



# Student Guide to Pre-Clerkship

## 2025-2026





Sarah Forgie, MD  
Dean, College of Medicine



Gill White, MD, CCFP, FCFP  
Vice-Dean, Medical Education,  
College of Medicine



Meredith McKague, MD  
Associate Dean, UGME



Asma Noshawan, MD, PhD,  
Director Academic, UGME



Sherry Pederson  
Manager, UGME



## **A Message from Dr. Asma Noshewan, Academic Director, UGME**

Welcome to the 2025–26 academic year!

Whether you are beginning your journey or returning to continue your studies, we are thrilled to welcome you to another exciting year in the Undergraduate Medical Education (UGME) program.

This year, we are proud to welcome 108 new students into our Year 1 cohort. Your entry into medicine represents more than just the start of an academic journey—it is commitment to service, to lifelong learning, and to compassion in the face of human vulnerability. As you move through the program, we hope you will not only gain clinical knowledge and technical skills, but also deepen your sense of gratification, purpose, and connection in the work we are privileged to do. We're honored to support you as you take these first steps toward becoming compassionate and community-focused physicians.

At the heart of our program is a commitment to continual growth and collaboration, and your reflections are vital in shaping the future of our program. Each year, we thoughtfully review student feedback and make important curricular changes based on your insights. This year, we're thrilled to launch the restructured Year 4 curriculum, featuring the new Clinical Rotations II course. It includes a four-week Internal Medicine block, a two-week Surgical rotation, and a wide range of elective opportunities, offering greater flexibility and deeper clinical experience as you prepare for residency and beyond.

As part of our program's ongoing commitment to equity and reconciliation, we have introduced an Indigenous Studies prerequisite for admission to the MD program. More than a course requirement, this reflects our collective responsibility as future physicians to provide culturally safe, respectful, and informed care to Indigenous patients and communities. Embedding this learning at the start of your journey supports our shared goal of creating a more equitable and responsive healthcare system for all.

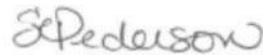
We are fortunate to have an outstanding community of faculty, mentors, and staff who are dedicated to helping you become not just competent physicians, but truly caring, patient-centered leaders in healthcare. Their unwavering commitment ensures that your journey will be one of growth, challenge, and profound impact.

Thank you for choosing to be a part of this journey. We look forward to an inspiring year together—Your ideas and feedback matters and we encourage you to stay engaged and involved.

Wishing you a rewarding and memorable academic year ahead.



Dr. Asma Noshawan  
Academic Director, UGME Program  
Manager, UGME



Sherry Pederson  
Program

## TABLE OF CONTENTS

<b>SECTION I – OVERVIEW.....</b>	<b>8</b>
INTRODUCTION.....	8
HISTORY.....	9
MISSION STATEMENT.....	10
<b>SECTION II – ETHICS &amp; PROFESSIONALISM.....</b>	<b>11</b>
THE COLLEGE OF MEDICINE’S GUIDING PRINCIPLES OF PROFESSIONALISM... 11	
THE CANADIAN MEDICAL ASSOCIATION CODE OF ETHICS.....	14
STUDENTS’ OATH OF COMMITMENT.....	21
<b>SECTION III – THE UNDERGRADUATE MEDICAL EDUCATION PROGRAM.....</b>	<b>22</b>
EDUCATIONAL OBJECTIVES OF THE MD PROGRAM.....	22
ESSENTIAL SKILLS AND ABILITIES REQUIRED FOR THE STUDY OF MEDICINE... 23	
ACCOMMODATION OF STUDENTS WITH DISABILITIES.....	27
POLICY ON STUDENT ATTENDANCE.....	31
USE OF ELECTRONIC DEVICES.....	32
EMAIL COMMUNICATION.....	33
HEALTH SCIENCES LIBRARY.....	34
STUDY SPACE.....	35
LOCKER SPACE (SASKATOON SHA).....	39
CLINICAL EDUCATION.....	40
DESCRIPTION OF THE UNDERGRADUATE CURRICULUM.....	41
REGISTRATION.....	43
REGISTRATION DEADLINES & ACADEMIC WITHDRAWAL.....	44
LEAVE OF ABSENCE.....	44
GRADUATE CLINICAL RESEARCH TRAINING OPPORTUNITIES.....	45
LEGAL LIABILITY.....	45
COPYRIGHT INFORMATION.....	46
TRAVEL FUND POLICY.....	46

CONFLICT OF INTEREST POLICY.....	46
POLICIES AND GUIDELINES ON ARTIFICIAL INTELLIGENCE.....	47
<b>SECTION IV – STUDENT ASSESSMENT.....</b>	<b>48</b>
GENERAL GUIDELINES.....	48
GRADING SYSTEM.....	49
SCHEDULING OF EXAMINATIONS.....	51
EXAMINATION PROCEDURES (IN PERSON EXAMS).....	52
EXAMINATION PROCEDURES (REMOTE INVIGILATION EXAMS).....	53
PROCEDURAL ASPECTS OF EXAMINATIONS.....	55
REMEDICATION & SUPPLEMENTAL ASSESSMENT.....	55
FALL TERM REMEDIATION/SUPPLEMENTAL ASSESSMENT TIMELINES.....	56
WINTER TERM REMEDIATION/SUPPLEMENTAL ASSESSMENT TIMELINES.....	57
CLERKSHIP REMEDIATION/SUPPLEMENTAL ASSESSMENT TIMELINES.....	58
DEFERRED ASSIGNMENTS & EXAMINATIONS.....	58
CLASS EXAM REVIEW PROCESS.....	58
STUDENT PROMOTION.....	59
PROMOTION STANDARDS – PRE-CLERKSHIP.....	59
<b>SECTION V – APPEALS.....</b>	<b>61</b>
GENERAL GUIDELINES.....	61
APPEALS OF COURSE WORK.....	61
APPEALS OF COMMENTS for MEDICAL STUDENT PERFORMANCE REPORT (MSPR).....	62
ACCESSIBILITY OF MARKED EXAMINATION PAPERS.....	62
APPEAL OF DECISIONS ABOUT PROMOTION AND GRADUATION.....	62
ACADEMIC APPEALS COMMITTEE.....	63
<b>SECTION VI – SCHOLARSHIPS &amp; AWARDS.....</b>	<b>66</b>
<b>SECTION VII – GOVERNANCE.....</b>	<b>67</b>

STUDENT ACADEMIC MANAGEMENT COMMITTEE (SAMC).....	67
YEAR COMMITTEES.....	67
CURRICULUM COMMITTEE.....	67
STUDENT MEMBERSHIP ON UNDERGRADUATE COMMITTEES.....	67
<b>SECTION VIII – POST GRADUATE MEDICAL EDUCATION.....</b>	<b>68</b>
<b>SECTION IX – LICENSURE.....</b>	<b>69</b>
MEDICAL COUNCIL OF CANADA.....	69
COLLEGE OF PHYSICIANS AND SURGEONS.....	69
<b>SECTION X – PROGRAM EVALUATION &amp; FEEDBACK.....</b>	<b>71</b>
COURSE AND INSTRUCTOR EVALUATION.....	71
CONCERNS ABOUT AN INSTRUCTOR.....	72
GUIDELINES FOR PROVIDING FEEDBACK.....	73
NON-URGENT FEEDBACK.....	77
URGENT FEEDBACK/CONCERNS REQUIRING TIMELY ACTION.....	77
POSITIVE FEEDBACK.....	78
<b>SECTION XI – OFFICE OF STUDENT SERVICES.....</b>	<b>80</b>
STUDENT SERVICES MISSION.....	80
CAREER ADVISING & MENTORING.....	80
OFFICE OF STUDENT AFFAIRS (OSA).....	82
SOCIAL, FAMILY AND PERSONAL PROBLEMS.....	84
HARASSMENT & DISCRIMINATION.....	86
MISTREATMENT INFORMATION.....	87

## Section I: Overview

### Introduction

The Undergraduate Student Information Guide- Pre-Clerkship is one of several documents of the CoM, University of Saskatchewan, in which information about the Undergraduate Program may be found. It contains general information about philosophy, policies and procedures of the undergraduate program as well as overview of the curriculum. Other reference Documents include:

1. **Course Syllabi**
2. **Policies and Procedures** posted on the Undergraduate Medical Education website
  - These documents contain detailed information on courses in each of the Years. They will be accessible electronically through the College of Medicine website and One45.

Information on the CoM is located [here](#). Please see the Students Tab, Current MD Students for specific information on undergraduate education.



## History

The University of Saskatchewan was established in 1907 by an Act passed by the Legislative Assembly of the Province. A College of Medicine was part of the early plans of Dr. W. C. Murray, the first President of the University. In October 1911, he entered into an agreement on behalf of the University with the City of Saskatoon to build a teaching hospital. The University agreed to lease a parcel of eight acres of land across College Avenue from the campus (where Griffiths Stadium now stands) to the city for 49 years at \$5.00 per year, renewable for a similar term. On its part, the city agreed to construct a building, the style and plan of which must meet the approval of the Board of Governors of the University, and which would be used for hospital purposes only. If a college of medicine was established, the city agreed to allow the university to nominate one-half of the physicians and surgeons in attendance on the public wards of the hospital. This provision was to ensure medical students received adequate clinical instruction by members of the faculty of medicine.

A two-year school of Medical Sciences was established in 1926. Students completing their study of sciences at Saskatoon were then obliged to transfer to other medical schools, usually in Ontario, Quebec, Manitoba or Alberta to complete their training.

In 1953, the school became the College of Medicine graduating its first class of 29 students in 1957. Since then, the College doubled its annual enrollments to 60 in 1993. In 1994, the annual enrollment decreased to 55 and rose again to 60 in 2001, then to 100 by 212. While two universities exist in Saskatchewan, the College of Medicine in Saskatoon, serves the whole province; that is, there is no College of Medicine at the University of Regina, however, students often take their pre-medical studies at the institution. A total of five teaching hospitals are used for clinical instruction (three in Saskatoon and two in Regina), the main one being the Royal University Hospital (RUH) in Saskatoon. The Regina General Hospital (RGH) is the base hospital for the medical education program in Regina, which includes students completing their 4 year degree

starting in August of 2022. The CoM also has an administrative office located in the RGH.

In addition to the four-year undergraduate curriculum, the CoM administers the postgraduate medical education (residency) programs in the province, the Continuing Medical Education program, the School of Physical Therapy, as well as graduate programs in biomedical sciences, health science, and community health topics.

## **COLLEGE OF MEDICINE**

[miyo-maskihkíy](#)

### **Vision**

We are leaders in improving the health and well-being of the people of Saskatchewan and the world.

### **Mission**

As a socially accountable organization, we improve health through innovative and interdisciplinary research and education, leadership, community engagement, and the development of culturally competent, skilled clinicians and scientists. Collaborative and mutually beneficial partnerships with Indigenous peoples and communities are central to our mission.

### **Strategic Priorities**

Are located on the [College of Medicine website](#).

## Section II: Ethics & Professionalism

### Ethics and Professionalism

The CoM statement on professionalism (2005)

We, as teachers, learners, and educational support personnel of the CoM, University of Saskatchewan have a responsibility to ourselves as individuals, to each other, and to patients and society as a whole, to understand and exhibit the highest standards of personal, interpersonal, and public professionalism.

1. As individuals, we commit to demonstrating the personal characteristics necessary for moral function within the medical profession and the university community, and as representatives of these occupations within society as a whole. Such characteristics will include but are not limited to humility, respect for others, and self-care.
2. As caregivers, colleagues and coworkers, we will demonstrate professional interpersonal behaviour in all settings, guided by the values of integrity, accountability, and responsibility.
3. As medical professionals, learners, and educational support personnel interacting in the public domain, we will strive to fulfill all reasonable health-related societal expectations, demonstrating at all times compassion, reliability, honesty, respect, and an appropriate level of competence. We will seek to promote the public good and understand the principles of good stewardship. We will adhere to the Codes of Ethics of our professions and occupations.

We consider these important standards describing the expectations we have of ourselves and of each other and will treat any significant divergence as a serious threat to the mission and values of the College of Medicine.

## The College of Medicine's Guiding Principles of Professionalism

### Respect for Others

Professionals demonstrate consideration and respect for others including patients, their families and support persons, colleagues, classmates, teachers, other professionals and the public.

1. We do not allow our conduct to negatively impact on others' learning or clinical activities.
2. We do not discriminate against others on the based on such grounds as age, race, colour, ancestry, place of origin, ethnicity, political beliefs, religion, marital status, family status, physical or mental disability, sex, sexual orientation or gender identity.
3. We demonstrate respect for the dignity and rights of patients and their families or support persons, taking into account their diversities, both in their presence and in discussion with other members of the health care team.
4. We accept and promote patient autonomy in decision-making, and when the patient lacks capacity, we consult with and appropriately take direction from surrogate decision-makers.
5. We respect the personal boundaries of others and refrain from making unwanted or inappropriate romantic or sexual overtures towards others.
6. We communicate respectfully with others both verbally and in writing.
7. We respect the privacy and confidentiality of those to whom we owe that duty.

### Honesty and Integrity

Professionals demonstrate adherence to the highest standards of personal, professional and academic honesty and integrity.

1. We communicate truthfully with others verbally and in writing.
2. We do not falsify documents or records.

3. We acknowledge and manage conflicts of interest appropriately, avoiding conflicts of interest, real or apparent, whenever there is potential detriment to others.
4. We admit and disclose errors.
5. We make accurate records of conversations, histories, physical findings and other information pertinent to patient care.
6. We do not engage in plagiarism, nor do we give or receive assistance during an examination or in completion of an assignment unless such is permitted.
7. We conduct research in an ethical manner, analyzing and reporting results accurately and fairly
8. We credit the ideas and work of others appropriately and fairly.

