Student Information Guide
Pre-Clerkship

2021-2022

UNIVERSITY OF SASKATCHEWAN
College of Medicine
UNDERGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA
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VISIT US AT: http://medicine.usask.ca/contacts
Dear Students,

We are excited to welcome our new and returning students, to the 2021-22 academic year.

This year will still be a year of adjustments in response to the COVID-19 pandemic. We are quite excited about the opportunity to support increased in-person activities not only for learning but also for connecting with your classmates. We have learned much over the past year about various teaching approaches and it is our hope to take the things that we discovered worked well and optimize them. Many curricular activities will still be delivered remotely, but we will be able to create a good blend to offer you a rich learning experience.

Our MD program is constantly engaging in quality improvement to ensure we deliver a curriculum that responds to medical and societal needs. As students, you have a key role in providing feedback and ideas to support this growth. We are grateful for support of the SMSS and individual students in providing feedback and look forward to continuing to work with you as partners.

We have a very dedicated group of faculty leaders, teachers, and administrative staff who work hard to ensure that your learning experience is positive and of high quality, and that what you are learning will allow you to become patient-centered, compassionate, and skilled physicians for the people we all serve.

Dr. Greg Malin
Academic Director, UGME Program

Sherry Pederson
Program Manager, UGME
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SECTION I – OVERVIEW

Introduction
The Undergraduate Student Information Guide- Pre-Clerkship is one of several documents of the College of Medicine, 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 on overview of the curriculum. Other Reference Documents include:

1. Course Syllabi
2. Student Guide to Clerkship
3. Policies and Procedures posted on the UGME 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 College of Medicine is located at http://www.medicine.usask.ca 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 in Saskatoon. The Regina General Hospital is the base hospital for the medical education program in Regina, which includes students completing their Clerkship in Regina. The College of Medicine also has an administrative office located in the Regina General Hospital.

In addition to the four-year undergraduate curriculum, the College of Medicine 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

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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 College of Medicine statement on professionalism (2005)

We, as teachers, learners and educational support personnel of the College of Medicine, 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.

- We do not allow our conduct to negatively impact on others’ learning or clinical activities.
- 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.
- 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.
- 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.
- We respect the personal boundaries of others and refrain from making unwanted or inappropriate romantic or sexual overtures towards others.
- We communicate respectfully with others both verbally and in writing.
- 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.

- We communicate truthfully with others verbally and in writing.
- We do not falsify documents or records.
- We acknowledge and manage conflicts of interest appropriately, avoiding conflicts of interest, real or apparent, whenever there is potential detriment to others.
- We admit and disclose errors.
- We make accurate records of conversations, histories, physical findings and other information pertinent to patient care.
- 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.
- We conduct research in an ethical manner, analyzing and reporting results accurately and fairly
- 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.

- We demonstrate effective listening.
- We are aware of and respectful of others’ differences and respond appropriately to their needs.
- 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.

- We attend to patients’ best interests and well-being as the first priority.
- We work cooperatively with others for the benefit of our patients, and contribute to a healthy working environment for all.
- We make equitable and prudent use of health care resources under our control.
- We are responsible to society for matters relating to public health.
- We recognize and adhere appropriately to policies, codes, guidelines and laws that govern our work with us.
- We participate in the process of self-regulation of the profession.
- We address misconduct, incompetence or behaviours that put patients or others at risk.
- 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.
- We respond in an appropriate, non-judgmental and non-demeaning manner when our expertise is sought.
• 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.

• 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.

• We engage in lifelong learning, maintain clinical competence, and strive for continuous quality improvement.

• We take appropriate and necessary responsibility for our personal health and well-being.

• We recognize our own limitations and seek assistance appropriately.

• 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 College of Medicine procedures for Concerns with Medical Student Professional Behaviour and related documents and are located at the Policies page of the College of Medicine webpage.
This Code has been prepared by the Canadian Medical Association 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. Practise 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.
5. Practise 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

11. 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.

12. Inform your patient when your personal values would influence the recommendation or practice of any medical procedure that the patient needs or wants.

13. Do not exploit patients for personal advantage.

14. Take all reasonable steps to prevent harm to patients; should harm occur, disclose it to the patient.

15. Recognize your limitations and, when indicated, recommend or seek additional opinions and services.

16. 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

17. 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.

18. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.

19. 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.

20. 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

21. 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.

22. Make every reasonable effort to communicate with your patients in such a way that information exchanged is understood.

23. 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.

24. Respect the right of a competent patient to accept or reject any medical care recommended.

25. 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.

26. Respect your patient's reasonable request for a second opinion from a physician of the patient's choice.
27. Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment.

28. 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.

29. 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.

