Undergraduate Medical Education Regulations and Student Guide

Academic Year 2016-2017

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Version 1

Preamble

The purpose of this document is to provide students at the Faculty of Medicine with the necessary information regarding regulations, policies and procedures used throughout the four years of the MD Program. If procedures differ between pre-clerkship and clerkship, they will be clearly identified herein.

Current University regulations prevail at all times.

The following are the regulations and procedures specific to the Faculty of Medicine. Lack of adherence to these policies may lead to academic sanctions.

These regulations and procedures may be subject to change at any time during the study period. It is the student’s responsibility to review this document periodically to ensure that they are following the most current process. The most current version of this document will prevail.

Procedures / How To

You will find shaded text boxes throughout this document that identify the procedure associated to the faculty regulations. If you should have any questions, you may contact your respective liaison officer or the academic advisor for clarification.

All forms referenced herein can be found in the StudentZone
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# List of acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>APUO</td>
<td>Association of professors of the University of Ottawa</td>
</tr>
<tr>
<td>CaRMS</td>
<td>Canadian Resident Matching Service</td>
</tr>
<tr>
<td>CBL</td>
<td>Case-based learning</td>
</tr>
<tr>
<td>CDMQ</td>
<td>Clinical decision making question</td>
</tr>
<tr>
<td>CMA</td>
<td>Canadian Medical Association</td>
</tr>
<tr>
<td>CPSO</td>
<td>College of Physicians and Surgeons of Ontario</td>
</tr>
<tr>
<td>CSSP</td>
<td>Clinical Skills Support Program</td>
</tr>
<tr>
<td>CUPE</td>
<td>Canadian Union of Public Employees</td>
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<tr>
<td>MCQ</td>
<td>Multiple choice question</td>
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<tr>
<td>MSPR</td>
<td>Medical Student Performance Record</td>
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<tr>
<td>OSCE</td>
<td>Objectively Structured Clinical Examination</td>
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<tr>
<td>PGME</td>
<td>Postgraduate Medical Education</td>
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<tr>
<td>PHIPA</td>
<td>Personal Health Information Protection Act</td>
</tr>
<tr>
<td>PSD</td>
<td>Physician Skills Development</td>
</tr>
<tr>
<td>SIM</td>
<td>Society, the Individual and Medicine</td>
</tr>
<tr>
<td>SPEC</td>
<td>Student Promotion Executive Committee</td>
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<tr>
<td>SSUO</td>
<td>Support Staff University of Ottawa</td>
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<tr>
<td>TOH</td>
<td>The Ottawa Hospital</td>
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<tr>
<td>UGME</td>
<td>Undergraduate Medical Education</td>
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Faculty regulations

1. Professionalism Policy

PURPOSE

The purposes of this Policy are to:

a) define and promote appropriate professional values, attributes and behaviours which together set the Faculty’s standards of professionalism;

b) serve as a statement for all Learners and Faculty Members of their professional and ethical obligations which extend to their relations among each other, with patients, with affiliated hospitals or instructional sites, in respect of their University and professional responsibilities for education, research, clinical care and administration; and

c) set out the mechanisms available to identify, address and correct recurring professionalism concerns.

SECTION 1.1: APPLICATION

1.1.1 This Policy applies to Learners, to Faculty Members, staff of the Faculty and their interactions whether these occur at the University or in the clinical or research or other instructional setting, in person, in writing or by electronic means (for example, email, social media, internet).

1.1.2 For the purposes of this Policy,

a) “Faculty Member” means all unionized and non-unionized academic staff of the Faculty of Medicine and visiting professors, clinicians with academic appointments and including academic staff whose salary or stipend may be paid, in whole or in part, by another organization.

b) “Faculty Staff” or “Staff Member” means administrative or support staff employed by the Faculty that are not Faculty Members.

c) “Learner” means an individual registered at the University, whether on a full-time or part-time basis or as a special student and whether at the undergraduate, graduate or postdoctoral level, including medical students, residents, and fellows and individuals attending the Faculty on a temporary basis as part of an elective or other program.

d) “Learning environment” encompasses the classroom, the lab or other research settings, the affiliated clinical care setting at affiliated hospitals or other medical care instructional sites and includes both formal learning activities and informal interactions with Learners.
e) “Professionalism concern” a situation whereby a Learner, Faculty Member or Faculty Staff are engaging in behaviour that does not meet the Faculty’s core values or the Faculty’s professionalism standard as described in sections 3.3 and 3.4 of this Policy. Some examples of a professionalism concern are provided in section 4.1 of this Policy.

f) The glossary of terms contained in the University of Ottawa Policy 67a, Prevention of Harassment and Discrimination, applies to this Policy and will be used when considering whether a professionalism concern consists of “harassment”, “discrimination”, “sexual harassment”, “poisoned environment”, “systemic discrimination”, “workplace harassment”.

1.1.3 This Policy is not meant to,

a) replace legal or ethical standards defined by medical licensing or regulatory organizations or bodies, for example, the College of Physicians and Surgeons of Ontario, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada; or

b) derogate from responsibilities, requirements or procedures under:
   (i) applicable health care legislation and regulation;
   (ii) the University’s academic regulations, other applicable University policies or procedures. For example, University Policy 67a and its accompanying procedures regarding the Prevention of Discrimination and Harassment, policies and procedures adopted to address Responsible Conduct of Research as per the Tri-Council requirements;
   (iii) collective agreements. For further clarity:
      a. For members of the Association of Professors of the University of Ottawa (APUO), a professionalism concern will be considered under Article 10 in the APUO collective agreement entitled "Professional Ethics" and the procedures set out in Article 39.2 “Discipline for Violation of Article 10” shall be used to investigate and address a professionalism concern, unless otherwise agreed to between the APUO and the University or required by a research sponsors’ policies and/or requirements.
      b. For members of the Canadian Union of Public Employees Local 2626 (“CUPE”), a professionalism concern will be deemed to fall within the meaning of “very serious actions” as contained in Article 15.6.2 and 15.10 of the CUPE collective agreement and the procedures set out in Articles 15.4 and 15.6 of the CUPE collective agreement shall be used to investigate and address an allegation of a professionalism concern, unless otherwise agreed to between CUPE and the University or required by a research sponsors’ policies and/or requirements.
      c. For members of the Support Staff University of Ottawa (SSUO), a professionalism concern will be considered in accordance with the provisions as set out in the SSUO collective, unless otherwise agreed
to between the SSUO and the University.

d. For other Faculty Staff, a professionalism concern will be dealt with in accordance with this Policy unless otherwise agreed to between the union representing staff of the Faculty.

SECTION 1.2: FACULTY OF MEDICINE COMMITMENT

2.1 The Faculty reaffirms its continuing commitment to providing, promoting and maintaining a professional and respectful work and Learning environment. The Faculty is committed to monitoring the Learning environment by communicating regularly with the hospitals and other instructional sites to identify positive and negative influences on the maintenance of professional standards and to develop appropriate strategies to enhance the Learning environment.

1.2.2 The Faculty has long since recognized the importance of professionalism in medicine and that it is both taught and modelled. Therefore the Faculty reaffirms its commitment to recognize and promote positive role models in professionalism as well as to instilling,

a) in Learners, as an academic requirement of their academic training, the values and attributes of professionalism and to facilitating the development of their professional identity in preparing them for their future role as professors, researchers, or physicians;  
b) in Faculty Members, as a condition of obtaining, maintaining an academic appointment and promotion through academic ranks, the importance of teaching and demonstrating to Learners the values and attributes of professionalism that the public and the profession expect of a professor or a physician; and  
c) in Faculty Staff, the importance of demonstrating to Learners and to Faculty Members, a professionalism in carrying out their employment duties.