### Compassion and Empathy

Professionals demonstrate compassion and empathy for those in distress and especially for patients, their families and support persons.

1. We demonstrate effective listening.
2. We are aware of and respectful of others' differences and respond appropriately to their needs.
3. We show compassion and provide support for patients, their families and support persons dealing with illness and/or dying and death.

### Duty and Responsibility

Professionals acknowledge their duties to patients, their profession, and society, and accept the responsibilities that flow from these duties.

1. We attend to patients' best interests and well-being as the first priority.
2. We work cooperatively with others for the benefit of our patients and contribute to a healthy working environment for all.
3. We make equitable and prudent use of health care resources under our control.
4. We are responsible to society for matters relating to public health.

5. We recognize and adhere appropriately to policies, codes, guidelines and laws that govern our work with us.
6. We participate in the process of self-regulation of the profession.
7. We address misconduct, incompetence or behaviours that put patients or others at risk.
8. We share resources and expertise, and assume responsibility for our portion of a distributed workload; where issues of fair distribution arise; we act most immediately in the patient's best interests, and seek to resolve issues of fairness through appropriate channels.
9. We respond in an appropriate, non-judgmental and non-demeaning manner when our expertise is sought.
10. We do not take advantage of colleagues, learners, patients, their families or support persons or others for emotional, financial, sexual or other personal purposes. We conduct research and educational activities with these groups only with appropriate informed consent.
11. We fulfill commitments, meet deadlines, and are punctual, particularly where these behaviours have significant impact on others; when we are unable to do so, we communicate appropriately to mitigate any negative impacts.
12. We engage in lifelong learning, maintain clinical competence, and strive for continuous quality improvement.
13. We take appropriate and necessary responsibility for our personal health and well-being.
14. We recognize our own limitations and seek assistance appropriately.
15. We display dress, behaviour, and demeanor in the educational and healthcare setting in keeping with appropriate pedagogical, clinical or safety standards.

Used with Permission Dalhousie University Faculty of Medicine "Dalhousie Medical School Professionalism Committee Professionalism Policy". The complete CoM procedures for Concerns with Medical Student Professional Behaviour and related documents and are located at the [Policies](#) page of the CoM webpage.

## Canadian Medical Association (CMA) Code of Ethics

(Approved by the CMA Board of Directors Dec 2018)

This code has been prepared by the CMA as an ethical guide for Canadian physicians, including residents, and medical students. Its focus is the core activities of medicine, such as health promotion, advocacy, disease prevention, diagnosis, treatment, rehabilitation, palliation, education and research. It is based on the fundamental principles and values of medical ethics, especially compassion, beneficence, non-maleficence, respect for persons, justice and accountability. The Code, together with CMA policies on specific topics, constitutes a compilation of guidelines that can provide a common ethical framework for Canadian physicians.

Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions. Physicians may experience tension between different ethical principles, between ethical and legal or regulatory requirements, or between their own ethical convictions and the demands of other parties. Training in ethical analysis and decision-making during undergraduate, postgraduate and continuing medical education is recommended for physicians to develop their knowledge, skills and attitudes needed to deal with these conflicts. Consultation with colleagues, regulatory authorities, ethicists, ethics committees or others who have relevant expertise recommended.

### Fundamental Responsibilities

1. Consider first the well-being of the patient.
2. Practice the profession of medicine in a manner that treats the patient with dignity and as a person worthy of respect.
3. Provide for appropriate care for your patient, even when cure is no longer possible, including physical comfort and spiritual and psychosocial support.
4. Consider the well-being of society in matters affecting health.
5. Practice the art and science of medicine competently, with integrity and without impairment.

6. Engage in lifelong learning to maintain and improve your professional knowledge, skills and attitudes.
7. Resist any influence or interference that could undermine your professional integrity.
8. Contribute to the development of the medical profession, whether through clinical practice, research, teaching, administration or advocating on behalf of the profession or the public.
9. Refuse to participate in or support practices that violate basic human rights.
10. Promote and maintain your own health and well-being.

## **Responsibilities to the Patient**

### **General Responsibilities**

1. Recognize and disclose conflicts of interest that arise in the course of your professional duties and activities, and resolve them in the best interest of patients.
2. Inform your patient when your personal values would influence the recommendation or practice of any medical procedure that the patient needs or wants.
3. Do not exploit patients for personal advantage.
4. Take all reasonable steps to prevent harm to patients; should harm occur, disclose it to the patient.
5. Recognize your limitations and, when indicated, recommend or seek additional opinions and services.
6. In determining professional fees to patients for non-insured services, consider both the nature of the service provided and the ability of the patient to pay, and be prepared to discuss the fee with the patient.

### **Initiating and Dissolving a Patient-Physician Relationship**

1. In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic

origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.

2. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.
3. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.
4. Limit treatment of yourself or members of your immediate family to minor or emergency services. This should only occur when another physician is not readily available; there should be no fee for such treatment.

### Communication, Decision Making and Consent

1. Provide your patients with the information they need to make informed decisions about their medical care, and answer their questions to the best of your ability.
2. Make every reasonable effort to communicate with your patients in such a way that information exchanged is understood.
3. Recommend only those diagnostic and therapeutic services that you consider beneficial to your patient or to others. If a service is recommended for the benefit of others, as for example in matters of public health, inform your patient of this fact and proceed only with explicit informed consent or where required by law.
4. Respect the right of a competent patient to accept or reject any medical care recommended.
5. Recognize the need to balance the developing competency of minors and the role of families in medical decision-making. Respect the autonomy of those minors who are authorized to consent to treatment.
6. Respect your patient's reasonable request for a second opinion from a physician of the patient's choice.
7. Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment.

8. Respect the intentions of an incompetent patient as they were expressed (e.g., through a valid advance directive or proxy designation) before the patient became incompetent.
9. When the intentions of an incompetent patient are unknown and when no formal mechanism for making treatment decisions is in place, render such treatment as you believe to be in accordance with the patient's values or, if these are unknown, the patient's best interests.
10. Be considerate of the patient's family and significant others and cooperate with them in the patient's interest.

### Privacy and Confidentiality

1. Protect the personal health information of your patients.
2. Provide information reasonable in the circumstances to patients about the reasons for the collection, use and disclosure of their personal health information.
3. Be aware of your patient's rights with respect to the collection, use, disclosure and access to their personal health information; ensure that such information is recorded accurately.
4. Avoid public discussions or comments about patients that could reasonably be seen as revealing confidential or identifying information.
5. Disclose your patients' personal health information to third parties only with their consent, or as provided for by law, such as when the maintenance of confidentiality would result in a significant risk of substantial harm to others or, in the case of incompetent patients, to the patients themselves. In such cases, take all reasonable steps to inform the patients that the usual requirements for confidentiality will be breached.
6. When acting on behalf of a third party, take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to the third party.
7. Upon a patient's request, provide the patient or a third party with a copy of his or her medical record, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.

## Research

1. Ensure that any research in which you participate is evaluated both scientifically and ethically and is approved by a research ethics board that meets current standards of practice.
2. Inform the potential research subject, or proxy, about the purpose of the study, its source of funding, the nature and relative probability of harms and benefits, and the nature of your participation including any compensation.
3. Before proceeding with the study, obtain the informed consent of the subject, or proxy, and advise prospective subjects that they have the right to decline or withdraw from the study at any time, without prejudice to their ongoing care.

## Responsibilities to Society

1. Recognize that community, society and the environment are important factors in the health of individual patients.
2. Recognize affecting the health or well-being of the community and the need for testimony at judicial proceedings.
3. Recognize the responsibility of physicians to promote equitable access to health care resources.
4. Use health care resources prudently.
5. Recognize a responsibility to give generally held opinions of the profession when interpreting scientific knowledge to the public; when presenting an opinion that is contrary to the generally held opinion of the profession, so indicate.

## Responsibilities to the Profession

1. Recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege and to support its institutions.
2. Be willing to teach and learn from medical students, residents, other colleagues and other health professionals.

3. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.
4. Be willing to participate in peer review of other physicians and to undergo review by your peers. Enter into associations, contracts and agreements only if you can maintain your professional integrity and safeguard the interests of your patients.
5. Avoid promoting, as a member of the medical profession, any service (except your own) or product for personal gain.
6. Do not keep secret from colleagues the diagnostic or therapeutic agents and procedures that you employ.
7. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services. Treat your colleagues with dignity and as persons worthy of respect.

#### Responsibilities to Oneself

1. Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect your service to patients, society or the profession.
2. Protect and enhance your own health and well-being by identifying those stress factors in your professional and personal lives that can be managed by developing and practicing appropriate coping strategies.

## STUDENTS' OATH OF COMMITMENT

*As I train to become a physician at the University of Saskatchewan, College of Medicine I pledge the following:*

I promise to earn the trust and respect of my teachers and to return them in kind, for only through mutual trust and respect can we learn the skills required of a physician.

I will adhere to the highest standards of academic integrity and professionalism as specified by the college, such that my conduct upholds and reflects the high calling of my profession.

I will endeavour to care for my health and well-being throughout my studies and career; I will seek support when needed and support the wellness of my community.

I will respect and value interprofessional learning and team-based care; I will listen and learn from others' perspectives and experiences to develop the skills for integrated care.

I will promote health equity for all individuals, families and communities.

I will practice kindness and humility for my responsibility as a future physician is first and foremost to serve the people of my community.

I will maintain self-awareness and practice self-reflection in my interactions with others.

I will accept responsibility for those medical duties that I feel prepared for; I will hold back when I am not prepared; and I will seek the experience that I need to prepare myself.

I will preserve the dignity, the humanity and the privacy of all my patients, and through my openness and kindness I will seek to earn their trust in turn.

I will treat my patients and my colleagues as my fellow beings and never discriminate against them for their differences; and I will ask that they do the same for me.

I will value the knowledge, and the wisdom of those who have preceded me; I will add to this legacy through my own scholarship what I am able, and I will pass it on to those who come after me.

As my skills and my knowledge grow so too will my awareness of my limitations and my errors; I will strive to recognize and understand my weaknesses;

And I promise never to put an end to my learning that I might improve myself every day of my practice, in all the years to come.

## Section III – The undergraduate Medical Education Program

### Educational Objectives of the MD Program

The aim of the undergraduate program is to graduate an “undifferentiated” or “multi-potential physician” with an MD degree who is ready to engage in the next stage of training in whatever area of medicine that may be.

### Program Objectives



## Essential Skills and Abilities Required for the Study of Medicine

The CoM at the University of Saskatchewan is responsible to society to provide a program of study to support the development of the knowledge, skills, and professional behaviours and attitudes necessary to enter the practice of medicine in Canada upon graduation and completion of residency. At time of entry to the MD program, and throughout the program, students must possess essential skills (cognitive, communication, sensory, motor, behavioural and social) to enable them to engage in the various learning activities of the program to develop competency in these areas, to meet all program learning objectives and, ultimately, to ensure patient safety and quality patient-centred care.

In addition to obtaining an MD degree, and completing an accredited residency training program, an individual must pass the licensure examinations of the Medical Council of Canada (MCC) in order to practice medicine. It is important for prospective candidates to know that cognitive, physical examination, management skills, communication skills, and professional behaviours are all assessed at regular intervals throughout the MD Program. It is expected that all students possess the required skills and abilities as described in the following section on [Functional Core Competencies](#) (for classes of 2028 onwards).

All individuals are expected to review this document to assess their ability to meet these standards. [Functional core competencies](#) are essential for the safety of the wellbeing of themselves, patients, students, and others. Where a student cannot exhibit the [functional core competencies](#) to such an extent that it may impact the safety or wellbeing of patients, students, or others, the program may modify the participation of a student including, but not limited to, limiting student activities, requiring the student to take a leave of absence, or in serious instances, requiring a student to not enter or discontinue from the program.

The MD Program curriculum is comprehensive, additive, and integrative in nature, such that timely completion of learning and skill development is necessary; therefore,

students are expected to complete the MD degree within four years. Achieving the required competencies within a defined time period also helps ensure that the student will have the necessary skills for maintenance of competence in post-graduate training and practice. Students with a disability may be granted an extension of time within which to complete the MD program. Students who anticipate requiring disability-related accommodation are responsible for notifying the medical school. These requests are considered on a case-by-case basis. All other requests for a leave-of-absence are handled separately.

### **Functional Core Competencies (for the classes of 2028 onwards)**

A candidate for the MD degree must demonstrate the following abilities.

#### **Observation**

A student must possess accurate and appropriate observational skills when participating in learning situations. Observation may be in the form of visual, auditory, olfactory, and tactile information. Examples of key observations, include but are not limited to:

- anatomic and histologic laboratory specimens and samples;
- large group and small group presentation materials (slides, audiovisual media, documents);
- discernment of signs of illness, discomfort, and emotional state in patients, through observation and examination;
- measurements associated with competent use of medical equipment such as but not limited to sphygmomanometer, stethoscope, ophthalmoscope, and otoscope; and
- diagnostic tests;
- observation of, and supervised performance of appropriately selected clinical patient procedures as an element of supporting learning of procedures.

#### **Communication**

A student must be able to effectively and sensitively relate to people of all genders, ages, races, sexual orientations, political, cultural, and religious backgrounds, specifically to patients and family members. Students must be able to convey a sense of compassion, empathy and respect. Students must be able to communicate with teachers, supervisors, staff, other learners, and other members of the MD program and health care team.