30. Be considerate of the patient's family and significant others and cooperate with them in the patient's interest.

Privacy and Confidentiality

31. Protect the personal health information of your patients.

32. Provide information reasonable in the circumstances to patients about the reasons for the collection, use and disclosure of their personal health information.

33. 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.

34. Avoid public discussions or comments about patients that could reasonably be seen as revealing confidential or identifying information.

35. 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.

36. 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.

37. 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

38. 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.

39. 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.

40. 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

41. Recognize that community, society and the environment are important factors in the health of individual patients.

42. Recognize affecting the health or well-being of the community and the need for testimony at judicial proceedings.

43. Recognize the responsibility of physicians to promote equitable access to health care resources.

44. Use health care resources prudently.

45. 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

46. 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.

47. Be willing to teach and learn from medical students, residents, other colleagues and other health professionals.

48. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.

49. 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.

50. Avoid promoting, as a member of the medical profession, any service (except your own) or product for personal gain.

51. Do not keep secret from colleagues the diagnostic or therapeutic agents and procedures that you employ.

52. 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

53. Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect your service to patients, society or the profession.

54. 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 declared by students during their White Coat Ceremony at the beginning of Year 1)

As I begin my training as 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 standards of professionalism as specified by the college, such that my conduct upholds and reflects the high calling of my profession.

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 strive to 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 the physicians who have preceded me; I will add to this legacy 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 studying and learning that I might improve myself every day of my practice, in all the years to come.

(Modified from the University of Kansas School of Medicine Oath of Commitment.)
Educational Objectives of the MD Program

The aim of the undergraduate program is to graduate an “undifferentiated” or “multi-potential physician” with an M.D. 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 College of Medicine 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 Technical Standards.

All individuals are expected to review this document to assess their ability to meet these standards. Technical standards are essential for the safety of the wellbeing of themselves, patients, students, and others. Where a student cannot exhibit the technical standards to such an extent that it may impact the safety or well-being 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.

Technical Standards for Students in the MD Program
A candidate for the MD degree must demonstrate the following abilities.

(1) 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.

(2) 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.

(3) 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

(4) 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

(5) 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.
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 College of Medicine (COM) is committed to facilitating the integration of students with disabilities into the University community. Students with a disability are entitled to reasonable accommodation 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 the academic and technical standards. 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 www.usask.ca/medicine. 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 www.usask.ca/medicine/admissions will contain the statement “Students concerned about the extent that they meet the technical standards (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 Student Affairs Coordinator (or designate):

Bev Digout – bev.digout@usask.ca (306) 966-8224
Edith Conacher - edith.conacher@usask.ca (306) 966-4751
Lisa Persaud - lisa.persaud@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; which will then be forwarded to:

**Bev Digout** (bev.digout@usask.ca, 306-966-8224)

**Edith Conacher** (edith.conacher@usask.ca, 306-966-4751) and/or

**Lisa Persaud** (lisa.persaud@saskhealthauthority.ca 306-766-0620)

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

Procedures

Preadmission: Students can direct requests for information about disability accommodation to 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 Office of Student Affairs.

- The Chair will determine whether the student is directed to the Accommodation Team or to another service such as any of 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 the Access and Equity Services in the University Student and Enrolment Services Division for a preliminary assessment.
- The Office of Access and Equity Services 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 Chair will facilitate the referral. If the student declines a referral, he or she may proceed to obtain an assessment using his or her 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 for Students.
- 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 accommodation is 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.
• Students will be informed that in order 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.). The 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.

In Regina the contacts are:

Dr. Nicole Fahlman  nicole.fahlman@gmail.com
Dr. Tiann O’Carroll  tiann_ocarroll@hotmail.com
Lisa Persaud  lisa.persaud@saskhealthauthority.ca

In Prince Albert the contact person is:

Dr. Romy Moodliar  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

1. Other than student’s laptop, there are to be no electronic devices allowed in College of Medicine examinations (unless prior approval by the course coordinator has been granted)*. Please see important detailed information regarding electronic exams.
2. Classroom use of electronic devices is limited to course related activities **
3. 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 hand held device they are strongly encouraged to ask for the preceptor and patient's permission prior to use.
4. Students are encouraged to use good judgement in their electronic communication. Please see the Personal Communication and Computing Devices Guideline.
5. Students on clinical placements are required to follow the provincial Mobile Device Usage Policy, as outlined in the Clinical Placement Agreement. A summary of the Clinical Placement Agreement is available here.
Consequences of Inappropriate use of Electronic Devices

1. 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.

2. Inappropriate use of electronic devices in the class, clinical or laboratory will lead to dismissal from that session and a report to the Associate Dean. Repeated incidents are likely to lead to a breach of professional report and potential detrimental academic consequences.