1.2.3 The Faculty recognizes that unprofessional behaviour is disruptive and can affect or interfere with the quality of medical education and research and patient care as well as the proper functioning of the Learning environment.

a) The Faculty continues its commitment to provide regular training for Learners, Faculty Members and Faculty Staff on professionalism, how to address a professionalism concern and mechanisms and resources available to correct recurring professionalism concerns.  
b) The Faculty will maintain a database to collect information on professionalism concerns when they are reported at a Level 2 or 3 type intervention as described later in this Policy.  
(i) The database will collect the following information: name; status; status of professionalism concern; academic year of occurrence; nature of professionalism concern; outcome. Examples of nature of concerns are: harassment (non-sexual); harassment (sexual), discrimination, breach of confidentiality, disruptive behaviour, disrespect (to patients, cadaver).
Examples of outcomes are: resolved and no further escalation, informal (level 2), formal (level 3), legal proceeding, or satisfactory resolution (as per person who brought the professionalism concern);

(ii) The information in the database will be used for the purposes of tracking the number of professionalism concerns, the nature of the professionalism concern, the outcome so that the Faculty may identify positive and negative influences and develop appropriate strategies for proper functioning of the Learning environment and work environment. The personal information contained in the database is confidential and treated in accordance with Ontario Freedom of Information and Protection of Privacy Act. The information may also be used by a restricted number of individuals to provide “guided” intervention by authority (see Section 19). Information related to a professionalism concern will be limited to only those within the Faculty with a need to know to be able to carry out their duties, and, as per Section 7, to those within the hospital, research institute, or clinic setting, delegated by the Chief of Staff, CEO of research institutes, or clinic medical director, involved in addressing the professionalism concern. A clearly identified support staff in a portfolio identified above may have access to the information as a need to know to be able to carry out the mandate of the portfolio;

(iii) An entry into the confidential database based on a Level 2 or 3 complaint against a Faculty Member, Learner, or Faculty Staff (herein known as “respondent”) will also result in a notification by email to the respondent;

(iv) A respondent, as per the Ontario Freedom of Information and Protection of Privacy Act, is permitted to review the entries in the database regarding the respondent, with the exception of any confidential information on the complainant as may have been requested by the complainant.

SECTION 1.3: CORE VALUES AND PROFESSIONALISM STANDARD

1.3.1 The Faculty expects all Faculty Members and Faculty Staff to demonstrate throughout their academic appointments or employment, the values, attributes, and behaviours that are essential for physicians, researchers, professors, or members of the Faculty.

1.3.2 The Faculty expects all Learners to demonstrate throughout their academic programs or residencies, the values, attributes and behaviours that are essential for future physicians, researchers or professors.

1.3.3 The Faculty’s professionalism standard is set by the fundamental core values set out in section 3.4 of this Policy and by the various attributes and behaviours described in section 3.5.
1.3.4 All Faculty Members, Faculty Staff and Learners are expected to adhere to, demonstrate and promote the Faculty’s core values which consist of:

a) Respect
b) Collaboration
c) Excellence
d) Compassion and empathy
e) Integrity and honesty
f) Altruism
g) Wellness
h) Equity
i) Confidentiality
j) Responsibility and Accountability
k) Dedication and Self-improvement

1.3.5 Below are attributes and behaviours to further define and explain the Faculty’s core values that Faculty Members, Faculty Staff and Learners are expected to adhere to. These attributes and behaviours listed with each core value are not meant to be exhaustive and some may overlap with another core value.

**Respect:**

- Show consideration for others and their rights and choices;
- Avoid behaviour that is deliberately harmful, degrading, insulting, or unjustly discredits the reputation of others;
- Recognize human diversity, sexual orientation, different viewpoints, beliefs, religion, gender, lifestyle, ethnic origin, and physical ability;
- Show respect for other people’s privacy, physical space and belongings;
- Retain professional boundaries;
- Allow the expression of disagreement without fear of punishment, reprisals or retribution;
- Work effectively and respectfully with others in a collegial, safe and supportive atmosphere free from discrimination and harassment and conducive to learning and dispute resolution rather than confrontation;
- Be present and punctual for activities of the learning experience and patient care;
- Adhere to faculty regulations, policies/procedures, respecting deadlines and requests for information as it pertains to the efficient administration of student files;
- Assume responsibility to notify others, in advance whenever possible, when unavoidable absence or tardiness occurs;
- Treat patients and their families with respect and dignity both in their presence and in discussions with others members of the allied health care team;
- Place the rights, needs and interests of the patient foremost, while respecting the professional obligations to society to participate in matters related to health care planning and resource allocation;
• Respect patient autonomy at all times by discussing treatment options with the patient or surrogate.

**Collaboration:**
• View oneself as a member of a team;
• Contribute to a common goal;
• Offer one’s expertise;
• Share in the responsibility for outcomes;
• Acknowledge contribution of other members of the group;
• Identify common interests, define common problems and seek solutions;
• Be reasonable and fair in expectations of others and attempting to resolve conflicts in an appropriate manner;
• Provide fair, respectful, objective, timely, frequent and constructive evaluations of others;
• Demonstrate willingness and ability to identify and discuss both one’s own problematic behaviours and those involving colleagues.

**Excellence:**
• Conscientiously trying to exceed ordinary expectations;
• Display commitment to continuously improve one’s knowledge and skills through life-long learning (for example, participate in continuing medical education activities as approved by the department);
• Recognize and accept limitations in one’s knowledge and skills;
• Be aware of one’s responsibilities;
• Demonstrate initiative and a commitment to ensure the job gets done well;
• Handle challenges, conflicts, and ambiguities inherent in professional health care at appropriate training levels.

**Compassion and Empathy:**
• Demonstrate deep awareness of the suffering of another and the desire to relieve it;
• Recognize or understand another’s state of mind or emotion;
• Experience the outlook or emotions of another being by “putting one’s self in another’s shoes”.

**Integrity and Honesty:**
• Demonstrate consistent regard for the highest standards of behavior and the refusal to violate one’s professional codes;
• Be fair, be truthful, keep one’s word, meet commitments, and be straightforward;
• Avoid misrepresentation or falsification;
• Avoid real, potential or perceived conflicts of interest and disclose conflicts of interest as they arise, whether such conflict of interest is financial or any other circumstance that might influence an individual’s judgment or commitment;
• Conduct research responsibility;
• Credit ideas developed and work done by others;
• Record accurately history and physical findings, test results, and other information pertinent to the care of the patient;
• Communicate with honesty and compassion;
• Recognize one’s own limitations in terms of level of training, experience, skills, competence.

Altruism:
• Display compassion and selflessness in dealings with others;
• Put the interests of others above one’s own;
• Promote the common good of teams and work groups above self;
• Demonstrate a willingness to give up some personal needs to meet the needs of patients and appropriately displace clinical responsibility when personal needs demand it.

Wellness:
• Adopt a multidimensional state of being, describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.

Equity:
• Recognize fair opportunity to attain full potential in health, as well as in work and career;
• Reject discrimination based on age, physical characteristics, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race sexual orientation, or social standing;
• Advocate for those who cannot advocate for themselves.

Confidentiality:
• Protect the confidentiality of personal information of others and of personal health information of patients;
• Limit discussions of patient health issues to appropriate settings for clinical or educational purposes and avoid disclosure of patient details in conversation, other settings and in social media or on the Internet;
• Respect the patient and their family and to observe the need for consent and confidentiality in all dealings with patients and their family;
• Respect the confidentiality of information related to research participants.

Responsibility and Accountability
• Ensure that patient well-being is one’s main focus and primary obligation;
• Develop an awareness and respect for the ethical and medico-legal standards in accordance with the guidelines of the relevant professional bodies;
• Demonstrate an ability to work independently while accepting direction from those charged with supervision;
• Acknowledge and recognize one’s strengths and limitations and will seek assistance as necessary;
- Demonstrate accessibility, attendance, punctuality and trustworthiness;
- Use with discernment alcohol and mood-altering medications in a way that will not interfere with my educational or professional responsibilities;
- Abstain from use of, or handling of illegal drugs;
- Assist other colleagues in need of help in meeting their professional and ethical obligations;
- Present and conduct oneself in a dignified, respectful and professional manner while functioning in an official capacity;
- Promote the dignity of the medical profession in all settings.