Examples of effective communication include but are not limited to:

- verbal and non-verbal communication with patients, teachers, staff and colleagues;
- preparation of oral and written presentations (about patients' problems and medical conditions, and/or for academic and scholarly work);
- recognition and management of emotional states such as sadness, worry, agitation, and lack of comprehension of communication;
- communication through translators when appropriate;
- reading and documentation of observations, assessments and plans legibly in electronic and paper patient records, and in other communications;
- accurate and timely response to pages, emails, and other communications from other members of the health care team, instructors/preceptors, administrative support, mentors, course directors, deans, or educational leaders.

### Sensory and Motor Function

A student must demonstrate sufficient gross and fine sensory function and motor skills to perform physical examinations safely, competently, and independently, (palpation, auscultation and percussion, and other maneuvers) as well as technical skills on patients, and be able to do these in a timely manner. Examples of sensory and motor functioning include but are not limited to:

- ability to process visual, auditory, exteroceptive (smell, touch, pain, and temperature) and proprioceptive (position, pressure, movement, stereognosis, and vibratory) phenomena collected as part of observation;

- handle medical instruments and equipment either directly or in an adaptive form;
- ability to provide consistent, uninterrupted and/or prolonged service to patient(s) including overnight service;
- execute motor movements reasonably required to provide general and emergency medical care to patients.
- Tissue handling, knot tying, suturing, injections, and other procedures

### Intellectual-Conceptual, Integrative, and Quantitative Abilities

A student must demonstrate the cognitive skills and memory necessary to measure, calculate, and reason in order to analyze, integrate, and synthesize information. The student must be able to comprehend dimensional and spatial relationships and be skilled in clinical reasoning and problem-solving. Examples include but are not limited to:

- process and integrate important information from history, physical examination and laboratory data, and from peers, teachers and the medical literature to develop a reasoned explanation for patients' differential diagnoses and management plans;
- integrate concepts from across courses to support broad knowledge, skill, behaviour development for quality patient care;
- comprehend three dimensional and spatial relationships of structures;
- deal with complexity and ambiguity, and triage multiple simultaneous course requirements, tasks, and/or patient problems; taking into account relative urgency and available resources
- acknowledge and communicate limits to knowledge and skills when appropriate;
- recognize unsafe situations and respond appropriately.
- Maintain situational awareness including perceiving and understanding what is going on and predicting what is likely to happen given this information

### Behavioural and Social Attributes

A student, being new to the profession, must commit to continued understanding and growth of professional attributes. Students are expected to demonstrate the behavioural and social attributes in that will allow them to conduct themselves in a manner consistent with the [College of Medicine Guiding Principles for Professionalism](#). This includes displaying respect for others, honesty and integrity, compassion and empathy, and duty and responsibility. Examples of these attributes include but are not limited to:

- good judgement;
- self-awareness;
- emotional intelligence;
- personal responsibility;
- relationship building and cultural humility;
- maturity;
- sensitivity;
- adaptability;
- tolerance for uncertainty;
- resilience.

This policy document is adapted with permission from the policy document approved in November 2003, by the Council of Ontario Faculties of Medicine, and was updated and by the College of Medicine Faculty Council, 2021.

## **Accommodations of Students with Disabilities**

### **Implementation Policy: Students with Disabilities in the MD Program**

Section 2(d.1) of the Saskatchewan Human Rights Code defines disability. The CoM is committed to facilitating the integration of students with disabilities into the University community. Students with a disability are entitled to reasonable accommodations that will assist them to meet the standards. Reasonable accommodation will be made to facilitate students' progress. However, such accommodation cannot compromise patient

safety and well-being. Reasonable accommodation may require members of the University community to exercise creativity and flexibility in responding to the needs of students with disabilities while maintaining academic and [functional core competencies](#). The student with a disability must be able to demonstrate the knowledge and perform the necessary skills independently. An intermediary may be appropriate in few circumstances; however, no disability can be accommodated if the intermediary has to provide cognitive support, substitute for cognitive skills, perform a physical examination and/or in any way supplement clinical judgement. The appropriateness of an intermediary will be assessed on a case-by-case basis.

### Dissemination of the Policy

The documents: “Essential Skills and Abilities Required for the Study of Medicine” and “College of Medicine University of Saskatchewan Implementation Policy: Students with Disabilities in the MD Program” have been posted on the College website. Both policies fit with the University of Saskatchewan Policy on Students with Disabilities (Student Affairs and Activities; version 6.02). Students are informed of the procedures to request accommodation for disabilities via Orientation Sessions organized just prior to classes for in-coming students and through an e-mail sent to all students at the beginning of each academic year.

### Pre-Application Information

The admissions information posted on the College website will contain the statement “Students concerned about the extent that they meet the [functional core competencies](#) (as outlined in the Essential Skills and Abilities Required for the Study of Medicine policy) are advised to contact the Director of Student Affairs for the College of Medicine.” Pre-application advice that is given to students will be confidential and provided at arm’s length, independent of the academic records of the faculty of medicine.

### Accommodation Team

An Accommodation Team will be assigned to oversee the process of facilitating the integration of students with disabilities who meet the standards of the “Essential Skills and Abilities required for the Study of Medicine” document. Currently, the team consists of the student, the Office of Student Affairs Coordinator (or designate):

### Saskatoon Campus Team

Bev Digout: [bev.digout@usask.ca](mailto:bev.digout@usask.ca); (306) 966-8224

Edith Conacher: [edith.conacher@usask.ca](mailto:edith.conacher@usask.ca); (306) 966-4751

### Regina Campus Team

Sue Schmidt: [sue.schmidt@saskhealthauthority.ca](mailto:sue.schmidt@saskhealthauthority.ca); (306) 766-0620

The Manager of the University Office of AES (or designate) and the relevant Year Chair. Other individuals may be required on a consultative basis.

### Student Responsibilities

It is the student’s responsibility to self-identify to [med.studentaffairs@usask.ca](mailto:med.studentaffairs@usask.ca); which will then be forwarded to:

Bev Digout: [bev.digout@usask.ca](mailto:bev.digout@usask.ca); 306-966-8224

Edith Conacher: [edith.conacher@usask.ca](mailto:edith.conacher@usask.ca); 306-966-4751

Sue Schmidt: [sue.schmidt@saskhealthauthority.ca](mailto:sue.schmidt@saskhealthauthority.ca); 306-766-0620

Accommodations cannot be made retroactive to an exam or clinical evaluation.

### Procedures

Pre-admission: Students can direct requests for information about disability accommodation to the Office of Student Affairs. Such requests are kept independent from a student’s admission file until a student who has gained admission initiates the following:

### Post-Admission: Student directs request to the OSA

- The Director, Student Services or designate will determine if the student is directed to the Accommodation Team or to another service such as those provided by the University Student and Enrolment Services Division.
  - If the disability is not documented or if the medical or other relevant documentation is not current, the student will be directed to AES in the University Student and Enrolment Services Division for a preliminary assessment.
- The Office of AES will then direct the student to the appropriate professional for assessment and accommodation recommendations.
- The student may choose to have an assessment done even if the initial screening does not indicate any need. The Director, Student Services or designate will facilitate the referral. If the student declines a referral, they may obtain an assessment using their own resources.
- If there is a delay in acquiring a comprehensive assessment, the Accommodation Team will meet to develop an interim plan with consultation from the Access and Equity Services.
- The Accommodation Planning Committee will meet with the student to discuss the plan.
- The Chair of the Accommodation Planning Committee will contact the appropriate persons to facilitate such accommodations.
- The Accommodation Planning Committee will ensure that appropriate individualized accommodations are implemented proactively, as the student moves through the MD program. The individual plan will be reviewed annually or more frequently as required. Plans will be reviewed by the Team to determine whether further accommodation is reasonable in the case of a student who does not progress as expected.
- Confidential records of all information regarding the request for accommodation is in a student's personal file and kept secured in the CoM Office of Student Affairs. The nature of the disability, the nature of the accommodation, the dates of implementation, as well as any subsequent modification to the original accommodation will be kept on file. This information will not be placed in nor form

any part of the student's academic file. The diagnosis document stays with AES. The diagnosis is not shared by AES.

- Students will be informed that for a requested accommodation to be implemented, it may be necessary to share relevant information on a need to know, confidential basis with appropriate individuals (e.g., medical faculty, clinical supervisors, etc.). Specific logistical requests for accommodation will be forwarded to those responsible for facilitating them without disclosure of the nature of the disability. Students must consent in writing to this degree of communication in order to permit the CoM to accommodate their needs.

This process is the same for students at our distributed sites.

#### Regina Campus:

Sue Schmidt: [sue.schmidt@saskhealthauthority.ca](mailto:sue.schmidt@saskhealthauthority.ca)

#### Prince Albert:

Dr. Romy Moodliar: [romym@hotmail.com](mailto:romym@hotmail.com)

### Appeals

A student who disagrees with the recommendations of the Accommodation Team has the right to appeal through the standard appeal process within the CoM. If this does not satisfy the student, students may appeal to the University (initial contact for an appeal at this level is the University Secretary). Any resident of Saskatchewan may also appeal to the Provincial Human Rights Commission.

### Policy on Student Attendance

Active participation by medical students in learning opportunities is critical to their formation, education, and training. Sustained and deep engagement, which requires regular and punctual attendance, is expected of all students in all of their classes (lectures, laboratories, seminars, tutorials, small groups, and clinical sessions). Students who neglect their academic responsibilities may experience academic

consequences and will be considered as per the Procedures for Concerns with Medical Student Professional Behaviour.

The College of Medicine recognizes that medical students are adult learners and entitled to the privileges and responsibilities that come with such status. With that said, for many components of the program, the College of Medicine relies heavily upon faculty with clinical obligations, their patients and other patient volunteers. Absenteeism and lack of punctuality by students, place an unwelcome strain on the goodwill of all concerned. Often a significant degree of accommodation has occurred to make these educational experiences possible. Replicating these experiences to accommodate student absences is extremely difficult. Acceptance of responsibility for attendance and participation in patient care is part of the student's professional education and responsibility. Appropriate attendance and punctuality are indicative of the student's understanding of, and adherence to, expectations of professional behaviour.

In the College's experience, for some students, chronic non-attendance often ends up in academic and/or professional difficulty. Students also end up feeling disengaged and separated from their class cohort, which can further affect academic success because of a lack of peer support. The College reserves the right to mandate attendance by those students who are in academic or professional difficulty. A clearly written document will be provided to students in such circumstance.

Students are encouraged to become familiar with the attendance policies for both Pre-Clerkship and Clerkship posted on the policies page of the College of Medicine website.

### **Use of Electronic Devices**

- Other than student's laptop, there are to be no electronic devices allowed in CoM examinations (unless prior approval by the course coordinator has been granted)\*. Please see important detailed information regarding [electronic exams](#).
- Classroom use of electronic devices is limited to course related activities \*\*

- Electronic devices, with the approval of the preceptor, may be used in clinical learning activities to enhance learning, provided they do not distract faculty or fellow students and do not interfere with learning. If a student wishes to use a handheld device they are strongly encouraged to ask for the preceptor and patient's permission prior to use.
- Students are encouraged to use good judgement in their electronic communication. Please see the [Personal Communication and Computing Devices Guideline](#).
- Students on clinical placements are required to follow the provincial Mobile Device Usage Policy, as outlined in the Clinical Placement Agreement. The Clinical Placement Agreement is available [here](#).

### Consequences of Inappropriate use of Electronic Devices

- Inappropriate use of electronic devices in examinations could result in failure of the course and a submission of an academic dishonesty charge to the college/university.
- Inappropriate use of electronic devices in the class, clinical or laboratory environment will lead to dismissal from that session and a report to the Associate Dean. Repeated incidents are likely to result in the completion of a professionalism concern report and potential detrimental academic consequences.

\* *Examples of "electronic devices" smart phones, smart watches, tablets and recorders, laptops*

\*\* *Course-related activity implies using the electronic device to take notes, follow visual or written transcripts related to the lecture and gather relevant information.*

### Email Communication

The University of Saskatchewan (Usask), its colleges, departments and programs use email as the official communication tool. To protect the flow of information and assure

communication is maintained, the University officially recognizes U of S issued accounts as the exclusive means for communicating via email.

Students should know that all CoM communication will be sent to USask email accounts (via PAWS) and students are responsible for checking it regularly and maintaining the account to ensure it is not over quota.

Even though this is discouraged, students who continue to use non-U of S email accounts such as Gmail, Hotmail, etc. and who elect to forward their U of S email to such accounts are reminded it is the responsibility of the account holder to ensure contact is maintained with their U of S issued email.

Information on NSIDs (network services ID) or email accounts including email forwarding is available [here](#). For technical assistance including account information (NSIDs) or other computer related issues, users should contact the ICT Service Desk ([servicedesk@usask.ca](mailto:servicedesk@usask.ca)) at (306) 966-2222 during regular business hours.

## **Health Sciences Library**

### **Access to U of S Library e-books, journals, databases**

Check out this site to see these resources. E-book collections include AccessMedicine, AccessAnesthesiology, AccessEmergency Medicine, AccessPediatrics, AccessSurgery, and Clinical Key.

Students can use their NSID and password to get access all our ebooks, ejournals, and databases including Ovid MEDLINE, Embase, and more.

### **Apps**

Download DynaMed, Lexicomp, Read by QxMD, RxFiles, and VisualDx for free as part of the subscription fees paid by the library. Go to this site and choose “Mobile Apps” at the left to find out more.

### **Access to U of S Library Print collection**

All students have in-person access to all branches of the U of S Library. But the Leslie and Irene Dubé Health Sciences Library also mails print books, and scans and emails print journal articles, to students working and learning outside the U of S campus. Go to [this site](#) to register for this service.