*Examples of “electronic devices” include cellular phones, blackberries, I-Pods, cameras, and recorders

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 (U of S), 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 College of Medicine communication is sent to your U of S email account (via PAWS) and you are responsible for checking it regularly and maintaining your 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: [www.usask.ca/its/accounts/its/](http://www.usask.ca/its/accounts/its/). 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.

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**Health Sciences Library**

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

Check out [https://libguides.usask.ca/medicine](https://libguides.usask.ca/medicine) to see these resources.

E-book collections include:

- AccessMedicine
- AccessAnesthesiology
- AccessEmergency Medicine
- AccessPediatrics
- AccesSurgery
- Clinical Key

Use your 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 https://libguides.usask.ca/medicine and choose “Mobile Apps” at the left to find out more.

Access to U of S Library Print collection
Of course, you continue to 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 https://library.usask.ca/ddls/index.php to register for this service.

Interlibrary Loan
If you 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 when you click the Findit! Button); this is a free service, and usually takes only a few business days. You will receive an emailed link which allows you 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 you are outside Saskatoon, will need to be sent out to you.

Help finding information
If you 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 https://libguides.usask.ca/medicine 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/hsl

Study Space (Saskatoon Site)
The College of Medicine 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 a capacity of 70 occupants and 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 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 not finding adequate study space within 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) Shannon 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 Shannon 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.
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 College of Medicine requires that all undergraduate students wear a photo identification 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

It is recognized that dress is a personal matter and there may be different opinions on what might be appropriate. However, please note that medical students themselves comment on observable differences in patient responses when more “formal” attire is worn. It is recommended that a clean white lab coat or jacket be worn over street clothes (those actually worn in course-related labs are not appropriate.) Specific courses may specify a dress code and these will be identified at the beginning of the course. Your physical appearance should engender respect from your patients and colleagues. You should, therefore, maintain a neat, clean and ‘appropriate’ style of dress. This should take into consideration the fact that your patients will likely come from all age groups and walks of life. Your goal is to present a pleasant and professional appearance, one that promotes patient confidence and comfort. Students should consider how their appearance may affect their patients’ perceptions of them as future doctors and use this as a guide when choosing attire.

Grooming

If hair is styled in a long, loose manner, it is a courtesy to your patients to pin or tie it back while doing examinations or procedures. When people are unwell, even those scents that are usually pleasant can contribute to their distress. As a result, all clinical settings should be considered “scent-free zones”. Every effort should be made to avoid scented cosmetics and toiletries in the classroom as well. They are also “scent-free”. Chewing gum or tobacco while in patient areas is considered highly unprofessional. Remember that rings or other sharp jewelry can cause discomfort to patients and can be a medium for transfer of microorganisms. Fingernails should be kept trimmed for patient comfort.

Noise

As it is desirable but difficult to control noise levels in hospitals, any personal attempt to modify noises 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

There is tremendous opportunity for learning by discussing interesting cases you’ve seen with your colleagues. Whereas this activity is encouraged, it is important to remember that 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 sites.

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

Regina:  A shuttle is available between the RGH and Pasqua hospitals and the Wascana Rehab Centre 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 College of Medicine 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 2+2 curriculum, contains four core credit courses each term that provide students with the principles of biomedical sciences appropriate to the study of medicine. 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 the patient-doctor relationship. First-year students have an option of a one-week clinical selective within one of the Saskatchewan Health Regions at the end of the year.

Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>MEDC 111.0</td>
<td>Success in Medical School I</td>
</tr>
<tr>
<td>MEDC 112.3</td>
<td>Medicine and Society I</td>
</tr>
<tr>
<td>MEDC 113.8</td>
<td>Clinical Skills I</td>
</tr>
<tr>
<td>MEDC 114.4</td>
<td>Clinical Integration I</td>
</tr>
<tr>
<td>MEDC 115.18</td>
<td>Principles of Biomedical Science</td>
</tr>
<tr>
<td>MEDC 122.3</td>
<td>Medicine and Society II</td>
</tr>
<tr>
<td>MEDC 123.8</td>
<td>Clinical Skills II</td>
</tr>
<tr>
<td>MEDC 124.4</td>
<td>Clinical Integration II</td>
</tr>
<tr>
<td>MEDC 126.18</td>
<td>Foundations of Clinical Medicine I</td>
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</tbody>
</table>
Year 2 (32 weeks)

Year 2 contains four core courses that continues the exploration into foundations of clinical medicine, while building upon the professional and clinical skills. Early patient contact, and pedagogical strategies, such as effective flipped classrooms and case-based learning, are integrated throughout the program. Clinical reasoning skills are embedded within each course, as well as being specifically developed within the clinical integration courses. As with the first year, this second year of the program offers two non-credit courses focused on assisting students obtain their optimum learning experience possible throughout the first year.

Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
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<tbody>
<tr>
<td>MEDC 211.0</td>
<td>Success in Medical School II</td>
</tr>
<tr>
<td>MEDC 212.3</td>
<td>Medicine and Society III</td>
</tr>
<tr>
<td>MEDC 213.8</td>
<td>Clinical Skills III</td>
</tr>
<tr>
<td>MEDC 214.4</td>
<td>Clinical Integration III</td>
</tr>
<tr>
<td>MEDC 216.18</td>
<td>Foundations of Clinical Medicine II</td>
</tr>
<tr>
<td>MEDC 222.3</td>
<td>Medicine and Society IV</td>
</tr>
<tr>
<td>MEDC 223.8</td>
<td>Clinical Skills IV</td>
</tr>
<tr>
<td>MEDC 224.4</td>
<td>Clinical Integration IV</td>
</tr>
<tr>
<td>MEDC 226.18</td>
<td>Foundations of Clinical Medicine III</td>
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</tbody>
</table>
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 and Selectives 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.

Courses

Year 3

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>MEDC 307.50</td>
<td>Core Rotations (7 rotations of 6 weeks each)</td>
</tr>
<tr>
<td></td>
<td>Family Medicine</td>
</tr>
<tr>
<td></td>
<td>Internal Medicine</td>
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<tr>
<td></td>
<td>Obstetrics &amp; Gynecology (3 weeks each)</td>
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<tr>
<td></td>
<td>Surgery</td>
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<td></td>
<td>Pediatrics</td>
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<tr>
<td></td>
<td>Psychiatry</td>
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<tr>
<td></td>
<td>Anesthesia (2 weeks) + Emergency Medicine (4 weeks)</td>
</tr>
<tr>
<td>MEDC 308.16</td>
<td>Selected Topics in Medicine</td>
</tr>
<tr>
<td>MEDC 311.0</td>
<td>Success in Medical School III (Clerkship)</td>
</tr>
</tbody>
</table>

Year 4

<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
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</thead>
<tbody>
<tr>
<td>MEDC 407.34</td>
<td>Elective Rotations</td>
</tr>
<tr>
<td>MEDC 408.8</td>
<td>Selective Clinical Rotations</td>
</tr>
<tr>
<td>MEDC 409.8</td>
<td>Preparation for Residency</td>
</tr>
</tbody>
</table>
Registration

Students in the College of Medicine are responsible for their own registration in each term or per-clerkship and clerkship studies. The University of Saskatchewan has four terms and students must be registered in each term (4 per academic cycle):

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

If you are not registered as a University of Saskatchewan student, you are not covered by the University of Saskatchewan liability insurance and not eligible to be licensed by College of Physicians and Surgeons. If you are not registered, you are not allowed to participate in ANY clinical setting.

Once you are admitted as a College of Medicine student, you 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, Assistant Dean Academic, and to seek support from the office of Student Affairs if they are considering this option.

Adding and dropping class’s (withdrawal) deadlines:


*Note: The College of Medicine 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 Undergraduate Medical Education Office prior to being allowed to register. There is a financial penalty for doing so.*
**Interruption of Studies**

On completion of a Year, students may request an interruption of their undergraduate medical studies to pursue medically-oriented interests. As examples, students might conduct basic or clinical research, obtain experience in an underdeveloped country, or complete a graduate program.

A student may also request an interruption of studies for non-academic reasons, such as ill health. In that situation, the Student Academic Management Committee 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 College of Medicine – 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 you with 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 College of Medicine, University of Saskatchewan (and payment of tuition and other applicable fees) includes professional services liability coverage.

1. 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.

2. 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.
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.
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).
Grading System

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

1. The College of Medicine operates on a pass/fail system. Grades submitted may include:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>P</td>
<td>Pass</td>
</tr>
<tr>
<td>PN</td>
<td>Pass No Credit</td>
</tr>
<tr>
<td>F</td>
<td>Fail</td>
</tr>
</tbody>
</table>

2. Within the majority of 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)

1. Students must adhere to the guidelines outlined in the Electronic Exam Information on the College of Medicine website.
2. Students are expected to arrive on time at the scheduled start time for the exam.
3. Students arriving late to the exam will NOT be provided extra time at the end of the exam.
4. 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.
5. Students are NOT permitted to leave the examination room until 30 minutes after the start of the exam.
6. At the end of the scheduled examination time, students must stop writing and submit all examination documents to the invigilator.
7. Students who need to leave the examination room for any reason; including washroom breaks, require the permission of the invigilator.
8. Only ONE student at a time will be permitted to go to the washroom and an invigilator will escort the student there and back.
9. 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.
10. 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).
11. 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.
12. 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)**

Although students will be writing your exams remotely using electronic exam software and remote exam proctoring software, our expectations are that you will approach these exams as though you were writing them in person.