Dedication and Self-improvement:
- Strive continuously to develop knowledge, skills and competence;
- Promote and uphold the educational standards of the Faculty of Medicine;
- Assess one’s own educational progress and determine one’s own learning needs;
- Pursue self-education through the use of appropriate resources and prepare myself for all learning sessions;
- Seek further instruction in areas of both strength and weakness;
- Demonstrate a willingness to teach and share in the learning process with my peers, staff and faculty and as such promote the student-teacher relationship and not abuse this trust for personal gain;
- Seek help from colleagues and appropriately qualified professionals for personal problems that adversely affect my education, or service to patients, society or the profession.

SECTION 1.4: EXAMPLES OF A PROFESSIONALISM CONCERN

1.4.1 Below is a list of behaviours that the Faculty considers to illustrate a professionalism concern. This is not meant to be an exhaustive list of examples of situations or behaviours that do not meet the Faculty’s core values or the Faculty’s professionalism standard and may create a negative Learning environment or work environment.

a) Harassment or discrimination. See the glossary of terms contained in University Policy 67a, Prevention of Harassment and Discrimination, for definitions. The University’s Office for the Prevention of Discrimination and Harassment may be consulted as a resource for determining whether the professionalism concern consists of or is a form of harassment and/or discrimination. Some examples include:
   - Making derogatory comments related to an individual’s protected grounds; telling or posting of discriminatory jokes, slurs, posters, cartoons, etc.; drawing attention an individual’s protected grounds to undermine his / her role in a professional or business environment; innuendo, taunting, or ostracizing a learner or Faculty member on the protected grounds.
   - Sexual harassment such as unwanted comments or behaviours related to one’s sexual orientation; or display of degrading or stereotypical images of a sexual nature.
Inappropriate forms of communications – whether on social media/ internet, in person or other means - include the use of unacceptable words, images, or actions such as profane or disrespectful language; inappropriate labels or name-calling; patronizing and insulting remarks; shaming others publicly; yelling or screaming; using intimidation tactics to gain compliance from others; verbal insidious intimidation with gossiping, spreading rumours, constant criticism; intimidating gestures by slamming doors or throwing things; or non-verbal gestures such as rolling eyes, exaggerated sighing, making faces, turning away.

b) Confidentiality breach, of a patient’s health information or other breach of personal information.

c) Retaliation, including making threats or taking action against someone who reports disruptive behaviour or acts as witness regarding disruptive behaviour; making threats or taking action against those who express a difference of opinion, including involvement in appropriate advocacy or performance management activities.

d) Uncooperative behaviours, including: intentional, subtle, and/or uncooperative behaviour, showing disrespect for others, showing up late for meetings, rounds.

e) Other unethical practices, including: attempts to exploit others such as patients, their family members, or staff for personal gains; taking credit for someone else’s ideas; or inappropriately accessing or using a co-worker’s personal information. For example, placing a patient or family in the middle of a conflict between healthcare workers or using care issues to meet one’s own agenda would be considered unethical practices.

f) Academic Fraud.

1.4.2 A professionalism concern would not be raised in the following situations, for example to:

- provide constructive, objective, respectful feedback to Learners or Faculty Members or Faculty Staff in general or in the context of performance management;
- provide an opinion, to express a concern on patient safety or quality of care;
- advocate for individuals, communities, populations, or even to challenge the status quo when such advocacy is undertaken with respect, within the parameters of this policy, within principles of fairness, and without directing at a disproportionate share of personal gains.

SECTION 1.5: PROFESSIONALISM AS AN ACADEMIC REQUIREMENT FOR LEARNERS

1.5.1 As an academic requirement of their academic program, the Faculty requires Learners to demonstrate the Faculty’s core values and to uphold the Faculty’s professionalism standard throughout their academic program – whether it be the undergraduate medical education program, the postgraduate medical education program, a graduate program or postdoctoral fellowship program.

1.5.2 A Learner risks obtaining a failure of a unit, course, rotation, elective or of their program, despite adequate demonstration of knowledge and clinical skills, if the Learner fails to adhere to the Faculty’s core values and the Faculty’s professionalism standard by failing to demonstrate professional behaviour within the Learning environment, coursework and
clinical work, as well as outside of the classroom and clinical setting when the Learner is clearly identifiable as a Faculty Learner.

1.5.3 Consequences resulting from a professionalism concern will depend on circumstances, on the seriousness of the behaviour, on any mitigating factors and on applicable University policy or academic regulation. The following list provides examples of consequences/remedial measures and is not meant to be exhaustive nor necessarily represents a progression of sanctions or measures:

   a) A letter of apology;
   b) Attendance at educational sessions on professionalism;
   c) Attendance at coaching sessions to improve communication or conflict resolution skills;
   d) Prohibited or restricted access to the Learning environment;
   e) Academic consequences such remediation, probation, recording on the performance record, failure of a unit, course, rotation, elective or program, dismissal/expulsion from the Faculty;
   f) Prohibited or restricted privileges in supervising graduate students.

SECTION 1.6: PROFESSIONALISM AS A CONDITION FOR ACADEMIC APPOINTMENTS

1.6.1 As a condition to obtain and maintain an academic appointment and for promotion, the Faculty requires Faculty Members to demonstrate the Faculty’s core values and to uphold the Faculty’s professionalism standard at all times throughout the duration of their academic appointment. A Faculty Member risks losing his/her academic appointment, losing privileges (e.g. full graduate student supervisory privileges), or being denied promotion if the Faculty Member fails to adhere to the Faculty’s core values and the Faculty’s professionalism standard or has lost his/her medical privileges at the hospital or has otherwise no longer permitted to practice medicine within the clinical setting or no longer permitted to conduct research by reason of a professionalism concern.

1.6.2 Consequences resulting from a professionalism concern of a Faculty Member will depend on circumstances, on the seriousness of the behaviour, on any mitigating factors. The following list provides examples of consequences/remedial measures and is not meant to be exhaustive nor necessarily represents a progression of sanctions or measures:

   a) A letter of apology;
   b) Attendance at educational sessions on professionalism;
   c) Attendance at coaching sessions to improve communication or conflict resolution skills;
   d) Prohibited or restricted access to the Learning environment;
   e) Other consequences such remediation, probation, recording on the performance record, failure to attain promotion, termination of the academic appointment.
SECTION 1.7: PROCEDURES TO ADDRESS PROFESSIONALISM CONCERN

1.7.1 General Principles on Approach

1.7.1.1 The Faculty adopts what is known as the “Vanderbilt Model”\(^{[1]}\) (see Appendix B) which is premised on the notion that the vast majority of Learners and Faculty Members will have no issues with professionalism, but in those instances where a professionalism concern arises and where the circumstances permit, the Faculty will use a staged approach with the objective of correcting the behaviour and preventing reoccurrence. The stages or levels as referred to in the Vanderbilt Model are described as follows:

a) **Level 1**: Interventions are warranted for first time and a single incident of low severity. The perceived unprofessional or disruptive behaviour is brought to the attention of the individual concerned, it is explained why the observed behaviour is considered unprofessional or disruptive and the format of a response and methods of redress to stop of the behaviour.

b) **Level 2**: Interventions are warranted for behaviour that is of moderate severity or where stage one intervention has been ineffective, i.e. repetitive or when a pattern of behaviour has emerged. The methods of redress established at Level 1 are formalized, there may be more monitoring, a timeframe within which change or progress must be demonstrable and notification to the individual that another incident could result in more severe consequences.

c) **Level 3**: Interventions are required for behaviour that has continued despite previous interventions or where there is concern about the quality of care and of Clinical Services. At this level, discipline or sanctions are considered where appropriate.

Crisis intervention is required where there is the sudden appearance of behaviour that is too egregious for a staged approach or where previous responses have failed to correct or stop the unprofessional behaviour. This may be escalated to responses reserved for Level 3 if deemed appropriate by the authority responsible for the respondent or by the professionalism committee in the respective pillars: Undergraduate Medical Education, Postgraduate Medical Education, Graduate and Postdoctoral Studies, Support Staff, or the Professionalism Investigation Committee for Faculty Members.