### **Interlibrary Loan**

If students need access to an article from a journal to which the U of S Library does not subscribe, fill in an interlibrary loan request (use the link that comes up after clicking the Findit! Button); this is a free service, and usually takes only a few business days. Students will receive an emailed link which provides a link to download the article. Print books can also be requested through this service, but will take a bit longer, since a physical copy will need to be mailed to the U of S Library, and then, if a student is outside Saskatoon, will need to be sent out.

### **Help finding information**

If students need advice on a literature search, have questions about our services, or have any other library-related questions, get in touch with the Clinical Medicine liaison librarian. Contact information is on [this site](#) at the upper right side of the page.

### **Leslie and Irene Dubé Health Sciences Library**

(306) 966-5991

E1400, Academic Health Sciences Building

104 Clinic Place

Saskatoon, SK S7N 2Z4

[Library.usask.ca/hsi](http://Library.usask.ca/hsi)

### **Study Space Saskatoon Campus**

The CoM annually secures study space for their students in addition to the already available study space within the HSB. This study space is available Monday to Friday

from 17:30-23:00 and weekends from 08:00-23:00 with space for group or individual study. The schedule for study space is posted on One45, for all years of the program.

In addition to the designated CoM study space described, there are multiple other spaces available for studying, including the interdisciplinary Leslie and Irene Dubé Health Sciences Library (LIDHSL) located in the Health Sciences Building (HSB). The LIDHSL is open Monday to Thursday 08:00-22:00, Friday 08:00-18:00, Saturday 10:00-18:00, and Sunday 12:00-20:00. There are 24 bookable small group study rooms that can comfortably sit six to eight people. They can be reserved via a simple online booking system in two-hour blocks up to two weeks in advance. All study rooms have screens that are PC and Mac compatible with adaptors available at the check-out desk. The LIDHSL offers almost 70 cubicles for students who are seeking individual study space as well as additional seating in comfortable, low noise areas.

The HSB offers multiple spaces in addition to the LIDHSL that can be used to facilitate group or individual study. While many of the meeting rooms are booked during working hours by staff, there are multiple meeting rooms in the B, D and E-wings that are available into the early evening during the week. The B-wing has open areas that can be used for studying or quiet socializing over five floors with overall capacity for 76 people. E-wing has similar areas over three floors with capacity for 116 people. Three atria seating areas (two in D-wing and one in E-wing) are available for studying or quiet socializing during building operating hours (Monday to Friday 0600-2300, Saturday and Sunday 0800-2300).

Students who wish to explore other study spaces outside of the HSB are encouraged to visit the three other libraries in close proximity to the HSB: the Murray Library, the Law Library, or the St. Thomas Moore (STM) Library. The Murray Library is the main USask library and is open Monday to Thursday 08:00-23:00, Friday 08:00-21:00, Saturday 10:00-21:00, and Sunday 10:00-21:00.

There are 14 rooms for group study purposes, as well as cubicles/study spaces for individual quiet study over seven floors of space. The ground floor of Murray Library operates late night study for USask students (student card required) from September to April from 2300-0100 Monday to Thursday and 2100-0000 Friday to Sunday. The Murray Library offers 24/7 late night study during final exams in December and April, allowing unlimited access to the ground floor for group and individual study.

The Law Library is 200 meters from HSB and is open Monday to Thursday 0800-2200, Friday 0800-1700, Saturday 1000-1700, and Sunday 1200-2000. There is one bookable study room and carrels for individual study. The recently renovated STM Library has capacity of 175 occupants and is open Monday to Thursday 0830-2200, Friday 0830-1700, Saturday 1000-1700, and Sunday 1200-2100. The Royal University Hospital (RUH) is connected to the HSB and includes a Patient and Family Resource Center as another option for study space that is available to students 24/7.

## Study Space Regina Campus

### Health Science Learning and Resource Centre-Level 0, Regina General Hospital

The Health Sciences Learning and Resource Centre has open study space, break out rooms, a student lounge and clinical exam rooms. The lounge and study space are open 24/7. Clinical exam rooms and break-out rooms need to be booked through the online Midas booking system.

Booking System Links:

To book a room: [click here](#)

To view the daily schedule: [click here](#)

### Health Sciences Library-Level 0, Regina General Hospital

The Health Sciences Library contains the College of Medicine Collection. Students have access 24/7. There are 5 networked computers connected to a small printer. The large photocopier/scanner/printer requires a code: 15300. There is no charge for printing/copying.

The study room is available for use. To book study space in [RGH Library](#).

### Level 1 - 1B, Regina General Hospital

COM2, COM3, and COM4 meeting rooms have workstations and monitors. You can book these rooms through [MIDAS](#) request system or Deanna at the Learning Centre administration desk or an IT team Member.

Unique online resources available from the SHA Library can be access on the [CoM Regina Campus guide](#) as well as all other resources on the Library's site. [Registration](#) is required for access.

All inquiries or to meet with a librarian:

Library Contact Information:

Phone: 305-766-4142

Email: [library@saskhealthauthority.ca](mailto:library@saskhealthauthority.ca)



## Locker Space (Saskatoon SHA Locations)

Locker storage Information for ComPlex sessions/Shadowing at SHA locations  
Saskatoon Campus

### St. Paul's Hospital Locker Space

There are both a College of Medicine room and a Clerk (labelled JURSI) lounge (10 half lockers labelled for UG student usage) on the 2<sup>nd</sup> floor of A-Wing – step of elevator Awing elevator and go right for College of Medicine room, additional right to the JURSI Lounge. (Look for signage, there are no room numbers)

- **University of Saskatchewan, College of Medicine** room – 2 computers and a coat hook security pad entry code - 8977#
- **JURSI Lounge** – 10 half lockers labelled for UG learners – security pad entry code - 9641#

### Saskatoon City Hospital Locker & Lounge Space

To access the physician lounge, go to the general information desk by the main entrance. Behind the desk there is blue sign indicating Medical Imaging ahead, go that direction and the elevators will be immediately visible. Upon exiting the elevators the rooms are numbered and 0700 is close to the elevators.

- lounge/locker room in the basement, room number 0700 and SHA prox card will allow access.
- lockers 10, 12, 14, 16, 18, 20, 22, 24 are reserved for UGME student use.

In all instances, take your own lock, please be respectful of other health care providers space, keep the locker tidy by removing all items when you leave, and report any concerns you may have to your UGME year administrator.

## Clinical Education

### Policies and General Information

Clinical education experiences take place primarily within the facilities of the Saskatchewan Health Authority throughout the province. Although students do not require detailed information about the organization, policies and procedures of the Authority, knowledge of some basic policies and expectations are important for all concerned. Students on clinical placements are required to follow the relevant policies, as outlined in the Clinical Placement Agreement. A summary of the Clinical Placement Agreement is available [here](#). The following information applies to all Authority facilities, unless otherwise stated.

### Identification

The CoM requires that all undergraduate students wear a photoidentification badge while in contact with patients in any setting, and in any clinical setting. Students are provided with photo ID identifying them as “medical students”. These photo ID badges are reissued in Clerkship to identify them as “senior medical students”.

### Dress

Students’ physical appearance should engender respect from patients and colleagues. It is, therefore, important to maintain a neat, clean and ‘appropriate’ style of dress

### Grooming

If hair is styled in a long, loose manner, it is a courtesy to patients to pin or tie it back while doing examinations or procedures. All clinical settings should be considered “scent-free zones”. Please reference the USask scent free awareness guidelines. Chewing gum or tobacco while in patient areas is considered highly unprofessional. Rings, other sharp jewelry, gel nails are not permitted in clinical areas. Fingernails should be kept trimmed at all times.

### Noise

As it is desirable but difficult to control noise levels in hospitals, any personal attempt to lower volume of sound is appreciated. In addition to keeping conversational levels as quiet as possible, wearing soft-soled shoes counteracts noise. Issues of privacy and confidentiality have been addressed elsewhere.

### Patient Confidentiality

Discussing interesting cases seen is encouraged, these discussions should not be held in public places and should never include personal identifiers that could compromise patient confidentiality issues.

### Shuttle Service

A shuttle service is provided at both the Saskatoon and Regina Campuses.

**Saskatoon:** A shuttle between the Saskatoon campus and the Saskatoon hospitals is available. Shuttles depart from each site Royal University Hospital (RUH), City Hospital (SCH), and St, Paul's hospital at 7:00 a.m. and run every 15-30 minutes.

**Regina:** A shuttle is available between the Regina General Hospital RGH and Pasqua hospital (PH) and the Wascana Rehabilitation Centre (WRC) with stops along the way if required.

### Description of the Undergraduate Curriculum

The undergraduate medical program provides an integrated four-year curriculum leading to the general professional education of the physician; graduates may select careers in family medicine, specialty practice, or research.

The CoM undergraduate medical education program is organized into 2-years of pre-clerkship and 2-years of clerkship, delineated as Years 1, 2, 3, & 4.

## Curriculum

### Year 1 (32 weeks over two terms)

The first year of the 2022 curriculum renewal, contains three core credit courses each term that provide students with the introductory social and cultural dimensions of medical practice, which also includes a service learning activity. It also includes the first four modules within the foundations of clinical medicine as well as professional and primary clinical skills within the context of developing

### Year 1 Courses

- MEDC 111.0 Success in Medical School I
- MEDC 132.3 Medicine and Society I
- MEDC 133.9 Clinical Skills I
- MEDC 136.21 Foundations in Clinical Medicine I
- MEDC 142.3 Medicine and Society II
- MEDC 143.9 Clinical Skills II
- MEDC 146.21 Foundations of Clinical Medicine II

### Year 2 (32 weeks)

Year 2 contains three core courses that continues the exploration into foundations of clinical medicine, while continuing to build on professional and clinical skills. Clinical reasoning skills are embedded within each course.. As with the first year, this second year of the program offers a non-credit course focused on assisting students to optimize their learning experience.

### Year 2 Courses

- MEDC 211.0 Success in Medical School II
- MEDC 232.3 Medicine and Society III
- MEDC 233.9 Clinical Skills III
- MEDC 236.21 Foundations of Clinical Medicine III
- MEDC 242.3 Medicine and Society IV

- MEDC 243.9 Clinical Skills IV
- MEDC 246.21 Foundations of Clinical Medicine IV

### Years 3 and 4

This part of the program focuses on clinical clerkship experiences supplemented with seminar-style classes that together will provide opportunities to apply the knowledge, skills, and attitudes students have acquired towards the management of patients within the medical environment. Specific core rotations, as well as Electives are available. The program concludes with a capstone course – Preparation for Residency – focused on ensuring students are ready for the next phase of their training.

### Year 3 Courses

- MEDC 334.50 SK Longitudinal Integrated Clerkship (SLIC)
- MEDC 332.50 Clinical Rotations I
- MEDC 308.16 Selected Topics in Medicine
- MEDC 311.0 Success in Medical School III (Clerkship)

### Year 4 Courses

- MEDC 432.42 Clinical Rotations II
- MEDC 409.8 Preparation for Residency

### Registration

Students in the CoM are responsible for their own registration in each term or per-clerkship and clerkship studies. USask has four terms and students must be registered in **each term (4 per academic cycle)**:

Fall Term	August – December
Winter Term	January – May
Spring Term	May & June
Summer Term	July & August

If students are not registered as a USask student, they are not covered by the University of Saskatchewan liability insurance and not eligible to be licensed by College of Physicians and Surgeons. Students who are not registered, are not allowed to participate in any clinical setting.

Once students are admitted as a CoM student, they will be given information on what courses to register in. It is the student's responsibility to register once notified.

### **Registration Deadlines & Academic Withdrawal**

Students may choose to request a voluntary academic withdrawal from the program for many reasons, including personal or academic. Students are encouraged to consult with the Year Chair and Director, Academic, and to seek support from the OSA if they are considering this option.

Course withdrawal deadlines and information on financial appeal are found [here](#).

[Please review tuition fees and notes](#) related to reimbursement of student fees upon withdrawal.

\*Note: The CoM begins and ends classes prior to and after standard dates but does follow the University of Saskatchewan, Board of Governor approved, academic add/drop deadlines. If you miss registering in required courses, you will need assistance from the UGME prior to being allowed to register. There is a financial penalty for doing so.

The UGME does not have an overview for refunds on student housing. Information on a refund for health and dental fees and parking.

### **Leave of Absence**

A leave of absence may be requested to pursue academic interest. For example, students might conduct basic or clinical research, international experience, or complete a graduate program.

A student may also request an interruption of studies for non-academic reasons, such as ill health. The Student Academic Management Committee (SAMC) will require medical documentation before the student can re-enter and continue their undergraduate training.

For consideration for extended leave of absence or interruption of studies visit: [Leave Of Absence Policy](#).

### **Graduate Clinical Research Training Opportunities**

Interested medical students are encouraged to connect with the CoM – Office of the Vice Dean Research to learn more about the combined MD/MSc and MD/PhD programs that are available for undergraduate medical students. The OVDR can provide information regarding this special case-by-case basis program including objectives, timelines, expectations and assessment of the program. During the completion of this program, students take time off from their medical training to obtain graduate research training leading to a Master of Science or PhD in any research area of their choice (e.g. biomedical, clinical and social/population/health). If further information or clarification of the program is required, please contact Megan Truscott, Research Manager, Dean's Office, College of Medicine.

### **Legal Liability**

Registration in the CoM, University of Saskatchewan (and payment of tuition and other applicable fees) includes professional services liability coverage.

- With one exception, the University of Saskatchewan accepts responsibility for students as they provide professional services within rotations or programs, which are a required part of the study program for the M.D. degree. This coverage is with CURIE – Canadian Universities Reciprocal Insurance Exchange and includes \$5,000,000.00 in Comprehensive General Liability. Please visit our Policies page on the College of Medicine website.