1. Students must adhere to the guidelines outlined in the [Electronic Exam Information](#) on the College of Medicine website.
2. Students are expected to start their exam at scheduled start time for the exam.
3. 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.
4. At the end of the scheduled examination time, the exam software will automatically close the exam.
5. 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.
6. 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).
7. Communicating with any other individual (other than to speak to the screen for invigilation purposes) during exams is not permitted.
8. 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 (i.e. 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.

**Invigilator Expectations**

The main duties of Invigilators are assisting in setting up the room (if necessary) and watching over the students as the exam proceeds to prevent incidents of academic misconduct. In order to prevent incidents of misconduct Invigilators may do the following:

- Ask the student to change where they are seated
- Ensure that students do not have a cell phone, PDA’s or smart watches on their person
- Request that students turn their pockets inside out
- Ensure clerks sign in and out for NBME exams
- May ask to examine any book bags or handbags, purses, laptop cases, dictionaries (print or electronic), instruments, calculators, electronic devices capable of data storage and retrieval or photography (computers, tablets, cell phones, personal music devices, etc.), and any other personal belongings if there is a reasonable suspicion that they contain evidence of academic misconduct. With your permission, any such searches must be done in the presence of the student; the presence of another invigilator as a witness is recommended but not necessary
- May confiscate any notes or unauthorized materials
- May take photographs or video recordings of any evidence or the student
- Ask student to produce evidence that they believe is hidden
- Inform students that they will be filing an Exam Incident Form

**Remediation & Supplemental Assessment**

A student who fails an examination, module, or course requirement may be granted a supplemental assessment or remediation 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 or remediation 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
- Principles - will typically occur in Dec/Jan to be completed by the end of January
- Clinical Skills - will typically occur in term and/or in January to be completed by the end of January
- Other courses - will typically occur in Dec/Jan to be completed by the end of January

Year 2
- Foundations - for earlier modules, will typically occur in December to be completed by mid-December
- For the last module and final exam, will typically occur in Dec/Jan to be completed by end of January
- Clinical Skills - will typically occur in January to be completed by early February
- Other courses - will typically occur in Dec/Jan to be completed by the end of January

Winter Term Remediation/Supplemental Assessment Timelines

Year 1
- Foundations - for earlier modules, will typically occur in May to be completed by the end of May
- The last module and final exam, will typically occur in May/June to be completed by end of June
- Clinical Skills - will typically occur in May/June to be completed by the mid-June (may vary depending on type of remediation required)
- Other courses - will typically occur in May/June to be completed by end of June

Year 2
- Foundations - for earlier modules, will typically occur in May to be completed by the end of May
- The last module and final exam, will typically occur in May /June to be completed by end of June
- Clinical Skills - will typically occur in May/June to be completed by mid-June (may vary depending on type of remediation required)
- Other courses will typically occur in May/June to be 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 College of Medicine, 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 Student Academic Management Committee (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)].
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 Student Academic Management Committee (SAMC) and the College of Medicine Academic Appeals Committee.

The following is a brief summary of the College of Medicine MD Program Procedures for Academic Appeals. Students are encouraged to refer to the full procedure, and consult with the Office of Student Affairs, 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). 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 disagrees 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). 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 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 College of Medicine 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 the Student Academic Management Committee (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, in turn, the Program Manager forwards the Student Academic Management Committee decision directly to Student Enrolment Services Division unless otherwise directed by Faculty Council.

A student, who has an unfavourable 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 unfavourable decision.

A College-level appeal may be requested, by writing to the Dean within 30 days of the decision of the Student Academic Management Committee. The written submission must include reasons for appealing. In addition to a written submission, the student and the Chair of the Student Academic Management Committee 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 his 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 the Student Academic Management Committee.
- 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 Student Academic Management Committee 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 Student Academic Management Committee reconsider the new information.

The Student Academic Management Committee, 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 refer to https://students.usask.ca/money/scholarships.php

For information on timelines for applications, go to: https://medicine.usask.ca/students/undergraduate/ugme-awards.php
SECTION VII—GOVERNANCE

Student Academic Management Committee (SAMC)

Terms of Reference:
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 Student Academic Management Committee, 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 at https://medicine.usask.ca/contacts/faculty-council.php

Student Membership on Undergraduate Committees
The Student Medical Society 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.
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 (Canadian Resident Matching Service). More information regarding this process will be made available as students’ progress through their undergraduate training. Please refer to the Career Counselling Manual 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 (Canadian Resident Matching Service). More information regarding this process will be made available as students’ progress through their undergraduate training. Please refer to the Career Counselling Manual 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 College of Medicine 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. Student 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:

1. 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 RPSC shall be required. This usually requires at least five years post MD.

2. 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 College of Medicine Website. All courses and instructors who meet specific criteria will be evaluated. All evaluations will be sent via One45.