Interim measures may be made at any level during the handling of a professionalism concern and where appropriate in the circumstances so that the professionalism concern ceases or the reoccurrence of it is reduced or in order to stabilize the situation pending the outcome of the disposition by the governing authorities.

As noted in 1.3(b), the Model does not derogate the responsibility to report to the CPSO when incidents as stipulated under the Regulated Health Professions Act, 1991 are reported. As noted in 1.3(b), the Model does not derogate the requirements or procedures under any collective agreements. For members of the Association of Professors of the University of Ottawa (APUO), a professionalism concern will be considered under Article 10 in the APUO collective agreement.
entitled "Professional Ethics" and the procedures set out in Article 39.2 "Discipline for Violation of Article 10" shall be used to investigate and address a professionalism concern, unless otherwise agreed to between the APUO and the University or required by a research sponsors’ policies and/or requirements. For Learners, the Model does not derogate the stipulations set out under the University of Ottawa Academic Regulations and Policy on Academic Fraud. For Faculty Support Staff, the rules of the appropriate collective agreement will apply if the employee is a union member, including having a representative of their union present in discussions of disciplinary measures.

1.7.1.2 At each level of intervention, the following steps to each intervention are recommended (2):

- Confirm the lapse;
- Understand the context;
- Communicate and discuss in a mutually respectful manner;
- Encourage self-reflection;
- Agree on a plan for remediation;
- Document the interventions;
- Construct a plan for follow-up;
- Respect the confidentiality of personal information of those involved. Sharing of personal information related to a professionalism concern should be limited to only those within the Faculty with a need to know to be able to carry out their duties, and to those within the hospital or clinic setting, delegated by the Chief of Staff or clinic medical director, involved in addressing the professionalism concern or in compelling circumstances affecting the health or safety of patients, staff of the hospital or clinic setting.

1.7.2 Procedures for Learners

1.7.2.1 Level 1: If a Learner is engaging in a manner that does not meet the Faculty’s core values or the Faculty’s professionalism standard, the professionalism concern is reported to the Faculty member responsible for the evaluation of the academic performance of the Learner who will,

a) bring the professionalism concern to the Learner’s attention;

b) give the Learner an opportunity to provide any additional information or clarification;

c) explain to the Learner why the observed behaviour is considered unprofessional or disruptive; and

d) establish and convey to the Learner, the format of a response and methods of redress to stop of the behaviour.

1.7.2.2 Level 2: If the Learner continues to engage in a manner that does not meet the Faculty’s core values or the faculty’s professionalism standard after a Level one type of intervention, then the following steps apply:
a) **For Learners in the Undergraduate Medical Education (UGME) Program:**

The Vice-Dean, Undergraduate Medical Education is the person responsible for oversight of the procedures to address a professionalism concern involving Learners in UGME.

The Faculty Member responsible for the Learner’s academic evaluation informs the Faculty’s Vice-Dean, UGME in writing of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the Learner and the method of redress and any other relevant circumstances and documentation.

The Vice-Dean, UGME will communicate with the Learner and with the Faculty Member, seek clarification or additional information if required and then will decide on such issues as:

- whether the circumstances permit another opportunity for the Learner to correct the behaviour with additional monitoring;
- timeframes within which to change or progress;
- whether the matter should be referred to the Student Promotion Executive Committee for recommendation to UGME as per Faculty of Medicine procedures on consequences to the Learner’s progress in UGME.

b) **For Learners in Postgraduate Medical Education (PGME):**

The Vice Dean, Postgraduate Medical Education is the person responsible for oversight of the procedures to address a professionalism concern involving Learners in PGME.

The Residency Program Director responsible for the Learner’s academic evaluation informs the Faculty’s Vice Dean, PGME in writing of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the Learner and the method of redress and any other relevant circumstances and documentation.

The Vice Dean, PGME, or delegate, will communicate with the Learner and with the Residency Program Director, seek clarification or additional information if required and then will decide on the following:

- whether the circumstances permit another opportunity for the Learner to correct the behaviour with additional monitoring;
- timeframes within which to change or progress;
- or whether the circumstances are such that the matter be referred to the Postgraduate Professionalism Committee for recommendation to the Postgraduate Education Committee on consequences to the Learner’s progress in PGME.
c) **For Learners in graduate program or postdoctoral studies (GPS):**

The Vice Dean, Graduate and Postdoctoral Studies is responsible for oversight procedures to address professionalism concerns involving Learners in a faculty graduate program or postdoctoral studies.

The Faculty Member and the Graduate Program Director responsible for the Learner’s academic evaluation inform the Faculty’s Vice Dean, GPS in writing of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the Learner and the method of redress and any other relevant circumstances and documentation.

The Vice Dean, GPS will communicate with the Learner, with the Faculty Member and with the Graduate Program Director, seek clarification or additional information if required and then will decide whether the circumstances permit another opportunity for the Learner to correct the behaviour with additional monitoring, timeframes within which to change or progress or whether the circumstances are such that the matter be referred to the Faculty of Graduate and Postdoctoral Studies for recommendation on consequences to the Learner’s progress in the GPS.

1.7.2.3 **Level 3:** If the Learner had been given an opportunity to rectify the professionalism concern and in spite of earlier interventions, the Learner continues to engage in a manner that does not meet the Faculty’s core values or the Faculty’s professionalism standard, then the professionalism concern may result in disciplinary actions or sanctions.

a) **For Learners in the Undergraduate Medical Education (UGME) Program:**

The professionalism issue is reported to the Vice-Dean, UGME who will refer it to the Student Promotion Executive Committee for investigation and if required, recommendation to UGME as per Faculty procedures on consequences to the Learner’s progress in the UGME.

b) **For Learners in Postgraduate Medical Education (PGME):**

The Vice Dean, PGME is responsible for oversight of professionalism concerns involving Learners in PGME; and is an ex-officio member of the Postgraduate Professionalism Subcommittee. The Postgraduate Professionalism Subcommittee reviews and adjudicates on professionalism issues as they arise amongst the residents and fellows of the Faculty of Medicine.

At the request of the Vice Dean, PGME, the Program Director or the Hospital appointed representative, the Subcommittee will review the cases of trainees with professionalism concerns, and to determine the appropriate course(s) of action, which may include but are not limited to, remediation, probation, suspension or dismissal. Any decisions of the committee can be appealed by the trainee according to policies and procedures already in place at the Faculty of Medicine.
The assessments of a trainee’s performance will focus on the academic, behavioral, ethical and professional performance in the Program, or the evaluation/recommendation from an independent process as circumstances warrant, such as a conflict of interest, considerations from legal or collective agreement, etc.

The committee will be apprised of the academic standing of the training and whether any factors related to this impact on the professionalism concern.

c) **For Learners in graduate program or postdoctoral studies (GPS):**

The Vice Dean, GPS is responsible for oversight procedures to address professionalism concerns involving Learners in a Faculty graduate program or postdoctoral studies and for referring professionalism concerns to the Faculty of Graduate and Postdoctoral Studies for investigation and if needed, for recommendation on consequences to the Learner’s progress in the GPS.

### 1.7.3 Procedures for Faculty Members

1.7.3.1 The Chair of the Professionalism Investigation Committee is responsible for oversight of the process to address professionalism concerns of a Faculty Member.

1.7.3.2 **Level 1:** If a Faculty Member is engaging in a manner that does not meet the Faculty’s core values or the Faculty’s professionalism standard, the professionalism concern is reported to the Chair of the Department within which the Faculty Member holds an academic appointment. If the Faculty Member is cross-appointed, both Department Chairs will be notified. The Chair(s) or Division Head(s), as applicable, will:

   a) bring the professionalism concern to the Faculty Member’s attention;
   b) give the Faculty Member an opportunity to provide any additional information or clarification;
   c) explain to the Faculty Member why the observed behaviour is considered unprofessional or disruptive; and
   d) establish and convey to the Faculty Member, the format of a response and methods of redress to stop of the behaviour.