- The exception is that the University does not accept responsibility if the student chooses to do such a rotation outside of Canada. The exception pertains primarily to the elective period during Clerkship. Students may do electives out of the country, but they must acknowledge in writing that they are aware that the University will not be providing liability coverage. The institution to which the student is going will also be notified of the lack of coverage.

### **COPYRIGHT INFORMATION:**

University of Saskatchewan:

[www.usask.ca/copyright](http://www.usask.ca/copyright)

Saskatchewan Health Authority:

Regulations found within the [\*\*Clinical Placement Agreement\*\*](#)

### **Travel Fund Policy**

The purpose of the [\*\*UGME Student Travel Policy\*\*](#) is to prescribe college-level standards for approval of undergraduate medical students' travel for academic purposes and to ensure reimbursement of the students for such travel when appropriate.

### **Conflict of Interest Policy**

A [\*\*conflict of interest\*\*](#) occurs when there is a divergence between a University member's private interests and professional work outside of the University and their obligations to the University such that an independent observer might reasonably question whether the University members' professional actions or decisions are determined by considerations of personal gain, financial or otherwise.

This policy does not replace any other University policies, but is intended to be exercised with other policies or collective agreements, which may address specific instances of conflict of interest.

## **Policies and Guidelines on Artificial Intelligence**

Undergraduate Medical Education (UGME) is continually developing policies and guidelines around the use of artificial intelligence. These policies and guidelines are made in alignment with the University of Saskatchewan's greater integration and recognition of AI technology. These regulations are for MD students and faculty, and are designed to ensure ethical use.

View [UGME's Policies on Artificial Intelligence](#).

View [USask's AI information page](#).

## Section IV – Student Assessment

Details of Student Assessment are included in the [Student Assessment Policy](#).

### General Guidelines

The intention of these guidelines is to provide direction in student assessment and program evaluation within the constraints of the program. The guidelines are not rigid rules; they are statements of expectations reflecting recognized educational principles and University and College procedures. Their interpretation is subject to practical considerations and common-sense application.

The educational objectives and methods of student assessment will be specifically stated, and transmitted to the students in writing at the start of each year in the program. The director of each course will indicate their intentions in each of the following areas:

- the type and schedule of examinations;
- the type and schedule of term assignments, with appropriate due dates;
- relative marking weight of all assignments and examinations.

Assessment of students will measure relevant knowledge, skills, values, and attitudes in sufficient detail to give an adequate picture of the student's strengths and weaknesses concerning the stated educational objectives of that program of instruction.

There will be formative (ongoing with feedback) as well as suitable summative (final) assessment of student progress. The results of assessments will be transmitted to the student at appropriate intervals and in sufficient detail, to enable corrective measures to be taken.

Final grade reports of medical students will be reported to the Office of the Registrar as Pass (P), Pass no-credit (PN) or Fail (F). IP remains on the transcript for multi-term courses and the grade (P or F) is entered in the final term of the course.

## Grading System

Recognizing that medical students, as future physicians participating in patient care, require a high level of knowledge and competence, the CoM operates on an alternate grading system as described below.

1. The CoM operates on a pass/fail system. Grades submitted may include:

<b>P</b>	Pass	Performance demonstrates requisite knowledge and competence in that course.
<b>PN</b>	Pass No Credit	Performance demonstrates requisite knowledge and competence in that course; however, student is required to repeat the course due to not meeting promotion standards in parallel-integrated curriculum
<b>F</b>	Fail	Performance does not demonstrate requisite knowledge and competence in that course.
<b>IP</b>	In-Progress	The final grade, which indicates class completion, and full credit units are awarded in the last term of the class.

2. Within most courses, a numeric grade is assigned for internal program use to determine level of knowledge and competence, to identify students at academic risk, and to assist with determination of awards. A 70% is the default pass mark within the program for courses, which assign a numeric mark. The pass mark is verified and supported by an accepted method of standard setting.

In some instances, individual assessments may have a pass mark other than 70%, where justified by the assessment type; in this case the pass mark is verified and supported by an accepted method of standard setting.

3. The following descriptors apply to marks for internal program use:

### **90-100 Excellent**

A superior performance with consistent strong evidence of:

- a comprehensive grasp of subject matter;
- an ability to make insightful, critical evaluation of information;
- an exceptional capacity for self-reflection and original, creative and/or logical thinking;
- an excellent ability to organize, analyze, synthesize, and integrate concepts,
- to effectively apply these to solving clinical problems, and to express thoughts fluently; demonstration of excellent clinical skills including effective and compassionate patient interactions, and highly effective communication of knowledge.

### **80-89 Good to Very Good**

A good to very good performance with evidence of:

- a comprehensive grasp of subject matter;
- an ability to make insightful, critical evaluation of information;
- an exceptional capacity for self-reflection and original, creative and/or logical thinking;
- an excellent ability to organize, analyze, synthesize, and integrate concepts,
- to effectively apply these to solving clinical problems, and to express thoughts fluently; demonstration of excellent clinical skills including effective and compassionate patient interactions, and highly effective communication of knowledge.

### **70-79 Satisfactory to Good**

A satisfactory to good performance with evidence of:

- a substantial knowledge of subject matter, adequate to ensure safe patient care;
- a satisfactory to good ability to critically evaluate information;
- a satisfactory to good capacity for self-reflection and logical thinking; and satisfactory capacity for original and creative thinking;
- a satisfactory to good ability to organize, to analyze, and integrate concepts and apply these to solving clinical problems, and to express thoughts clearly;
- demonstration of satisfactory to good clinical skills including effective and compassionate patient interactions and satisfactory communication of knowledge.

### **Less than 70 Fail**

- Unacceptable knowledge and/or performance, deemed inadequate to ensure future safe patient care.

4. As per the Course Syllabi and MD Program Promotion Standards, students who are otherwise successful in a course may fail a course/ fail to be promoted based on unprofessional conduct.

### **Scheduling of Examinations**

Final examinations will be held as soon as possible after the end of classes.

A mid-term examination may qualify as a scheduled exam for purposes of promotion provided that:

- Intention of its being held is announced at the beginning of the course and included in the class syllabus;
- The actual date of an exam will be included in the class syllabus.

Mid-term examinations for promotion will be scheduled through Directors of Instruction. Exceptions to the regulations on the scheduling of examinations require the approval of the Curriculum Committee.

## Examination Procedures (in-person exams)

- Students must adhere to the guidelines outlined in the [Electronic Exam Information](#).
- Students are expected to arrive on time at the scheduled start time for the exam.
- Students arriving late to the exam will **NOT** be provided extra time at the end of the exam.
- Students arriving later than 30 minutes after the start of the examination may be denied entrance. Students denied entrance may apply to the College for a deferred examination and such an application will be subject to consideration.
- Students are **NOT** permitted to leave the examination room until 30 minutes after the start of the exam.
- At the end of the scheduled examination time, students must stop writing and submit all examination documents to the invigilator.
- Students who need to leave the examination room for any reason; including washroom breaks, require the permission of the invigilator.
- Only **ONE** student at a time will be permitted to go to the washroom and an invigilator will escort the student there and back.
- Students should not bring any books, papers, notes, calculators or any other electronic devices (including laptops, netbooks, tablets, cell phones, iPods, etc.) into the examination room unless specified by the Course Director.
- Open book exams do allow the use of laptops as a resource. Communicating with any other individual (other than the invigilator) during exams is strictly forbidden (in person or electronically).
- If necessary to bring any of the above-mentioned items into the examination room, they must be left at the **FRONT** of the room; cell phones and other mobile electronic devices must be powered **OFF. NO EXCEPTIONS.**
- Use of headphones are not allowed during any type of exams.

Objective Standardized Clinical Examinations (OSCEs) are playing a larger role in evaluating students during undergraduate and postgraduate training. We are committed to ensuring that students receive ongoing practice with OSCEs.

## Examination Procedures (Remote Invigilation Exams)

Exams written using remote invigilation technology are reserved for specific circumstances, in particular, in clerkship when an exam is being written in a rural or remote location where a trained invigilator is not available, or in circumstances where a student may be required to self-isolate due to COVID and a timely in-person alternative is not feasible – this will be determined by the Year Chairs and Academic Director. Any students writing exams remotely using electronic exam software and remote exam proctoring software, are expected to approach these exams as though they were written in-person.

- Students must adhere to the guidelines outlined in the Electronic Exam Information on the College of Medicine website.
- Students are expected to start their exam at scheduled start time for the exam.
- Students starting their exam later than 30 minutes after the start of the examination may be
- denied the opportunity to sit the exam. Students denied the opportunity to sit the exam may apply to the College for a deferred examination for consideration.
- At the end of the scheduled examination time, the exam software will automatically close the exam.
- Students who need to get up and move out of the camera view for any reason (e.g. washroom break, address an urgent issue), must clearly indicate, by speaking audibly toward the camera/microphone, the reason prior to moving. Students must return to the exam as quickly as possible to their exam and not make multiple stops prior to returning.
- Students are not permitted to have any books, papers, notes, calculators or any additional electronic devices (including tablets, cell phones, iPods, etc.) near them unless specified by the Course Director or if granted specific accommodations through AES (Access and Equity Services).
- Communicating with any other individual (other than to speak to the screen for invigilation purposes) during exams is not permitted.

- Use of headphones is not permitted during exams. Students may use earplugs to reduce sound, but not noise cancelling headphones. If ear plugs are used, they should be shown to the camera prior to insertion.

We have additional expectations for remote exams, some of which are similar to in-person exams and some of which are specific to remote exams. Although students are alone for the exam, they must remember that someone will be reviewing their exam if incidents are identified. Therefore:

- Students should wear clothing acceptable in an in-person environment,
- Students should avoid using inappropriate language that would be heard on camera,
- Students may have water and small snack for the exam, but these must be ready before the exam. Students are not allowed to take breaks to get food or drinks.
- Students are not permitted to wear toques or hats. Religious or other cultural headwear, and glasses are allowed and we will not ask for them to be removed. Sunglasses are not permitted
- Students should avoid whispering or talking to themselves during the exam
- Students need to ensure that their camera lens is clean prior to the exam and that the angle is appropriate to allow for proper viewing (ie. should include head and shoulders, and not cut off a portion of the head or portion of the shoulders), and that the lighting in the room allows the exam reviewer to see the student's face. Lights should be in front of you rather than behind and avoid windows in the background if possible. Running a preview of the view will help with this.
- Students should make every effort to reduce external noises, although we recognize that this may not always be possible given the circumstances.
- Students should not change rooms while writing an exam, unless it is for an urgent reason. Students should explain the reason for changing prior to moving.
- Students should write the exam in a private space (bedroom, office) to avoid the potential for other people entering the camera view.

## **Procedural Aspects of Examinations**

Techniques for assessing students will be consistent with program objectives, i.e. tests/examinations should yield valid measures of intended learning. Where subjective-type testing (e.g. oral examination) is used, special effort should be made to ensure reliable results. If a student fails an oral examination and is eligible to sit a supplemental exam, the student should be re-examined by a different examiner(s). See the [Assessment Policy](#) for more details.

The final results obtained by a student in the College will be reported to that student in a yearly statement of standing issued by the Office of the Registrar (available on PAWS). The Registrar will record and report final grades in all courses.

Students who do not agree with an assessment or final grade may appeal through the processes outlined in the College of Medicine Academic Appeals Procedures available on the [Policies Page](#), and, if pursuing a University-level Appeal, through the [University of Saskatchewan Procedures for Student Appeals in Academic Matters](#).

## **Remediation & Supplemental Assessment**

A student who fails an examination, module, or course requirement may be granted remediation and supplemental assessment under the regulations established by the College (for more specific information please refer to the appropriate Course syllabus and the [Remediation Policy](#)).

Success in supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for successful completion of that component of the curriculum. Further details can be found in the Remediation Policy, available on the [UGME Policies Page](#).

## **Timing of Remediation and Supplemental Assessment**

Remediation and supplemental assessment may be offered during the academic term for some course components. In most courses, remediation of failed course

components will be offered after the final examination period. This is to allow adequate time for students to learn the content to prepare for their supplemental assessment effectively. The supplemental assessment results will determine if the student has successfully remediated.

In the majority of courses, only one attempt is allowed at remediation and supplemental assessment of course components (some exceptions apply – please see course syllabi). The following timelines are to serve as a guide to students in planning travel and activities during holidays, in order to be available for remediation and supplemental assessment if required. In exceptional circumstances, a student may be granted remediation and supplemental assessment outside of the typical time periods; the student should contact his Year Chair with a cc to the Year Administrative Coordinator and relevant Module/ Course Director if requesting adjustment of timing remediation/ supplemental assessment.

## **Fall Term Remediation/Supplemental Assessment Timelines**

### **Year 1**

- Foundations – for earlier modules, remediation will typically occur during the term with supplemental assessment completed by mid-December (after final exams)
  - For the last Foundations module and final exam, remediation will typically occur in Dec/Jan with supplemental assessment completed by end of January
- Clinical Skills – remediation will typically occur during the term and/or in January and completed by the end of January
- Other courses – remediation will typically occur in Dec/Jan with supplemental assessment completed by the end of January

### **Year 2**

- Foundations - for earlier modules, remediation will typically occur during the term with supplemental assessment completed by mid-December (after final exams)

- For the last Foundations module and final exam, remediation will typically occur in Dec/Jan with supplemental assessment completed by end of January
- Clinical Skills – remediation will typically occur in January to be completed by early February
- Other courses – remediation will typically occur in Dec/Jan with supplemental assessment completed by the end of January

## Winter Term Remediation/Supplemental Assessment Timelines

### Year 1

- Foundations - for earlier modules, remediation will typically occur during the term with supplemental assessment completed by the end of May
  - For the last Foundations module and final exam remediation will typically occur in May/June with supplemental assessment completed by end of June
- Clinical Skills – remediation will typically occur in May/June with supplemental assessment completed by the mid-June (may vary depending on type of remediation required)
- Other courses – remediation will typically occur in May/June with supplemental assessment completed by end of June

### Year 2

- Foundations - for earlier modules, remediation will typically occur during the term with supplemental assessment completed by the end of May
  - For the last module and final exam remediation will typically occur in May /June with supplemental assessment completed by end of June
- Clinical Skills – remediation will typically occur in May/June with supplemental assessment completed by mid-June (may vary depending on type of remediation required)

- Other courses – remediation will typically occur in May/June with supplemental assessment completed by end of June

### **Clerkship Remediation/Supplemental Assessment Timelines**

This will vary depending on the Course – see Student Guide to Clerkship and Course Syllabi for more information. Students eligible for remediation are encouraged to contact their Course/ Module Director for timelines.