You 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, you may be asked to complete an evaluation for an instructor at whose session you were not present. If you do not recall being taught by an instructor, please opt out of the evaluation. Doing so will remove the evaluation from your To-Do List on One45.

Your 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. To ensure that your feedback is best utilized, please provide feedback in a constructive manner. For example, if you think a particular method was ineffective, please explain why you felt it was not effective and, if possible, provide suggestions for how it could be improved.

Concerns about an Instructor

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

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

At any of the above levels, the Office of Student Affairs can be approached to support you, mediate or advocate on your behalf.

When in the process of expressing concerns about a learning session or instructor, it is a good idea to keep your 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 you have an encounter with an instructor or an experience in a learning setting about which you feel uncomfortable, the Office of Student Affairs can help. Detail the incident in your own words in writing and work with the Office of Students Affairs regarding how to address the issue (which can include informal or formal processes). If you feel that you have been subject to mistreatment, discrimination or harassment, please see Procedures on Mistreatment, Harassment and Discrimination for more information and guidance.
Guidelines for Providing 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 to you, 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.

<table>
<thead>
<tr>
<th>Communication Forum</th>
<th>Examples of Appropriate Use</th>
<th>Usage Guidelines</th>
</tr>
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</table>
| Program Feedback Tool     | • Provide in-depth feedback on your experience with a course/module/session or instructor   | • CoM Webpage > Students > Curriculum, Schedule, Objectives > Submit Curricular Feedback¹  
  https://medicine.usask.ca/evaluation/curriculum-schedules-objectives.php#ProgramFeedbackTool  
  • Also link is in one45                                                                 |
|                           | • Both positive feedback and suggestions for improvement are welcome                         |                                                                                  |
|                           |                                                                                             |                                                                                  |
| One45 Evaluations         | • Give course specific or instructor specific feedback including constructive criticism     | • Will pop-up for you on one45 as “To-Dos”                                        |
|                           | • ANONYMOUS                                                                                  | • Recommendation: keep track of what you like and dislike about courses as you go!|
|                           |                                                                                             | • Comments containing personal attacks or offensive language will be edited or     |
|                           |                                                                                             | deleted so please be constructive.                                              |
|                           |                                                                                             | • 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.                                                    |

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. At times, answers are also contained in the “you asked, we listened” communications.

Process: Evaluation forms are sent to preceptors to be completed after sessions with the student. The preceptor will complete the evaluation and the student is notified on One45 when it is complete so they are able to see the feedback. Students are able to see how they did on each task as well as receive praise and advice on how to improve in all areas covered by the particular session.

Course Evaluations: This information goes to course/module directors, course and year chairs, assistant and associate deans and others involved in curriculum delivery. It is reviewed by Year and Course committees and at the CQRSC course reviews.

Instructor Evaluations: This information goes to the instructor in question as well as the person most responsible for teaching in that course at the appropriate site.
### ExamSoft (Exam) Comments

- 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.
  - Ex. “Within this question there seems to be two possible correct answers. A and D are both correct because…”
  - Ex. “This question doesn’t seem to align with a module or course level objective.”

- To provide comments/feedback regarding a specific question in an exam.
  - Will be available with every question in Examsoft.
  - Type comments/feedback within the associated box.
  - Feedback is made anonymous to Module/course director
  - 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.

### 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 Send suggestions for questions/topics to your class reps.

### Lunches with Dr. McKague/Sherry Pederson

- 2-3 times per term the Associate Dean meets 10-12 students across all years and lunch is provided*
- Occurs in both Regina and Saskatoon
- *the format may change if required due to public health considerations

### Process:
Students sign up via google docs
- 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
- Feedback shared with appropriate year chair or other program leadership

### Town Halls

- Each Class Cohort meets with Educational Leadership (Dean, Vice Dean, Associate Dean, etc)
- Educational Leadership can provide updates and information to students, and students can ask questions of leadership
- Virtual format

### Process:
Students provided with date of Town Hall
- Students offered opportunity to provide questions prior to townhall through class reps for leadership to address
- Student may ask questions of leadership at the Town Hall
Class Reps
- Talk to your class reps about anything you are uncertain about.
- May be used for course-based feedback or personal concerns.
- If you wish to remain anonymous (to the UGME or SMSS).
- If you would like student representation regarding any issue.
- Comment on class feedback documents.
- Reach out to the class reps in person, or through established contact avenues.
*Remember:* not every issue can be dealt with directly through the UGME; class reps will do their best to make sure your concerns are heard.

**Process:** 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.

Personal Communication
- 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.
- Be respectful and constructive.
- Offer specific suggestions.

