate Program.

- 1.) The Program Manager(s) may receive a phone call or an email, or an information update from a website or radio notifying them of an actual or potential disruption.
- 2.) The affected site Program Manager(s) will record a voicemail message for all students, staff, and faculty to access. S/he will include the following information as available:
 - a. Whether or not classes are cancelled
 - b. When to expect an updated outgoing message
 - c. Reminder to check MEDICOL for materials
- 3.) The affected site Program Manager(s) will follow up with an email sent using an email listserv, with additional phone calls as needed, to supply the following information as it becomes available:
 - a. Reminder of number to phone for updates
 - b. Current situation
 - c. Rescheduling information (if applicable)
 - d. Where to access missed content (if applicable)
 - e. Contact person(s)
- 4.) The Program Manager will be responsible for responding to all inquiries and troubleshooting all related problems.



6. Cancellation Criteria

If classes at Pt Grey campus are cancelled, as noted on the UBC website, then Pt Grey classes and DHCC classes are cancelled.

7. Acceptable level of risk

This process is not foolproof. Relying on emails and phone calls, there will be times when the Program Management Team will be occupied in meetings which will delay their ability to activate the communication process. The team will be very proactive in its approach and will provide information at the beginning of each academic year to faculty, staff and students. Additional communications will be sent as the fall and winter approaches, when likelihood of disruption may increase. This approach should minimize the level of risk.

APPENDIX 13: MEDICAL EXPERIENCES AND HIGH-RISK TRAVEL

Note: this is a DRAFT version and will be added for 2008 – 2009 after further review

Preamble

Students in the UBC MD Undergraduate Program take the opportunity to explore a variety of volunteer and unpaid opportunities in many different locations during their time in medical school.

Two important issues must be recognized with regard to medical experiences away from the UBC distributed program sites:

- Professional Liability Insurance coverage
- Personal health and safety

Professional Liability Insurance

Students in Years 1 and 2 should refer to Policy 6.1 in their Policies and Procedures Manual, with regard to their coverage by UBC's General Liability and Medical Malpractice Insurance policy. Students in Years 3 should refer to Section 1.A and students in Years 4 should refer to Appendix 2 in their Policies and Procedures Manual, with regard to their coverage by UBC's General Liability and Medical Malpractice Insurance policy.

In general, students should understand that they have coverage for Liability and Medical Malpractice Insurance, as long as they are engaged in supervised Clinical Activities which are appropriate for their level of education and clinical skill, **as detailed in the above policies**. This means that they do **NOT** have Liability and Medical Malpractice Insurance if they are engaged in clinical activities other than those detailed in the appropriate Policies and Procedures Manual.

Students in Years 1 and 2 of the MD Undergraduate Program may choose to seek out medical experiences in addition to those in the curriculum. Such experiences are **NOT** formal electives, and do not fulfill elective requirements of the UBC Faculty of Medicine. A letter from the UBC Faculty of Medicine indicating that a student is in good standing does **NOT** constitute approval of an elective by the Faculty.

Students in Years 1 and 2 of the program should be aware that they have professional liability insurance **only** for clinical activities or medical experiences which are outlined in Policy p 6.1. These activities are essentially observational.

Students should be aware that Year 3 of the Program begins with Rural Practice. Students undertaking a medical experience **before** Rural Practice have professional liability insurance to perform clinical activities consistent with Policy 6.1 in the Year 1 and 2 Policies and Procedures Manual.

Students in Years 3 and 4 of the UBC MD Undergraduate Program have the opportunity to participate in **FORMAL** electives as part of their medical training. As registered students in UBC's MD Undergraduate Program, these activities are covered by UBC's Professional Liability Insurance.

Students undertaking a medical experience **after** Rural Practice, in Years 3 or 4 of the Program, will have professional liability insurance, as long as they follow the guidelines for Clinical Activities, as detailed in Section 1.A in the Year 3 Policy and Procedures manual and Appendix 2 in the Year 4 Policies and Procedures Manual. Such experiences are **NOT** formal electives, and do not fulfill elective requirements of the Faculty of Medicine.

The Office of Student Affairs, MD Undergraduate Program, will endeavor to advise all students should questions arise during their medical experiences, regardless of their year of study, or the location of the experience. The Associate Dean or Site Assistant Deans of Student Affairs will make

every effort to respond in a timely fashion if questions arise. Telephone consultation is preferred if timing of a response is a concern (see Wallet Card).