### **Deferred Assignments & Examinations**

To defer an assignment, a student should seek permission the relevant Module or Course Director with a cc to the Year Chair. Module or Course Director in consultation with the Year Chair will determine if the reason is valid and will advise the student whether or not the deferral is granted and revised deadline. Please see Assignment Submission Policy, within the course syllabi.

A student who is absent from an examination through no fault of their own or has reason to request an absence for an exam, for medical or other valid reasons, should follow the procedures outlined in the [Deferred Exam Policy](#).

### **Class Exam Review Process**

In order to maintain the integrity of the exam bank used by the CoM, copies of examinations will not be made available to students. Module/Course Directors will be providing post-exam review documents that will focus on clarifying the concepts behind those questions answered incorrectly by a significant portion of the class, or where they feel a key concept needs to be clarified. This process will provide guidance to students on how to focus their learning/studying for difficult or important concepts, and to correct misconceptions. Individual Course/Module Directors may adapt the above review process at their discretion.

In the event of a specific module or exam failure, a student will work with the Academic Support Team and the appropriate Module Director, Course Director or Course Chair. In

these situations, as student will be able to review their exam. For exam reviews that are held remotely, students will not be able to view their exam, but the module director will go through exam to address specific questions and provide specific feedback.

### **Student Promotion**

The academic performance of each student will be considered by the relevant Year or Term committee who will recommend that a student be:

- Promoted,
- Required to Repeat a portion of the program, or
- Required to Discontinue.

Year or Term Committee Meetings are held at the end of each promotion period to consider student performance. Promotion recommendations will be forwarded to the SAMC (Promotion committee for the MD program) for a final determination of the student's status. [Note that, although numeric grades are often used within the college to delineate standards of achievement for promotion and awards, the final transcript will indicate only pass (P) or fail (F). A student who has been not been promoted due to being unsuccessful in one or more course will receive a fail (F) on his/her transcript for the relevant course(s). For courses that occur over several terms in-progress (IP) is entered until the final term where the final grade is submitted. Students that pass a course, but must repeat the entire term due to the unsuccessful completion of another required course(s), will receive a pass no-credit (PN).

### **MD Program Promotion Standards – Pre-Clerkship**

For students enrolled in the MD program the following promotion standards will apply:

**In the pre-clerkship period (Years 1 and 2), students must achieve the following in order to be promoted to the next term of the program:**

Successful completion of each course in each term in the pre-clerkship period, as described in the course syllabus for each course.

- a. Students who have successfully completed all courses will be promoted unconditionally.
- b. Students who have been unsuccessful in any one course will be required to either remediate the course in which they were unsuccessful, repeat a portion of the program, or discontinue, based on the following considerations:
  - academic performance in all courses of that term, including performance on individual in-course assessment components and modules.
  - academic performance in previous terms in the MD program.
  - other mitigating circumstances.
- c. Students who have been unsuccessful in more than one course will be required to either repeat a portion of the program or discontinue.
- d. Students may be required to remediate a portion of the program, repeat a portion of the program, be suspended for a period, or be required to discontinue based on unprofessional behaviour.

Students will be allowed to repeat no more than two terms (or portions of terms) of the pre-clerkship curriculum due to failure of promotion based on academic reasons or academic withdrawal. In addition, students will be allowed a total of no more than six years for completion of the MD Program for reasons of academic failure/academic withdrawal. This will not apply to withdrawal/leaves for medical or personal reasons in which academic performance is not a concern, or for approved degree programs in which the student is in good academic standing. SAMC will determine appropriate duration of withdrawal periods and placement on return to program in order to support student success.

Please see the UGME website for a flow chart outlining the [Promotions Process](#).

## Section V: Appeals

### General Guidelines

The MD Program Procedures for Academic Appeals, available on the UGME Policies Page, takes its direction from the University of Saskatchewan Procedures for Appeals in Academic Matters. The committees of the College of Medicine designated to deal with these matters is the SAMC and the College of Medicine Academic Appeals Committee.

The following is a brief summary of the CoM MD Program Procedures for Academic Appeals. Students are encouraged to refer to the full procedure, and consult with the Office of Student Affairs, CoM if considering an appeal.

### Appeals of Course Work

Students, who disagree with the results of an assignment, exam, or assessment of clinical performance within a course, should first informally consult with their relevant Module Director, Rotation Coordinator, or Course Director (involving the Year Chair as needed). Students seeking an informal consultation should do so as soon as possible upon receiving the assessment outcome. This informal consultation may or may not result in a change to their mark. If still not satisfied after informal consultation, a student, within 30 days of receipt of the assessment results, may request a Formal Reassessment (Re-Read) by completing and submitting a Request for Reassessment form and the associated fee. A re-assessment will be arranged, if possible, which may result in the mark remaining the same, going up, or going down.

If the student believes factors other than academic judgement have affected the Assessment or Re-assessment results, the student may request a College-level appeal by letter to the Dean. The Dean will appoint an investigator, typically the Vice Dean Education, who will investigate and report. If not satisfied with the results, the student may appeal the results of the College-level appeal, under limited grounds, to the University.

### **Appeals of Comments for Medical Student Performance Report (MSPR)**

Students who disagree with a comment on a rotation Summative Assessment Form for the **MSPR** should first informally consult with the relevant Rotation Coordinator, or rotations Sub-Committee if one has been struck (involving the Year Chair as needed). Students seeking an informal consultation should do so as soon as possible upon receiving the assessment. This informal consultation may or may not result in a change to the comment. If still not satisfied after informal consultation, a student, within 30 days of receiving the Summative Assessment Form, may formally appeal the comment by letter to the Associate Dean (note – the deadline may be shortened in the period immediately before submission of Canadian Resident Matching Service (CaRMS) application information). Students seeking appeal are also encouraged to seek support from the Office of Student Affairs, College of Medicine.

### **Accessibility of Marked Examination Papers**

In certain circumstances, such as a student appealing an academic decision, a student may access his/her marked examination paper, though the ownership of the paper remains in the College of Medicine.

Students experiencing academic difficulty may be offered the opportunity to review a marked examination paper at the discretion of the Course/Module Director.

### **Appeal of Decisions about Promotion and Graduation**

The CoM Academic Appeals Committee (as described below) shall hear and decide upon student appeals concerning promotion and graduation. Any student has the right to appeal decisions affecting promotion and graduation.

The procedure for promotion or graduation is as follows:

- Recommendations for promotion or graduation are made by the appropriate Year Committee, and forwarded to SAMC.

- In the case of a student not being recommended for promotion or graduation, that student will be advised in writing and advised of the right to appeal to SAMC.
- SAMC reviews the Year Committee recommendations and makes a promotion decision. The Program Manager forwards the SAMC decision directly to Student Enrolment Services Division unless otherwise directed by Faculty Council.

A student, who has an unfavorable promotion or graduation recommendation from the Year Committee, may present to the SAMC any information they deem relevant to such a decision, either in person, in writing or both. The student shall notify the Chair of the Committee of such intention and provide any written documentation at least 24 hours in advance of the meeting scheduled to deal with the matter. Exercise of this right, however, shall not prejudice the student's right of subsequent appeal to the Academic Appeals Committee, should this become necessary.

Students will be informed of the SAMC decision regarding promotion or graduation after the SAMC meeting, including being advised of the right to appeal an unfavorable decision.

A College-level appeal may be requested, by writing to the Dean within 30 days of the decision of the SAMC. The written submission must include reasons for appealing. In addition to a written submission, the student and the Chair of the SAMC may appear in person (or via teleconference or videoconference) before the College Academic Appeals Committee.

### **Academic Appeals Committee**

The Academic Appeals Committee will hear and decide upon student appeals concerning promotion and graduation.

The Academic Appeals Committee will consist of three members – a standing Chair will be appointed according to membership on Standing Committees' Rules, Regulations, and Procedures of the College of Medicine, and two further members, one of whom will

be a student, appointed on an ad hoc basis by the Dean or their designate. The student will be of a higher year than the appellant, except in the case of a final year student, in which event the student member shall be in the final year.

The appellant will be notified of the membership of the committee and may inform the Dean of any member they believe to be prejudiced.

The following will be excluded from membership on the Academic Appeals Committee:

- Members of SAMC.
- Members of the Term/Year Committee appropriate to the appellant's year of study.
- The Dean and/or Associate Dean.
- A Course Chair, Director, instructor or department head whose assessment is relevant to appeal.

The Chair of the SAMC will provide the Chair of the Academic Appeals Committee and the appellant student, with a written summary of the reasons for the unfavorable recommendations.

In reaching its decision, the Academic Appeals Committee will limit itself to consideration of the information available to the Student Academic Management Committee at the time of its decision under appeal. However, should new information emerge during the course of an appeal, which the Academic Appeals Committee deems relevant, it may recommend that the SAMC reconsider the new information.

The SAMC, ranging from unconditional promotion, to dismissal, and including the requirement to pursue remedial study, will in the same nature, make recommendations by the Appeals Committee. If the Appeal Committee recommends supplemental or remedial study, then such study should be administered through the Student Academic Management Committee unless otherwise stated.

Recognizing that timing of the decision may be a consideration, the Appeals Committee shall make reasonable effort to accommodate the University and College schedule but not to the detriment of a fair judgment.

Decisions shall be by a simple majority vote.

The Academic Appeals Committee will report its findings to the Dean, to the Chair of Faculty Council, and to the appellant.

## Section VI: Scholarships & Awards

All medical students will be equally eligible to compete for scholarships and prizes in the College of Medicine, subject to the terms of each award. However, calculation of academic standing is based only on courses taken at the University of Saskatchewan.

The calculation of academic standing will be based on evaluation obtained in the course (s) taken during the year being considered and evaluations obtained in the courses (s) previously taken and for which the student has been given credit.

For more information on available scholarship and awards, please [click here](#).

For information on timelines for applications, [click here](#).

## Section VII: Governance

### Student Academic Management Committee (SAMC)

This is a standing committee of Faculty Council; see [Terms of Reference](#).

### Year Committees

The Year Committees facilitate the administration of undergraduate medical education. The Chair will be the Year Chair. Other members will be faculty, representative of and responsible for the courses in the particular year. Student representatives from the Year will also be members of the Committee. The Year Committee meets several times per year to discuss student academic performance and make recommendations regarding promotions, as well as making curriculum implementation decisions regarding that year. Responsibilities of Year Chairs include but are not limited to, being available to students to answer questions and concerns and refer as appropriate. Each Year Chair is also a standing member of the Curriculum Committee and the SAMC, as per the Academic Appeals Procedures the Year Chair will recuse themselves from discussions and decisions related to promotion of students in their year.

### Curriculum Committee

#### Terms of Reference

This is a standing committee of Faculty Council, and its Terms of Reference are available [here](#).

### Student Membership on Undergraduate Committees

The [Saskatchewan Medical Student Society \(SMSS\)](#) will make nominations of students to committees involved in the undergraduate medical education curriculum to the Nominations Committee of Faculty Council, in accordance with regulations on membership of each committee. Student members on committees will be voting members.

## Section VIII: Post Graduate Medical Education

The undergraduate curriculum is the first stage in the professional education of physicians. Before the graduate can occupy an independent role in the delivery of health care, they will require further training and experience in their chosen field of interest.

Application for entry-level positions in Royal College of Physicians and Surgeons of Canada specialty training programs, or College of Family Physicians of Canada Family Medicine training programs, must be made through CaRMS. More information regarding this process will be made available as students' progress through their undergraduate training. Please refer to the [Career Advising Guide](#) frequently.



## Section IX: Licensure

The undergraduate curriculum is the first stage in the professional education of physicians. Before the graduate can occupy an independent role in the delivery of health care, they will require further training and experience in their chosen field of interest.

Application for entry-level positions in Royal College of Physicians and Surgeons of Canada specialty training programs, or College of Family Physicians of Canada Family Medicine training programs must be made through CaRMS. More information regarding this process will be made available as students' progress through their undergraduate training. Please refer to the [Career Advising Guide](#) frequently.

### Medical Council of Canada

The Medical Council of Canada (MCC) is registered as a corporation under the Canadian Corporation Act. It is empowered to establish an examination board or conducting medical licensing examinations, and to establish a Canadian Medical Register. The LMCC (Licentiate of the Medical Council of Canada) qualification is granted to graduate physicians who have passed the Qualifying Examinations (QE) Part I; conducted by the MCC.

All students in the CoM are expected to sit the MCC QE Part I examination in their graduation year. This examination is a national examination with national standards and is delivered "on-line" to all Canadian medical students.

### College of Physicians and Surgeons

The College of Physicians and Surgeons of Saskatchewan (CPSS) is the provincial licensing body for medical practitioners. Students enrolled in the MD program are licensed as pre-clerkship students at the beginning of year. This educational license is renewed at the beginning of clerkship and again in postgraduate training.