**Process:**

SCRC Meetings
- Provide larger picture curricular feedback to SCRC members.
- Contact a current SCRC member you’re your curricular concern or feedback to find the best committee to voice that concern. They can be reached in person or via email at scrcchair@gmail.com.
- Alternatively, you can share that feedback with your class reps who can pass it on to the SCRC.

**Process:** 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.

Link to Program Feedback Tool:
[https://medicine.usask.ca/students/undergraduate/curriculum-schedules-objectives.php#Submitcurriculumfeedback](https://medicine.usask.ca/students/undergraduate/curriculum-schedules-objectives.php#Submitcurriculumfeedback)
Non-Urgent Feedback

The College of Medicine 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 you feel will improve a course, please provide feedback as requested through the course evaluations, which you will receive via One45. You also have the option of contacting your 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, you may identify issues in your 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, you have a few options:

Via Email

1. Discuss the issue first with those most directly involved. e.g. If your Clinical Skills/Professional Skills preceptor does not appear to be aware of your level of training or the course objectives, try to tactfully and respectfully discuss with them. If that is not successful in addressing your 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 your report, please include the following information:

- Course/Module/Group Name, relevant dates. Please note if you are representing a group (e.g. as Class Rep or a Professional Skills Group) or if this is your individual feedback.
- Brief description of the concern (e.g. a lecturer was absent without notice, or a lecturer missed a clinical skills session).
- What you have already done to address the concern (e.g. contacted Preceptor’s office; spoken with the presenter).
- What you/your classmates need 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 you 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 you do not feel comfortable directly contacting your 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. You will receive communication back to let you know that the feedback has been received and is being addressed.

**Positive Feedback**
Receiving positive feedback is also important – it helps your Module/Course Directors/Instructors know what is working well for you and provides a model of “best practices” to try to expand across your 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.
Student Services Mission

- The provision of an encouraging, compassionate and confidential environment for students in the College of Medicine.
- To inspire students to achieve their maximum potential in academic and personal growth as a fundamental component of their college training.
- To assist in a consultant role with the Student Medical Society of Saskatchewan on student initiatives and projects.

Details of Student Services are available on the UGME website.

Career Advising and Mentoring

Career Advising and Mentoring resides under the umbrella of Student Services. 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 Mentoring (CA&M) provides career-planning supports, resources, and programming designed to help you choose elective courses, evaluate your options, and apply to residency programs. To accomplish this goal, the CA&M aims to keep student-mentor, student-resident, and student-physician interactions at the forefront of each year spent in the University of Saskatchewan’s College of Medicine. We will guide you through the stages of career planning, including self-understanding, exploring a variety of medical careers, selecting a Family Medicine residency or one of the Royal College Specialty programs, to meet your career objectives, and finally preparing for the CaRMS Match process.

Contact

Career Advisor: Sheldon Moellenbeck Stephanie Marshall (on maternity leave)
Location: Room 5B34, Health Sciences Building 107 Wiggins Road, S7N 5E5
Phone: (306) 966-6473
Fax: (306) 966-6164
Email: sheldon.moellenbeck@usask.ca
Med.mentorship@usask.ca

Hours: Monday-Friday – 0830 – 1630
Office of Student Affairs (OSA)
The Office of Student Affairs (OSA) is a safe and welcoming place for Students to explore ideas and work toward solutions in an open-minded, proactive environment. OSA offers confidential support and advocacy “at arm’s length” from the academic offices. We provide students with an independent and informal forum in which to clarify concerns, identify goals and options in managing or resolving issues. If assistance is needed beyond individual support/coaching, the OSA will gather further information on behalf of the student and/or will refer to appropriate University of Saskatchewan resources, College of Medicine faculty/staff and/or community resources. It is our goal to enhance the ability of all students to deal effectively with challenges. We are committed to helping students thrive and maintain lifelong wellness practices. Our programs/support services include:

- Academic advising
- Academic supports
- Facilitating access to information, services, space and activities
- Providing advocacy and support
- Mediating minor disputes to help find a satisfactory solution
- Creating awareness within the college on topical issues and
- Providing consultation, support and referral for:
  - Health & Wellness Care Pathways
  - Mistreatment, Discrimination and Harassment
  - Accessibility and Accommodation
  - Community resources in Saskatoon, Regina, Prince Albert, and other sites

Services at sites other than the University of Saskatchewan
While students who study on the University of Saskatchewan campus, Regina, and Prince Albert training sites may make full use of all supports available at and from the OSA offices; however, students at other sites/location can contact the OSA office in Saskatoon for support/services. In situations where we are unable to provide support because of location, the OSA will collaborate with other service providers, to link students to resources at their location.
Contact Information of OSA Personnel