1.7.3.3 **Level 2:** If the Faculty Member continues to engage in a manner that does not meet the Faculty’s core values or the faculty’s professionalism standard after a Level 1 type of intervention, the Chair(s) will inform the Chair of the Professionalism Investigation Committee in writing of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the Faculty Member and the method of redress and any other relevant circumstances. If the Faculty Member is a member of the Graduate and Postdoctoral studies, the Faculty’s Vice Dean of Graduate and Postdoctoral will be notified.

1.7.3.4 Information will be shared with the hospital, research institute or clinic based on predefined criteria. The respective Chief of Staff, CEO of Research Institute as applicable, or Clinic Medical Director, together with the Chair of the Professionalism Investigation Committee, or delegate, will meet and determine if such criteria exist. Additional advice or legal assistance may be sought by the Faculty on a case-by-case basis.
For the Faculty, the criteria are:

(i) Potential or actual harm to learner(s) or the Learning Environment.
(ii) Potential or actual harm to patient(s) or the patient care environment.
(iii) Potential or actual threat to accreditation of the Faculty of Medicine.
(iv) Potential or actual violations to University of Ottawa or Faculty of Medicine policies or procedures.
(v) Potential or actual impact on promotion requirements at the Faculty of Medicine.
(vi) Potential or actual impact on any show-casing activities at the Faculty of Medicine or at the respective hospital(s).
(vii) Potential or actual reputational risk to the Faculty of Medicine.

For the hospital or clinic, the criteria are:

(i) Potential or actual harm to patient(s) or the patient care environment.
(ii) Potential or actual threat to accreditation of the respective hospital(s).
(iii) Potential or actual violations of hospital by-laws.
(iv) Potential or actual impact on any show-casing activities at the respective hospital(s).
(v) Potential or actual reputational risk to the respective hospital(s).
(vi) Potential or actual harm to a hospital employee or volunteer.

For the research institute, the criteria are:

(i) Potential or actual harm to the research environment.
(ii) Potential or actual threat to accreditation of the respective research institute(s).
(iii) Potential or actual violations of research institute by-laws.
(iv) Potential or actual impact on any show-casing activities at the respective research institute(s).
(v) Potential or actual reputational risk to the respective research institute(s).
(vi) Potential or actual harm to a research institute employee or volunteer.

1.7.3.5 The Chair of the Professionalism Investigation Committee or delegate will communicate with the Faculty Member and with the Chair(s), seek clarification or additional information if required and then will decide whether the circumstances permit another opportunity for the Faculty Member to correct the behaviour with additional monitoring, timeframes within which to change or progress or whether the circumstances are such that the matter be referred to Level 3.

1.7.3.6 Level 3: If other levels of intervention have not addressed the professionalism concern, the Faculty Professionalism Investigation Committee will review the case based on a summary of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the Faculty Member, the method of redress and any other relevant circumstances or documentation.

1.7.3.7 The Faculty Professionalism Investigation Committee will meet to review the case and will determine whether the professionalism concern raises matters that cannot be solely addressed within the academic appointment and jurisdiction of the Faculty and of the
University or has an impact on safeguarding the quality of care provided within the hospital or clinical setting. In such case, the Faculty Professionalism Investigation Committee will contact in writing the Chief of Staff of the hospital or clinical setting with authority over the Faculty Member’s permission to practice medicine or conduct medical research and invite the hospital, research institute or clinical setting to either:

a) appoint a member to the Faculty Professionalism Investigation Committee, in which case the investigation by the Committee will be considered a joint investigation of the Faculty and of the hospital or clinical or research setting;

b) choose to be informed only of the outcome of the investigation, in which case they will be informed only of whether the professionalism concern was warranted or not and if so, whether a consequence was imposed or not; or

c) conduct the investigation by the hospital, research institute, or clinic setting.

In such case that the investigation will be conducted by the hospital, research institute or clinical setting, the Faculty Professionalism Investigation Committee will consult with the Vice Dean of Professional Affairs as to whether an investigation by the Committee remains necessary. The Vice Dean of Professional Affairs will consult on any legal considerations related to the University’s obligations to conduct its own investigation and decide whether the Committee’s mandate continues, ends or whether it is deferred pending the outcome of the hospital or clinical setting investigation.

1.7.3.8 The Faculty Member will be copied on the written communication and the Faculty Professionalism Investigation Committee will inform the Faculty Member and the Department Chair of the choice made by the hospital, clinical or research setting. If the Faculty Member is cross-appointed, both Department Chairs will be notified.

1.7.3.9 If the investigation proceeds with the Faculty Professionalism Investigation Committee, the Faculty Member and the Department Chair(s) will be given an opportunity to meet with the Faculty Professionalism Investigation Committee and provide any additional information or documentation.

1.7.3.10 The Faculty Professionalism Investigation Committee will provide to the Faculty Member and to the Department Chair(s) a written confidential draft report containing findings of fact and determination whether the professionalism concern is warranted or not. The Faculty Member and the Department Chair(s) may send written comments to the Faculty Professionalism Investigation Committee within ten (10) working days of the date of the report.

1.7.3.11 The Faculty Professionalism Investigation Committee finalizes its investigation report and sends it to the Dean who will make a determination on consequences to the Faculty Member’s academic appointment. Based on the findings and determinations contained in the final report, the Dean:

a) decides or recommends on the imposition of any measures necessary and appropriate in the circumstances; and
b) follow-ups to determine if the measures imposed are effective in preventing the reoccurrence of the professionalism concern.

1.7.4 Procedures for Faculty Staff

1.7.4.1 The Chief Administrative Officer of the Faculty is responsible for oversight of the process to address professionalism concerns involving Faculty Staff.

1.7.4.2 **Level 1:** If a Staff Member is engaging in a manner that does not meet the Faculty’s core values or the Faculty’s professionalism standard as it applies to their employment duties, the professionalism concern is reported to the Staff Member’s supervisor or person responsible for the Staff Member’s performance evaluation who will:
   a) bring the professionalism concern to the Staff Member’s attention;
   b) give the Staff Member an opportunity to provide any additional information or clarification;
   c) explain to the Staff Member why the observed behaviour is considered unprofessional or disruptive; and
   d) establish and convey to the Staff Member, the format of a response and methods of redress to stop of the behaviour.

1.7.4.3 **Level 2:** If the Staff Member continues to engage in a manner that does not meet the Faculty’s core values or the Faculty’s professionalism standard after a level one type of intervention, then the following steps apply:
   a) The supervisor or person responsible for the Staff Member’s performance evaluation informs the Faculty’s Human Resources Manager in writing of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the Staff Member and the method of redress and any other relevant circumstances and documentation.
   b) The Human Resources Manager will communicate with the Staff Member and with the supervisor or person responsible for the Staff Member’s performance evaluation, seek clarification or additional information if required and then will decide whether the circumstances permit another opportunity for the staff member to correct the behaviour with additional monitoring, timeframes within which to change or progress or whether the circumstances are such that the matter be referred to the Chief Administrative Officer.

1.7.4.4 **Level 3:** If the Staff Member had been given an opportunity to rectify the professionalism concern and in spite of earlier interventions, another incident of the Staff Member engaging in a manner that does not meet the Faculty’s core values or the Faculty’s professionalism standard occurs, then the professionalism concern is reported to the Chief Administrative Officer who will meet with the Staff Member, the supervisor or person responsible for the Staff Member’s performance evaluation and the Human Resources Manager and will summarize the situation and make a recommendation to the Dean who will decide on consequences.
SECTION 1.8: POLICY REVIEW

1.8.1 This Policy shall be reviewed and amended by the appropriate governing body of the Faculty as required. Faculty Members and Learners and Faculty Staff are expected to consult, from time to time, this policy to familiarize themselves with any changes; this policy will be made available on the Faculty’s website.