In order to obtain licensure to practice medicine independently in Saskatchewan, the CPSS requires graduates to have successfully completed the MCC QE Part I, and to have successfully completed two to six years of postgraduate training. For the purposes of registration under Section 28 of the Medical Profession Act, the following will constitute evidence of satisfactory postgraduate training:

- For applicants who will practice as a consultant specialist and restrict practice to one of the disciplines recognized by the Royal College of Physicians and Surgeons of Canada (RCPSC), certification in that specialty by the RCPSC shall be required. This usually requires at least five years post MD.
- For applicants who will practice primary care and medicine, certification by the College of Family Physicians of Canada (CFPC) shall be required. This usually requires at least two years post MD.

Regulations for the other provinces and territories are similar but students are advised to contact the appropriate licensing bodies for more information.

## Section X: Program Evaluation & Feedback

### Course and Instructor Evaluations

The Program and Instructor Evaluation Framework is available on the CoM Website. All courses and instructors who meet specific criteria will be evaluated. All evaluations will be sent via One45.

Students will be sent an evaluation of all courses. All students in a small group will be asked to complete evaluations of their instructor. Sampling will be used for classroom teaching, where approximately one third of students will be asked to evaluate instructors who teach the entire class. This is to help reduce the number of evaluations sent to students.

Occasionally, students may be asked to complete an evaluation for an instructor at whose session they were not present. For students who do not recall being taught by an instructor, please opt out of the evaluation. Doing so will remove the evaluation from the student's To-Do List on One45. Students who would like to evaluate an instructor but were not sent a form, please contact [program.evaluation.ugme@usask.ca](mailto:program.evaluation.ugme@usask.ca).

Student feedback is very important for continual course improvement. To ensure that feedback is representative of the entire class and to help achieve accreditation elements relevant to student feedback, it is important to have a high response rate. The Course Director and Year Committee will review course evaluation responses. Instructor evaluation reports are sent to individual instructors and the person most responsible for their teaching in this course (typically the Course Director). Prior to release, all comments are reviewed and any comments that make personal attacks or use offensive language are edited or removed. To ensure that your feedback is best utilized, please provide feedback in a constructive manner. For example, if a particular method was thought to be ineffective, please explain why and, if possible, provide suggestions for how it could be improved. Always provide feedback in a constructive and respectful

manner as if presenting the feedback face to face. Please see the [Procedure for Cleaning Comments](#) for more details.

Please note that as all course and instructor evaluations are anonymous, students will not receive a response to feedback. Results are also not viewed until after a course or module is completed. Thus, please use the Program Feedback Tool for issues that require an immediate response.

### **Concerns about an Instructor**

If students have a concern about an instructor and feel comfortable discussing that concern directly with the instructor, they are encouraged to do so. If after respectfully trying to come to an understanding with that individual, no progress is made or if students do not feel comfortable approaching the instructor directly, the following individuals are available for support:

- Course/Module Director, Rotation Coordinator, or Course Chair
- Year Chair
- Academic Director
- Associate Dean, Medical Education

At any of the above levels, the OSA can be approached for support, or to help mediate or advocate.

When in the process of expressing concerns about a learning session or instructor, it is a good idea to keep goals in mind, and provide feedback constructively and respectfully. Consider seeking guidance from the Office of Students Affairs, and/or a trusted faculty member or peer.

If students have an encounter with an instructor or an experience in a learning setting that is problematic, the OSA can help. Detail the incident in writing and work with the Office of Students

Affairs regarding how to address the issue (which can include informal or formal processes). If a student feels they have been subject to mistreatment, discrimination or harassment, please see [Procedures on Mistreatment, Harassment and Discrimination](#) for more information and guidance.

### Providing Program Feedback

There are many ways in which students can provide feedback to improve the program and learning experience. The following Chart briefly outlines some of the routes available, as a student, to provide feedback for program improvement. In addition, some options for providing feedback (via Personal Communication, One45 Evaluations, and the Program Feedback Tool) are described in more detail.

Communication Form	Examples of Appropriate Use	Usage Guidelines
<p>Program Feedback Tool</p>	<ul style="list-style-type: none"> <li>• Provide in-depth feedback on your experience with a course/module/session or instructor.</li> <li>• Both positive feedback and suggestions for improvement are welcome.</li> <li>• Identify issues with a course or instructor that you would like addressed prior to course completion.</li> </ul>	<ul style="list-style-type: none"> <li>• CoM Webpage &gt; Students &gt; Curriculum, Schedule, Objectives &gt; Submit Curricular Feedback<sup>1</sup>.</li> <li>• <a href="#">Program Feedback Tool</a></li> <li>• Also link is in one45.</li> </ul>
<p>Process: This information goes to select people within the UGME where it is processed by the admin most closely tied to the feedback. The feedback is anonymized and forwarded to the person most able to answer the feedback. Responses are directed to the student submitting the feedback through the feedback system and the loop is closed within the system. At times, answers are also contained in the "you asked, we listened" communications</p>		

<h2>One 45 Evaluations</h2>	<ul style="list-style-type: none"> <li>• Give course specific or instructor specific feedback including constructive criticism</li> <li>• <b>ANONYMOUS</b></li> </ul>	<ul style="list-style-type: none"> <li>• Will pop-up for you on one45 as "To-Dos"</li> <li>• Recommendation: keep track of what you like and dislike about courses as you go!</li> <li>• Comments containing personal attacks or offensive language will be edited or deleted so please be constructive. See the <a href="#">Procedure for Cleaning Comments</a> for more details.</li> <li>• Best to be specific in comments. For example, instead of saying generally that something was good or poor describe what worked well and provide constructive suggestions for improvement.</li> </ul>
<p><u>Process for course evaluations:</u> Course evaluations are sent to students near the end of a course/module. After the forms close, data is downloaded, and reports are created comparing responses for Regina and Saskatoon students. This information goes to course/module directors, course and year chairs, assistant and associate deans and others involved in curriculum delivery. Directors provide a response indicating what they intend to continue and practices they plan to change in response to student feedback. This information is reviewed by Year and Course committees, Curriculum Committee, and at the Curriculum Quality Review Subcommittee (CQRSC) course reviews.</p> <p><u>Instructor Evaluations:</u> Students are typically asked to evaluate an instructor once that instructor has finished teaching in a course or module. Once a course has ended, results are collated, and reports sent to instructor in question as well as the person most responsible for teaching in that course at the appropriate site.</p>		
<h2>ExamSoft (Exam) Comments</h2>	<ul style="list-style-type: none"> <li>• Note: explaining reasoning on a question will not be associated with a specific student so can only be used to gauge how students are approaching the given question.</li> </ul>	<ul style="list-style-type: none"> <li>• To provide comments/feedback regarding a specific question in an exam.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ex. “Within this question there seems to be two possible correct answers. A and D are both correct because...”</li> <li>• Ex. “This question doesn’t seem to align with a module or course level objective.”</li> </ul>	<ul style="list-style-type: none"> <li>• Will be available with every question in Examsoft.</li> <li>• Type comments/feedback within the associated box.</li> <li>• Feedback is made <b>anonymous</b> to Module/course director</li> </ul> <p>Note: In the event of egregious or unprofessional comments, the ExamSoft specialist can associate student names with comments. The Course/Module directors do not have access to this feature.</p>
--	--	--

Process: Once the exam is completed, all comments associated with each question are exported from Examsoft (individual commenters are not identified in export) and sent to the relevant Directors and Assessment Specialist for review. The Director and Assessment Specialist review the comments from students and may make edits to the exam post hoc in an attempt to improve questions and make adjustments to the exam based on the feedback. This information is very beneficial for the post exam review.

Process: Students sign up and submit topic ideas at [saskmedstudents.com](http://saskmedstudents.com) Send suggestions for questions/ topics to you class reps.

<b>Lunches with Dr. McKague/Sherry Pederson</b>	<ul style="list-style-type: none"> <li>• 2-3 times per term the Associate Dean meets 10-12 students across all years and lunch is provided*</li> <li>• Occurs in both Regina and Saskatoon</li> <li>• *the format may change if required due to public health considerations</li> </ul>	<ul style="list-style-type: none"> <li>• Students sign up via google docs</li> <li>• Individual feedback may be provided to the student that asked the question or an email to the Year Rep to share, if relevant to the entire year</li> <li>• Feedback shared with appropriate year chair or other program leadership</li> </ul>
---	---	--

Process: Students sign up and submit topic ideas at [saskmedstudents.com](http://saskmedstudents.com) Send suggestions for questions/ topics to you class reps.

<p><b>Town Halls</b></p>	<ul style="list-style-type: none"> <li>• Each Class Cohort meets with Educational Leadership (Dean, Vice Dean, Associate Dean, etc)</li> <li>• Educational Leadership can provide updates and information to students, and students can ask questions of leadership</li> <li>• Virtual format</li> </ul>	<ul style="list-style-type: none"> <li>• Students provided with date of Town Hall</li> <li>• Students offered opportunity to provide questions prior to townhall through class reps for leadership to address</li> <li>• Student may ask questions of leadership at the Town Hall</li> </ul>
<p><u>Process:</u> Students sign up via google docs; come prepared with questions/ suggestions.</p>		
<p><b>Class Reps</b></p>	<ul style="list-style-type: none"> <li>• Talk to your class reps about anything you are uncertain about</li> <li>• May be used for course-based feedback or personal concerns</li> <li>• If you wish to remain anonymous (to the UGME or SMSS)</li> <li>• If you would like student representation regarding any issue</li> </ul>	<ul style="list-style-type: none"> <li>• Comment on class feedback documents</li> <li>• Reach out to the class reps in person, or through established contact avenues</li> <li>• Remember: not every issue can be dealt with directly through the UGME; class reps will do their best to make sure your concerns heard</li> </ul>
<p><u>Process:</u> The class reps gather concerns and communicate with the appropriate people within the UGME or student executive; follow-up may be required depending on the nature of the concern.</p>		
<p><b>Personal Communication</b></p>	<ul style="list-style-type: none"> <li>• You have suggestions for improvement based on your personal experiences, and/or you anticipate that the UGME lead would appreciate dialogue with you about your suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• Be respectful and constructive</li> <li>• Offer specific suggestions</li> </ul>
<p>Process: NA</p>		
<p><b>SCRC Meetings</b></p>	<ul style="list-style-type: none"> <li>• Provide larger picture curricular feedback to SCRC members</li> </ul>	<ul style="list-style-type: none"> <li>• Contact a current SCRC member with your curricular concern or feedback to find the best</li> </ul>

		<p>committee to voice that concern. They can be reached in person or via email at <a href="mailto:scrcchair@gmail.com">scrcchair@gmail.com</a></p> <ul style="list-style-type: none"> <li>• Alternatively, you can share that feedback with your class reps who can pass it on to the SCRC</li> </ul>
<p><b>Process:</b> Send suggestions for curriculum improvement to the SCRC members for your year. They will help determine the best course of action, which can vary depending on the issue at hand.</p>		

### [Link to Program Feedback Tool.](#)

#### **Non-Urgent Feedback**

The CoM Undergraduate program has a process in place to solicit anonymous feedback from students on a regular basis for the improvement of courses. To provide anonymous feedback that is non-urgent which will improve a course, please provide feedback as requested through the course evaluations, which will be sent via One45. Students also have the option of contacting the Module, Course or Rotation Director directly via email to provide constructive suggestions for improvement.

#### **Urgent Feedback/Concerns Requiring Timely Action**

Individually, or as a class, students may identify issues in courses that need to be addressed outside of the regular course evaluation process in order to be managed in a timely manner. For addressing concerns requiring timely action, the following are options:

##### **Via Email**

1. Discuss the issue first with those most directly involved. e.g. If a Clinical Skills preceptor does not appear to be aware of level of training or the course

objectives, try to tactfully and respectfully discuss with them. If that is not successful in addressing the concern, go to step 2.

2. Report the concern (if unresolved) to the Course or Module Director and, if relevant, the Course or Module Administrative Coordinator. When the course has a Course Chair, please also cc the Course Chair.

In the report, please include the following information:

- Course/Module/Group Name, relevant dates. Please note if the report is representing a group (e.g. as Class Rep or a Professional Skills Group) or if this is individual feedback.
  - Brief description of the concern (e.g. a lecturer was absent without notice, or a lecturer missed a clinical skills session).
  - What has already done to address the concern (e.g. contacted Preceptor's office; spoken with the presenter).
  - What is needed in order to address the concern (will the session will be rescheduled? If not, what did the preceptor intend to cover? Is there any recommended reading material to address missed content?).
3. If the concern remains unresolved after step 2, please contact the Year Chair or Year Site Coordinator.

### Via the Program Feedback Tool

The [Program Feedback Tool](#) allows students to quickly provide feedback which allows the program to direct unresolved issues to the appropriate people, as well as to track the types of problems students are encountering (to come up with better system-wide solutions). It is also an option if students do not feel comfortable directly contacting the preceptor or Module/Course/Rotation Director.

If the issue affects more than one student, please appoint one representative to submit the report on the group's behalf (for e.g. one member on behalf of a Clinical Skills group, or the class rep on behalf of the class).

Note that for feedback submitted via the Program Feedback Tool, Administrative staff, Year Chair and relevant senior leadership first view the feedback, then it is anonymized by the Administrative Coordinator (to remove information that identifies the student) before forwarding it to the relevant Module, Course, or Rotation Director for their action. Students will receive communication back to let them know that the feedback has been received and is being addressed.