Personal Health and Safety

For all students, regardless of their year of study, personal safety is paramount, particularly when traveling to high-risk locations. Risks to students may be specific to a location, setting or region. Therefore, students are advised to consider the following:

This list is not limited to the following:

- Exposure to illness (including malaria, TB)
- Exposure to blood borne infections (HIV)
- High risk settings (political unrest/unfamiliar public transportation standards/limited local medical resources)

Students are advised to:

- Purchase appropriate extended personal medical coverage prior to departure – this can be done through groups like the BCAA, Blue Cross, and most banks. In addition, Travel Clinics will have information about purchasing extended personal medical coverage.
- Consult a Medical Travel Clinic, and secure appropriate immunization/medical travel protection prior to departure.
- Contact information should be taken with you, should questions arise regarding: response to risk of infection, Centre for Disease Control, Canadian Embassy, Associate/Assistant Dean of Student Affairs, next of kin, etc.
- Consider follow-up medical testing on return to Canada, depending on the location of travel.

APPENDIX 14: CLERKSHIP TRAVEL AND ACCOMMODATION REIMBURSEMENT POLICY

During their 3rd year, medical students participate in core clerkships at a variety of clinical sites. They may be attending these core clerkships as part of a Pilot in order to help the development of the site, or because that is where the core clerkship rotation is offered, at a particular time.

Some of these sites will be too far from the student's Clinical Academic Campus (CAC*) to allow them to commute daily. Attending these distant rotations will necessitate travelling to the distant site and paying for accommodation at that site for the duration of the rotation.

Some of these sites may be at a significant distance from the CAC, but students may choose to commute on a daily basis.

If attending a clerkship site requires relocation and/or significant travel, the Faculty of Medicine may be able to offer financial support.

All requests for financial support must be pre-approved by a designated official at the student's home site. The following expenses will be eligible for reimbursement.

Travel:

Students should choose the least expensive method of travel, which will allow them to reach their destination in three or less hours.

For the purpose of this policy, students will be considered for reimbursement if the core clerkship is 50 km or more, from the CAC.

Daily commute:

Students will be reimbursed \$0.41/ km for the round trip distance between the CAC and the clerkship site if the core clerkship is 50 km or more, from the CAC. Accommodation may be given for student travel which falls outside this guideline, on an individual basis.

Travel for Relocation:

- 1) **Driving:** Students will be reimbursed \$0.41/ km for the round trip distance between the CAC and the clerkship site.
- 2) **Ferry Travel:** If ferry travel is required for relocation, a round trip fare will be reimbursed.
- 3) **Bus:** Students will be reimbursed for a return bus trip.
- 4) **Plane:** In preapproved situations, where road or ferry travel will take more than three hours one way, and students must relocate, they will be reimbursed for plane travel in accordance with UBC policy, i.e. not to exceed economy rate. In situations where road travel may be dangerous because of adverse weather conditions, students should contact the designated official at their home site for approval of plane travel or an alternate arrangement.

Accommodation:

Students may find appropriate housing through the Medical Students Housing Database (www.medhousing.med.ubc.ca), word of mouth, family and friends, or commercial establishments identified in the community.

- 1) Students will stay in hospital/program subsidized accommodations if possible.
- 2) If there are no hospital/program subsidized accommodations available, students will be reimbursed for accommodation to a maximum of \$250/week if they stay in a commercial

establishment (hotel/motel/B&B). Students should take advantage of institution-negotiated government rates if they are available.

- 3) In some communities (e.g. Vancouver), it may be unrealistic to obtain housing for \$250/week. In such cases students will work with the designated official in their home sites to identify appropriate housing.
- 4) Students will be reimbursed for accommodations if staying with family and friends at a rate of \$150 per week upon the presentation of a receipt signed by the host.

Meals:

Students will not be reimbursed for meals.

How to claim:

Students will complete the 'UBC Travel Claim form' and must provide receipts. In VFMP, claim forms and receipts will be submitted to the Student Financial Assistance Officer in the Office of Student Affairs. In the IMP and NMP, claim forms and receipts will be submitted to the local Student Affairs Coordinator.

This policy will be reviewed yearly, to ensure it is clear, and is meeting the needs of our students.

**For the purpose of this policy, the CAC in the NMP is the Prince George Regional Hospital, in the IMP, the Royal Jubilee Hospital, and in the VFMP, the Vancouver General Hospital.