Approval: Faculty Council: Executive Committee of the Senate: Faculty Council: Executive Committee of the Senate:


APPENDIX A: POLICIES AND REGULATIONS

For further information, the reader is referred to the following University statements and policies:

University of Ottawa Vision
University of Ottawa Administrative Policies
University of Ottawa Policy on Prevention of Harassment and Discrimination
University of Ottawa Policy on Academic Integrity (academic fraud)
Policy for Interactions between the Faculty of Medicine and the Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment and Supplies Industries
University of Ottawa Guidelines for the Ethical Conduct of Research and Procedures for Investigating Misconduct

The reader is also referred to the following regulations of external organizations:

Canadian Medical Association Code of Ethics
Canadian Medical Association Policy on Medical Professionalism
Canadian Medical Association Guidelines for Physicians in Interactions with Industry
College of Physicians and Surgeons of Ontario Practice Guide: Professionalism
College of Physicians and Surgeons of Ontario: Managing Disruptive Physician Behavior
College of Physicians and Surgeon of Ontario: Physician Behaviour in the Professional Environment
College of Physicians and Surgeon of Ontario: Physicians’ Relationships with Industry: Practice, Education and Research
College of Physicians and Surgeons of Ontario Policy Statement: Professional Responsibilities in Undergraduate Medical Education

College of Physicians and Surgeons of Ontario Policy Statement: Professional Responsibilities in Postgraduate Medical Education

Tri-Council Policy Statement: Integrity in Research and Scholarship

References


APPENDIX B: VANDERBILT MODEL

Proposal 1
Vanderbilt Model - Proposed Mapping
How to report a professionalism concern

The Reporting form is intended to facilitate the reporting of concerns regarding professionalism of our medical students, faculty and administrative team members. If you have a concern to report, please complete the form Incident Report.

2. Academic regulations

During their stay at the University of Ottawa, students must abide by all regulations of the University and the Faculty, and disciplinary measures as required. See Academic regulations for more information.

2.1 Attendance

2.1.1 General principles

i. All absences from mandatory activities must be excused. An unexcused absence will be considered a lack of professionalism and will be brought to the attention of the Vice-Dean of the Undergraduate Medical Education (UGME) Office or a delegate and could be grounds for failure.

ii. Students absent for reasons of illness or unexpected exceptional circumstances must inform the Liaison Officer/Clerkship Coordinator as soon as possible in writing, and give the reason for the absence (Note that email is acceptable, provided it is sent using the student's University of Ottawa email account.) Daily updates are required. Three or more consecutive days of absence because of illness require written documentation from the treating physician.

iii. In all other instances, students must request an approved absence from the Pre-clerkship or Clerkship Director at least two months prior to the start of the rotation. Examples include legal proceedings, acting as a representative of the Faculty of Medicine or presentation at a scientific meeting.

iv. For religious holidays: Pre-clerkship students must comply with the University of Ottawa regulations, section 15. Clerkship students must seek approval from the Rotation Director at least two months prior to the start of the rotation to facilitate the planning of clinical duties.

v. The cumulative maximum number of days of excused absences per year is ten. Students exceeding ten absences will be brought to the attention of the Pre-clerkship or Clerkship Director and will be considered on a case by case basis. Any Staff or Faculty Member concerned about any student with fewer than ten absences may bring this to the attention of the Pre-clerkship or Clerkship Director.

vi. Approval of deferral of an examination may only be granted by the Vice-Dean, UGME.

vii. To be eligible for academic credit, excused absences cannot exceed 50 percent of a course or clinical rotation. Absence of more than 50 percent of a course will require repetition of that course during an additional academic year. Absence of more than 50 percent of a clinical rotation will require repetition of that rotation prior to commencing fourth year. Excused absence of more than 50 percent of two clinical rotations will require repetition during an additional academic year.

viii. Attendance will be monitored regularly including performing spot checks during mandatory sessions. All instances of a student who is found absent during a random spot check, and who does not have an approved absence, will be brought to the attention of the Vice-Dean.
### 2.1.2 Pre-clerkship

i. Attendance is mandatory in interactive small group activities and certain large group activities or clinical sessions including, but not restricted to, Case-based learning (CBL), Physician Skill Development (PSD), Society, the Individual and Medicine (SIM), Year 1 Community Week, and Year 2 Clinical Week. Every absence needs to be excused and make-up work may be required at the discretion of the Pre-clerkship Director.

ii. In addition, some key large group sessions are mandatory, as indicated in the One45 evaluation system.

iii. Any unexcused absence will be considered a lack of professionalism and will be brought to the attention of the Vice-Dean, UGME or a delegate and could be grounds for failure.

#### Absence request: pre-clerkship

It is the responsibility of the student to report (in writing) all absences from mandatory sessions to the coordinator.

**Medical Education Office contacts**

Coordinator, Year 1: blocky1@uottawa.ca or in case of emergency by phone: 613-562-5800 x 8126

Coordinator, Year 2: blocky2@uottawa.ca or in case of emergency by phone: 613-562-5800 x 8125

<table>
<thead>
<tr>
<th>Situation</th>
<th>Procedure</th>
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</table>
| Absences for **one or two** days | **Students must notify in writing as soon as possible and give the reason for absence to the Coordinator.**  
**Student may be required to submit documentation justifying the absence, at the discretion of Faculty. Any excused absence of one or two days may be subject to make-up time or to additional work at the discretion of the Pre-clerkship Director.** |
| Absences of **three or more consecutive days** | **Students must immediately notify the Coordinator in writing, as well as provide supporting documentation and reason for absence.** Upon return, student absent because of illness must submit to the Coordinator a medical certificate from the treating physician. Any excused absence of three days or more will be subject to make-up work, at the discretion of the Pre-clerkship Director. |
| Request for an advanced approved absence (e.g., wedding, religious holidays, legal proceedings, acting as representative of the Faculty of Medicine, presenter at a scientific meeting). | **Request must be submitted at least two months prior to start of the event.** Submit an e-mail to the Coordinator for approval by the Pre-clerkship Director. Adequate proof may be required. **No permission for absences may be granted by individual Tutors, Preceptors or other Teaching Staff Members.** In general, a student should not be on the academic concern list in order to qualify for pre-approval special leave of absence; conference leaves will not be permitted if they conflict with an examination. |

Example of a leave request to be sent via email:

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27
From: University of Ottawa e-mail address
Sent: Date
To: blocky@uottawa.ca
Subject: Surname, Given name – Stream, - Affected session(s) – Leave request (reason)

Dear Coordinator,

I am writing to request leave for the purpose of *(state reason and/or justification)*. I would like to request an absence on the following *(day(s))*. Sessions missed would be:
(list missed mandatory sessions here)

Thank you for your consideration and assistance.

Sincerely,
Student’s name

Absence for attending a conference

Conference leaves will not be permitted if they conflict with examinations.

If your leave is approved, the UGME Office will contact the appropriate individuals on your behalf.

**General information**
Students must submit a leave request to their corresponding Coordinator (years 1 and 2) or Liaison Officer (years 3 and 4) at the UGME Office a minimum of eight weeks in advance. Students should discuss a leave request even before applying to attend a meeting where the organization selects the students who will attend, i.e. competitive application process. Normally, students will be permitted absence for only a few days in the academic schedule.

**Presenting an abstract or official invitee**
Students are permitted excused absence to attend a conference to present their research or if the student is an official invitee. The invitation may be associated with the student’s position in a provincial or national organization. Final approval is made by the Pre-clerkship Directors. Absence may be excused for the day of the presentation and one day before and after for travel purposes as needed.

**Conferences approved by the Faculty for further development**
Students may obtain an excused absence to attend or participate in conferences on topics/areas which are underrepresented in the curriculum or areas affecting student well-being, and are areas of interest to the Faculty for further development.
The student must write a brief description of the goals of the conference and identifying the deficiency in the curriculum or area of student need that will be addressed. These will be decided on a case by case basis in consultation with the Pre-clerkship Director for approval.

Following the conference, the student will either write a proposal outlining ways in which the curriculum could be improved in this domain including resources (electronic or other) that could be used to enhance learning, run a workshop or make a presentation to the class on what was learned at the conference. In some cases, the student may acquire a skill that will be used in assisting classmates over the course of the program.