### **Positive Feedback**

Receiving positive feedback is also important – it helps Module/Course Directors/Instructors know what is working well and provides a model of “best practices” to try to expand across the curriculum. Please report positive feedback either through the regular Course & Instructor Evaluation Process, directly to the Course or Module Director, or through the Curriculum Feedback Tool. Thank you very much for your help with feedback for ongoing improvement of your learning experience.

## Section XI: Office of Student Services

### Student Services Mission

- To advocate for learners as they navigate the College of Medicine and external stakeholder organizations.
- To create a safe and inclusive culture that promotes an encouraging, compassionate, and confidential support system for learners in the College of Medicine.
- To build relationships and equip learners to foster their well-being throughout their careers.
- To promote agency within learners, to meet them where they are and support their initiatives and goals.
- To provide resources and holistic skills to help foster professional identity development on the learners' career exploration journeys.

**Details about the Office of Student Services are available on the UGME website.**

Dr. Ginger Ruddy is the Director of Student Services and may be reached at [ginger.ruddy@usask.ca](mailto:ginger.ruddy@usask.ca) or through her administrative assistant Emma Cai at (306) 966-7275 or [emma.cai@usask.ca](mailto:emma.cai@usask.ca).

### Career Advising and Mentoring

The Office of Student Services at the College of Medicine works to ensure that undergraduate medical students can realize their full potential as learners and individuals. Our services are provided on a confidential basis, and we offer a safe place for students to seek support when they have academic or personal issues. The **Office of Career Advising and Mentorship (OCAM)** resides under the umbrella of Student Services.

The OCAM provides career-planning supports, resources, and programming designed to help students in evaluating career options, choosing elective courses, and applying to residency programs. The OCAM is built upon the **AAMC's Career Planning**

**Framework** and the system ensures that students are made aware of the needs of the Canadian population through a variety of activities, settings, and resources including curricular and extra-curricular sessions, one-on-one confidential advising appointments, small group seminars, large events, and web resources.

The OCAM's **mentorship programs** are dedicated to enhancing, supporting, and growing the academic environment by establishing a culture of mentoring within the College of Medicine's undergraduate program.

The OCAM has four physician Career Advisors available to meet with students – two family physicians, one orthopedic surgeon, and one internist. Students are welcome to meet with any career advisor, regardless of their homesite.

The following appointment types are available at any time:

- Career Advising
- C.V. Review
- Personal Letter Review
- Electives Planning

The following appointments are available in year 4:

- Residency Application Review Appointments
- Mock Interviews

### **Web & Print Resources**

- OCA&M Websites (above)
- **Careers in Medicine®** (you will be receiving a code to access this platform this summer)
- **MD Student CV Guide**
- **MD Student Personal Letter Guide**
- **MD Student Interview Guide**

## Contact

Coordinator: Sheldon Moellenbeck

Location: Room 5B34, Health Sciences Building 107 Wiggins Road, S7N 5E5

Phone: (306) 966-6473

Email: [sheldon.moellenbeck@usask.ca](mailto:sheldon.moellenbeck@usask.ca); [med.careeradvising@usask.ca](mailto:med.careeradvising@usask.ca)

## Office of Student Affairs (OSA)

The OSA provides confidential support and advocacy distinct and separate from the academic and administrative offices. The OSA is an independent and informal office in which to clarify concerns, identify goals and options in managing or resolving issues.

The OSA provides information and referral to resources available on campus and in the community, specific to the needs of learners. Concerns brought to the OSA are confidential and will not impact your academic progress.

- General advocacy and support.
- Guidance in navigating UGME policies, procedures, and appeals.
- Connection to financial resources.
- Confidential support for personal and academic needs.
- Mistreatment, discrimination, and harassment concerns.
- Accessibility and accommodation information.
- Support for personal and academic needs.
- Community resources in Saskatoon, Regina, Prince Albert, and other sites.

## Services at Distributed Sites

OSA and OCA&M support is available to all learners in the College of Medicine, whether they are in Saskatoon, Regina, Prince Albert, or any of our dozens of distributed sites province wide. In situations where the OSA are unable to provide support because of location, the OSS will collaborate with other service providers to connect learners to resources at their location.

## Contacts

### Regina Campus:

Location: Regina General Hospital Room 1B13.00  
Student Affairs Coordinator: Sue Schmidt  
Phone: (306) 766-0620 (landline)  
Email: [sue.schmidt@saskhealthauthority.ca](mailto:sue.schmidt@saskhealthauthority.ca)  
Student Affairs Advisor, Regina: Dr. Kyle MacDonald  
Phone: (306) 766-0620 (landline)  
Email: [kyle.macdonald@saskhealthauthority.ca](mailto:kyle.macdonald@saskhealthauthority.ca)

Office hours are Monday to Friday 8:00 am to 4:00 pm. After-hours support is provided by Student Affairs Advisors.

### Saskatoon Campus:

**Student Affairs Coordinator: Bev Digout**

Location: 5B22, Health Sciences Building, 107 Wiggins Road,  
S7N 5E5  
Email: [bev.digout@usask.ca](mailto:bev.digout@usask.ca)  
Phone: (306) 966-8224  
Fax: (306) 966-6164  
Hours: M-F 0830-1630

**Student Affairs Coordinator: Edith Conacher**

Location: 5B28 Health Sciences Building 107 Wiggins Road,  
S7N 5E5  
Email: [edith.conacher@usask.ca](mailto:edith.conacher@usask.ca)  
Phone: (306) 966-4751  
Fax: (306) 966-6164  
Hours: M-F 0830-1630

**Student Affairs Administrator: Tracey Baliski**

Location: 5B38, Health Sciences Building, 107 Wiggins Road,  
S7N 5E5

Email: [tracey.baliski@usask.ca](mailto:tracey.baliski@usask.ca)

Phone: (306) 966-7331

**Prince Albert Office:**

**OSA Director: Dr. Romy Moodliar**

Email: [romym@hotmail.com](mailto:romym@hotmail.com)

Phone: (306) 960-8609

Hours: M-F 0830-1630

**Site Administrative Coordinator: Nicole Toutant**

Email: [Nicole.toutant@usask.ca](mailto:Nicole.toutant@usask.ca)

Phone: (306) 765-6787

The OSA would love to connect with you. Please do not hesitate to contact us. For further information, visit the OSA online.

**Social, Family and Personal Issues**

Students may face many challenges during their undergraduate medical education; we encourage students to contact the OSA early, before personal and health concerns impact academic performance. The OSA can connect students with a wide variety of support services and resources; whether you are just looking for tools for stress-reduction or are experiencing a major life trauma, illness, substance use issues, or mental health event, there are numerous resources available within the College of Medicine, the University of Saskatchewan and the larger community. Below is a sample list of resources. Please contact the OSA if additional information is needed.

**University of Saskatchewan Student Wellness Centre (SWC)**

The SWC provides primary care to all students at the U of S and will make referrals to

specialists when appropriate. This includes help with assessment and medications for mental health concerns such as anxiety, depression, bipolar disorder, and obsessive-compulsive disorder among others. All students' province-wide are eligible to use SWC's services as they offer virtual visits. To book an appointment call (306) 966- 5768.

### University of Saskatchewan Student Affairs and Outreach (SAO)

The SAO has a team of registered social workers who provide same-day, holistic and comprehensive support for students throughout their academic journey. Services include immediate support to students, crisis response, educational programming, and consultation with faculty, staff, community members, and students who are concerned about a student.

### Contact

Location: Third floor (Rm. 310) and fourth floor, Place Riel Student Centre

Phone: (306) 966-5757

### Saskatchewan Medical Association (SMA)

The Physician Support Programs of the SMA are available to all U Sask undergraduate medical students. Like the OSA, the Physician Health Program (PHP) strives to intervene and help before a situation becomes too overwhelming. Members of the committee that oversees this program are knowledgeable in the fields of mental health, addiction and impairment. In Saskatoon, contact Lorraine Scott (306) 657-4585 or [lorraine.scott@sma.sk.ca](mailto:lorraine.scott@sma.sk.ca). In Regina, contact Jessica Richardson (306) 359-2750 or [jessica.richardson@usask.ca](mailto:jessica.richardson@usask.ca).

- Advocacy – The SMA's Member Advisory Committee exists to assist members in responding to inquiries or investigations by peer review bodies or regulatory agencies.
- Legal advice may be obtained September to November and January to March from law students. To make an appointment, visit their office in Room 72,

Saskatchewan Hall on the Saskatoon USask campus. Legal advice is also available from the Legal Aid Commission at (306) 933-7820.

## Harassment & Discrimination

Detailed information regarding the management of [Discrimination and Harassment](#) experiences or witnessed events may be found on the U of S website.

In Saskatchewan, under the Occupational Health and Safety Act, people have a right to healthy and safe work environments, free from harassment. The act includes two categories of harassment: Harassment Based on Prohibited Grounds and Personal Harassment.

Discrimination based on prohibited grounds refers to: any differential treatment, inappropriate conduct, comment, display, action or gesture by a person that:

- is based on the following prohibited grounds: religion, creed, marital status, family status, sex, gender identity (including gender expression and two spirit identity), sexual orientation, disability, age, color, ancestry, nationality, place of origin, race or perceived race, and receipt of public assistance.
- Constitutes a threat to the health or safety of the worker.

Harassment based on prohibited grounds is defined as: any inappropriate conduct, comment, display, action or gesture that is repeated by a person OR any single, serious occurrence that has a lasting, harmful effect on the worker that:

- Is made on the basis of religion, creed, marital status, family status, sex, gender identity (including gender expression and two spirit identity), sexual orientation, disability, physical size or weight, age, color, ancestry, nationality, place of origin, race or perceived race and receipt of public assistance; and
- Constitutes a threat to the health or safety of the worker.

Personal harassment is defined as: any inappropriate conduct, comment, display, action or gesture that is repeated by a person OR any single, serious occurrence that has a lasting, harmful effect on the worker that:

- Adversely affects a worker's psychological or physical wellbeing; and
- The perpetrator knows or ought to know would cause the worker to be humiliated or intimidated.
- Constitutes a threat to the health or safety of the worker.

If you feel that you are experiencing discrimination or being harassed or wonder if something constitutes discrimination or harassment:

- Say No: Whenever possible, tell the offending party that their behavior is unwelcome and that you want it to stop.
- Seek Help: Please report it to the Office of Student Affairs or contact the University of Saskatchewan Discrimination and Harassment Prevention Services (call (306) 966-4936 or [dhps@usask.ca](mailto:dhps@usask.ca) for a confidential consultation.
- Keep a Record: Write down the details of incidents and how they were handled.

#### Mistreatment Information

Mistreatment is defined on the Association of American Medical Colleges Graduation Questionnaire (2011) as follows:

*“Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.*

*Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.”*

The College of Medicine Procedure on [Mistreatment, Discrimination, and Harassment](#) can be found on the College of Medicine webpage. Please take note of the Related Forms, including:

- [Procedures for Addressing Instances of Student Discrimination, Harassment, and Mistreatment](#)
- [Mistreatment Flow Chart](#)
- [Reporting Structure Chart](#)

The AAMC provides the following examples of mistreatment:

- Public belittlement and humiliation
- Threatened with physical harm
- Asked to perform personal services
- Denied opportunities because of gender
- Denied opportunities because of race or ethnicity
- Asked to exchange sexual favors for grades/awards
- Subjected to unwanted sexual advances

The Pritzker School of Medicine, University of Chicago, has developed the following rubric to help students and faculty, better communicate about inappropriate behaviors.

		Not Mistreatment	Mistreatment
<b>M</b>	Malicious Intent	On the first day of third year, the ward clerk says to the student, "I can tell you guys are newbies," then offers to help the students find a computer station.	Resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.
<b>I</b>	Intimidation on Purpose	Student working with the chairperson of surgery says he feels nervous about operating with him since the chairperson can "make or break" his career.	Resident tells a student that they intend to make them cry before the rotation is over.

<b>S</b>	Sexual Harassment	Male student asked not to go into a room because a female patient only wants a female to examine her.	Student subjected to offensive sexist remarks or names.
<b>T</b>	Threatening verbal or physical behaviour	A student is yelled at to "get out of the way" by a nurse as a patient is about to be shocked during resuscitation.	An attending grabs the student's finger with a clamp OR tells them they are an "idiot" after they could not answer a question.
<b>R</b>	Racism or excessive discrimination	Attending gives student feedback on how to improve performance.	Student subjected to racist or ethically offensive remarks or names.
<b>E</b>	Excessive or unrealistic expectations	Student is asked by an attending to review an article and present it on rounds to the team.	A resident tells a student that it is their job to perform rectal exams (necessary or not) on all the patients admitted to the service.
<b>A</b>	Abusive favors	A student is asked to get coffee for themselves and for the team prior to rounds since the resident did it yesterday. The team gives the student money.	A student is asked to pick up an attending's dry cleaning.
<b>T</b>	Trading for grades	A resident tells a student that they can review and present a topic to the team as a way to enhance their grade.	A student is told that if they help a resident move that they will get honors.

Retrieved [here](#).

If you feel you have been mistreated or you have witnessed mistreatment:

Please report it immediately by contacting one of the Coordinators or Directors of Student Affairs or the Associate Dean, Medical Education. The College of Medicine takes every mistreatment concern seriously and responds promptly with appropriate action to all concerns brought forward. Both formal and informal support/help can be provided. Students may want to talk about their experience confidentially, explore options, or pursue a formal enquiry into the matter.

The student determines whether the complaint is confidential or anonymous and sets the timeline for action, having the option to delay until more than one concern is raised

about the same respondent, until after grades are in or after the match if they prefer. Every reported incident result in an investigation and, depending on the findings, may result in additional education for the respondent, a mediation process, or removal from teaching activities.

Unreported incidents deny you the help you need, hurt future victims of the same practice, and allow the offending person to continue their behavior.