Saskatoon Office
OSA Officer: Bev Digout
Room: 5B23, Health Sciences Building, 107 Wiggins Road, S7N 5E5
Email: bev.digout@usask.ca
Phone: (306) 966-8224
Fax: (306) 966-6164
Hours: M-F 0830-1630
OSA Officer: Edith Conacher
Room: 5B28 HSB107 Wiggins Road, S7N 5E5
Email: edith.conacher@usask.ca
Phone: (306) 966-4751
Fax: (306) 966-6164
Hours: M-F 0830-1630

Regina Office
OSA Officer: Lisa Presaud
Email: lisa.persaud@saskhealthauthority.ca
Phone: (306) 209 0142
Hours: M-F 0830-1630
OSA Director: Dr. Nicole Fahlman
Email: nicole.fahlman@usask.ca
Phone: (306) 209 0142
Hours: M-F 0830-1630
OSA Director: Dr. Tiann O’Carroll
Email: tiann.ocarroll@usask.ca
Phone: (306) 529-0777
Hours: M-F 0830-1630

Prince Albert Office
OSA Director: Dr. Romy Moodiar
Email: romym@hotmail.com
Phone: (306) 960-8609
Hours: M-F 0830-1630

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 Problems

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

**UofS Student Wellness Center**

1. **Student Counselling Services** - available if you do not wish to speak with someone from within the College. This office provides many services including personal counseling and group psychotherapy. (306) 966-4920

2. **Student Health Centre** – provides care to all students at the U of S. To book an appointment call (306) 966-5768. There is a variety of health professionals available including a psychiatrist and social workers.

**Saskatchewan Medical Association (SMA)**

The Physician Support Programs of the SMA is available to all undergraduate students, the Physicians Health Program (PHP) strives to intervene and help before a situation becomes too overwhelming. Members of this committee are knowledgeable in the fields of mental health, addiction and impairment. (Brenda Senger – (306) 244-2196 or Brenda@sma.sk.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. Legal advice is also available from the Legal Aid Commission (306) 933-7820.
Harassment & Discrimination

Further information regarding Discrimination and Harassment may be found on the UofS 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 (including: gender expression, gender identity and two spirit identity), sexual orientation, disability, age, color, ancestry, nationality, place of origin, race or perceived race and receipt of public assistance.

**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 (including: gender expression, gender identity 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.

**If you feel that you experiencing discrimination or being harassed:**

- **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 email 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, Discrimination, and Harassment Flow Chart
- Reporting Structure

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.
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<tr>
<th></th>
<th>Not Mistreatment</th>
<th>Mistreatment</th>
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<tbody>
<tr>
<td>M</td>
<td>Malicious Intent</td>
<td>Resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.</td>
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<td></td>
<td>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.</td>
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<tr>
<td>I</td>
<td>Intimidation on Purpose</td>
<td>Resident tells a student that they intend to make them cry before the rotation is over.</td>
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<td>Student working with the chairperson of surgery says he feels nervous about operating with him since the chairperson can &quot;make or break&quot; his career.</td>
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<tr>
<td>S</td>
<td>Sexual harassment</td>
<td>Student subjected to offensive sexist remarks or names.</td>
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<td></td>
<td>Male student asked not to go into a room because a female patient only wants a female to examine her.</td>
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<td>T</td>
<td>Threatening verbal or physical behavior</td>
<td>An attending grabs the student's finger with a clamp OR tells them they are an &quot;idiot&quot; after they could not answer a question.</td>
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<td>A student is yelled at to &quot;get out of the way&quot; by a nurse as a patient is about to be shocked during resuscitation.</td>
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<tr>
<td>R</td>
<td>Racism or excessive discrimination</td>
<td>Student subjected to racist or ethically offensive remarks or names.</td>
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<td></td>
<td>Attending gives student feedback on how to improve performance.</td>
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<tr>
<td>E</td>
<td>Excessive or unrealistic expectations</td>
<td>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.</td>
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<td></td>
<td>Student is asked by an attending to review an article and present it on rounds to the team.</td>
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<tr>
<td>A</td>
<td>Abusive favors</td>
<td>A student is asked to pick up an attending’s dry cleaning.</td>
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<td></td>
<td>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.</td>
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<td>T</td>
<td>Trading for grades</td>
<td>A student is told that if they help a resident move that they will get honors.</td>
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<tr>
<td></td>
<td>A resident tells a student that they can review and present a topic to the team as a way to enhance their grade.</td>
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If you feel you have been mistreated, please report it immediately. The College of Medicine takes any mistreatment concerns very seriously and will respond promptly with appropriate action to any concerns brought forward. Students may want to just talk about their experience confidentially or they may want to explore options, or move forward with a full enquiry into the matter. Please contact the Coordinator or one of the Directors of Student and Resident Affairs or the Associate Dean, Medical Education. Both formal and informal support/help can be provided. Unreported incidents deny you the help you need, hurt future victims of the same practice, and allow the offending person to continue their behavior.