**Financial support for students who present at a conference**

There are two bursaries available for students who present at a conference (1) Lorenzo Danis Fund (02298) and (2) Aesculapian Society Medical Student Conference Fund (03508/03509). The terms of reference are available on the Online Scholarship and Bursaries [https://scholarships.uottawa.ca/p/a/](https://scholarships.uottawa.ca/p/a/)

<table>
<thead>
<tr>
<th>Short and long term leaves of absence (e.g., health, personal, maternity, paternity)</th>
<th>Request must be submitted to the office of the Vice-Dean. If approved, the UGME Office will inform all parties on behalf of the student.</th>
</tr>
</thead>
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<tr>
<td>Absence from a midterm or final exam (written or OSCE)</td>
<td>a) <strong>Known reasons:</strong> Request to be submitted in advance to the office of the Vice-Dean. If approved, the UGME Office will inform all parties on behalf of the student, then the student will be informed of the make-up date.</td>
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<td>b) <strong>Acute illness or critical event:</strong> In case of acute illness or critical event, the student must inform the UGME Office before the start of the examination. In case of illness, a medical certificate from the treating physician or an approved absence from the Preclerkship Director is required within five working days; for all other reasons, relevant proof is required as soon as possible.</td>
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<td></td>
<td>c) <strong>Objectively Structured Clinical Examination (OSCE):</strong> In case of an approved absence from the PSD OSCE, the student will be placed on the Clinical Skills Support Program (CSSP) and receive instructions about any further requirements.</td>
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The cumulative maximum number of days of excused absences allowed per year is ten. The record of
students exceeding ten absences will be brought to the attention of the Pre-clerkship Director and will be considered on a case by case basis. Any Staff or Faculty Member concerned about any student with fewer than ten absences may bring the case to the attention of the Pre-clerkship Director. To be eligible for an academic credit, excused absences cannot exceed 50 percent of a course, activity or clinical placement. Absence of more than 50 percent of a course (or activity) will require repetition of that course during an additional academic year. In the event that the UGME Office is unable to reach a student and has no record of excused absence, the police will be contacted and asked to help locate the student at his place of residence. It is the student’s responsibility to ensure their personal and emergency information are updated at the UGME Office.

2.1.3 Clerkship

- Attendance is mandatory for all clinical placements (e.g. including but not restricted to: link block, core rotations, electives, and selectives) during year 3 and 4, including orientation and didactic teaching (e.g. Problem Assisted Learning, Academic Days, Skills Sessions). Every absence must be excused and may require completing assignments as equivalent work at the discretion of the Rotation Director.
- Any unexcused absences will be considered a lack of professionalism and will be brought to the attention of the Vice-Dean, UGME or a delegate and could be grounds for failure.

2.1.3.1 Attendance and leave request: clerkship

It is the responsibility of the student to report all absences on a daily basis to the Liaison Officer and the Hospital Coordinator.

No permission for absences may be granted by individual Preceptors or Teaching Staff Members.

**Hospital Coordinators**

UGME Office:

**Liaison Officer, Year 3:** medyear3@uottawa.ca or by phone 613-562-5800 x8131

**Liaison Officer, Year 4:** medyear4@uottawa.ca or by phone 613-562-5800 x3808

<table>
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<tr>
<th>Situation</th>
<th>Procedure</th>
</tr>
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<tbody>
<tr>
<td>Absences for one or two days</td>
<td>Student must immediately notify the Hospital Coordinator AND the Liaison Officer in writing. Submission of documentation confirming the injury or illness may be required, at the discretion of the Faculty. Any excused absence of one or two days may be subject</td>
</tr>
<tr>
<td>Absences of <strong>three or more</strong> consecutive days</td>
<td>to make-up time or to additional work at the discretion of the Clerkship and Rotation Directors.</td>
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<tr>
<td><strong>Student must notify the Hospital Coordinator <strong>AND</strong> the Liaison Officer in writing as soon as possible.</strong> A student absent because of illness must submit to the Liaison Officer in the UGME Office a medical certificate from the treating physician within a week after the return. Absences of three days or more per rotation may be subject to make-up time at a later date (e.g. holidays, weekends, on-calls) or may require equivalent additional work, at the discretion of the Clerkship and Rotation Directors.</td>
<td></td>
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<tr>
<td><strong>Request for an advanced approved absence (e.g. family wedding, religious holidays, legal proceedings, acting as representative of the Faculty of Medicine, presenter at a scientific meeting)</strong></td>
<td><strong>Request must be submitted at least two months prior to start of the rotation.</strong> Submit an e-mail to the Liaison Officer for approval by the Clerkship Director. Adequate proof may be required. No permission for absences may be granted by individual Preceptors, Teaching Staff Members or Rotation Directors. In general, a student should not be on the academic concern list in order to qualify for pre-approval special leave of absence; conference leaves will not be permitted if they conflict with examinations.</td>
</tr>
<tr>
<td><strong>Excused Absence for Conference Attendance</strong></td>
<td>Conference leaves will not be permitted if they conflict with examinations.</td>
</tr>
</tbody>
</table>

**Example of a leave request to be sent via email:**

From: University of Ottawa e-mail address  
Sent: Date  
To: medyear3@uottawa.ca; Hospital Coordinator  
Subject: Surname, Given name - Group * - Affected Rotation name – Leave request (reason)  

Dear Liaison Officer,

I am writing to request leave for the purpose of *state reason and/or justification*. I would like to request *(date(s)) off and have no call or shifts on Saturday and Sunday* *(include only if applicable)*.

Thank you for your consideration and assistance.

Sincerely,  
Student’s name
If your request is approved, the UGME Office will contact the appropriate individuals on your behalf. Students may have to make up for lost time or complete equivalent additional work at the discretion of the Rotation and Clerkship Directors.

**Leave request for conference attendance – General information**

Students must submit a leave request to their corresponding Hospital Coordinator and Liaison Officer (years 3 and 4) at the UGME Office, a minimum of eight weeks prior to the start of the rotation. Students should discuss a leave request even before applying to attend a meeting where the organization selects the students who will attend, i.e. competitive application process. Normally, students will be permitted absence for only a few days in the academic schedule. In clerkship, students must plan carefully, especially if weekend dates are involved since the night call requirements must be met and scheduling changes will have to be made.

**Presenting an abstract or official invitee**

Students are permitted excused absence to attend a conference to present their research or if the student is an official invitee. The invitation may be associated with the student’s position in a provincial or national organization. Final approval is made by the Clerkship Director; any adjustment of clinical schedule will be made by the Director of the rotation in which the conference occurs. Absence may be excused for the day of the presentation and one day before and after for travel purposes as needed.

**Conferences approved by the Faculty for further development**

Students may obtain an excused absence to attend or participate in conferences on topics/areas which are underrepresented in the curriculum or areas affecting student well-being, and are areas of interest to the Faculty for further development.

The student must write a brief description of the goals of the conference and identifying the deficiency in the curriculum or area of student need that will be addressed. These will be decided on a case by case basis in consultation with the Rotation Director for approval.

Following the conference, the student will either write a proposal outlining ways in which the curriculum could
be improved in this domain including resources (electronic or other) that could be used to enhance learning, run a workshop or make a presentation to the class on what was learned at the conference. In some cases, the student may acquire a skill that will be used in assisting classmates over the course of the program.

Financial support for students who present at a conference

There are two bursaries available for students who present at a conference (1) Lorenzo Danis Fund (02298) and (2) Aesculapian Society Medical Student Conference Fund (03508/03509). The terms of reference available on the Online Scholarship and Bursaries [https://scholarships.uottawa.ca/p/a/](https://scholarships.uottawa.ca/p/a/)

Short and long term leave of absence (e.g., health, personal, maternity, paternity)

Request must be submitted to the office of the Vice-Dean. If approved, the UGME Office will inform the appropriate individuals on behalf of the student.

Absence from examinations (written or OSCE)

a) Known reasons: Request to be submitted in advance to the office of the Vice-Dean. If approved, the UGME Office will inform all parties on behalf of the student, and will set up the make-up date.

b) Acute illness or critical event: In case of acute illness or critical event, the student must inform the Liaison Officer before the start of the examination. The Liaison Officer will notify the Faculty Member overseeing the examination. In case of illness, a medical certificate from the treating physician or from the Clerkship Director is required as soon as possible; for all other reasons, relevant proof is required within five working days.

Additional important elements re: Attendance

The cumulative maximum number of days of excused absences per year is ten. The record of students exceeding ten absences will be brought to the attention of the Clerkship Director and will be considered on a case by case basis. Any Staff or Faculty Member concerned about any student with fewer than ten absences may bring this to the attention of the Clerkship Director.

To be eligible for academic credit and final examination writing, excused absences cannot exceed 50 percent of a rotation (e.g. core, elective, selective). Absence of
more than 50 percent of a clinical rotation will require repetition of that rotation during elective time. Excused absence of more than 50 percent of two clinical rotations will require repetition during an additional academic year.

In the event that the UGME Office or the hospital is unable to reach a student and has no record of excused absence, the police will be contacted and asked to help locate the student at his place of residence.

2.1.3.2 Vacation: clerkship

Year 3 Vacations are to be scheduled during the designated two weeks in December, one week in April, and one week in July, commencing at 5 p.m. on the date listed on the rotation schedule. Students will be required to work on weekends and certain holidays as per the Rotation Director (or designate). Arrangements can be made to accommodate the need for attendance of religious services; however, weekend clinical responsibilities are mandatory. Each rotation ends at 5 p.m. on the last Friday of the twelve week cycle, provided the student has completed or handed over all duties. It is possible that rotation written examinations will be held sometime between 7:45 a.m. and 6 p.m. due to the availability of examination rooms.

Year 4 Vacations are to be scheduled during the designated two weeks in December. During the national interviews (three weeks), the student will not have any clinical duties.

2.1.4 Leave of absence (applies to both pre-clerkship and clerkship)

Short and long-term leaves of absence may be granted only in exceptional circumstances, such as:
- maternity leave, parental leave;
- reasons of health (whether one’s own or a family member’s);
- compelling problems of a personal nature, such as the death of a family member or marital breakdown;
- pursuit of a master’s degree or doctorate degree in a field consistent with the general objectives of the medical undergraduate program.

2.1.4.1 How to request a leave of absence

The request for a leave of absence must be submitted to the Vice-Dean, UGME. A doctor’s certificate is required in the case of illness. Other documentation may be required depending on the situation. With the exception of a leave of absence to complete a doctorate in a biomedical research area, the period of leave will not exceed three years. The duration of the leave of absence may result in a delay in graduation.
2.1.5 Parental leave

A parental leave can be granted for up to a maximum of six weeks without incurring a delay in graduation, as long as the student fulfills all program requirements as stated in the Faculty academic regulations. A student also has the right to request a leave of absence for more than six weeks, it being understood that they may then incur a delay in graduation.

*Senate reference: 11:M05:01, approved September 01, 2011*

| 2.1.6 How to request an absence to attend and/or present at a conference |

**Excused absence – General information**

Students must submit requests for an excused absence to their corresponding Coordinator (years 1 and 2) or Liaison Officer (years 3 and 4) at the UGME Office, a minimum of eight weeks in advance. Students should discuss a request for excused absence even before applying to attend a meeting where the organization selects the students who will attend, i.e. competitive application process. Normally, students will be permitted absence for only a few days in the academic schedule. In clerkship, students must plan carefully, especially if weekend dates are involved since the night call requirements must be met and scheduling changes will have to be made.

**Presenting an abstract or official invitee**

Students are permitted excused absence to attend a conference to present their research or if the student is an official invitee. The invitation may be associated with the student’s position in a provincial or national organization. Final approval is made by the Pre-clerkship or Clerkship Directors; any adjustment of clinical schedule will be made by the Director of the rotation in which the conference occurs. Absence may be excused for the day of the presentation and one day before and after for travel purposes as needed.

**Conferences designated by the Faculty for further development**

Students may obtain an excused absence to attend or participate in conferences on topics/areas which are underrepresented in the curriculum or areas affecting student wellbeing, and are areas of interest to the Faculty for further development.

The student must write a brief description of the goals of the conference and identifying the deficiency in the curriculum or area of student need that will be addressed. These will be decided on a case by case basis in consultation with the Rotation Director for approval.

Following the conference, the student will either write a proposal outlining ways in which the curriculum could be improved in this domain including resources (electronic or other) that could be used to enhance learning, run a workshop or make a presentation to the class on what was learned at the conference. In some cases, the student may acquire a skill that will be used in assisting classmates over the course of the program.

**Financial support for students who present at a conference**

There are two bursaries available for students who present at a conference (1) Lorenzo Danis Fund (02298) and (2) Aesculapian Society Medical Student Conference Fund (03508/03509). The terms of reference available on the Online Scholarship and Bursaries [https://scholarships.uottawa.ca/p/a/](https://scholarships.uottawa.ca/p/a/)
2.2 Insurance

Registered students at the University of Ottawa are covered for malpractice insurance and comprehensive liability with the limit per occurrence of $5 million (CAD) inclusive for bodily injury, personal injury and property damage while on clinical placements during the academic year, whether in Canada or abroad.

2.3 Language of instruction

Students must attend the classes in the language stream to which they were admitted. Students must respect their assigned schedule and remain in the group to which they are assigned for all sessions, whether mandatory or not. If members of the administration team cannot confirm your presence, it will be considered an unexcused absence, which will be forwarded to the appropriate member of the UGME Leadership Team for action.

2.4 Evaluation of medical students

2.4.1 Pre-clerkship

Requirements for passing pre-clerkship

To pass pre-clerkship, a student must pass course codes:

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meds 2014 and subsequent years</td>
<td>Meds 2014 and subsequent years</td>
</tr>
<tr>
<td>MED1107, MED1200, MED1201, MED1202, MED2301*, MED4101**</td>
<td>MED2201, MED2202, MED2203, MED2109, MED2302, MED4102**</td>
</tr>
</tbody>
</table>

*no grade attributed until the end of 2nd year  
**no grade attributed until the end of 4th year
Courses:

Introduction Unit:

To pass the Introduction Unit, a student must attend all mandatory activities, and meet expectations on all mandatory assignments. A failure in the course will be brought to the Student Promotion Executive Committee (SPEC) and the recommendation may include remediation, repetition of an academic year or dismissal from the program.

Foundations Unit, Unit I, Unit II, Unit III and Integration Unit:

To pass these courses, a student must receive an overall combined mark of 60% or more on mid-term and summative examinations and meet expectations on the CBL final tutor evaluation. A student with a failure on the overall examination must pass a supplemental examination to be promoted to the next academic year. The case of a student with a failure on the CBL final tutor evaluation will be discussed by the SPEC and the recommendation may include remediation, repetition of an academic year or dismissal from the program.

Students may have a maximum of two deferrals/supplementals in one academic year. Students must pass all deferrals/supplementals to be promoted to the next academic year. The case of a student with a failure of a supplemental examination will be discussed by the SPEC and the recommendation may include repetition of an academic year or dismissal from the program.

For more information, please consult the University’s Policies and regulations website.

Electives

All elective placements must be pre-approved by the Faculty of Medicine. Please refer to the procedures and guidelines for planning electives on the University of Ottawa Faculty of Medicine Electives website.

Community Week

To pass Community Week, a student must obtain a pass on the preceptor evaluation. The case of a student with a failure on the Community Week preceptor evaluation will be discussed by the SPEC and the recommendation may include remediation, repetition of an academic year or dismissal from the program.

Mandatory Clinical Week

To pass Mandatory Clinical Week, a student must obtain a pass on the preceptor evaluation. The case of a student with a failure on the Mandatory Clinical Week preceptor evaluation will be discussed by the SPEC and the recommendation may include remediation, repetition of an academic year or dismissal from the program.

Physician Skills Development (PSD)

Successful completion of the PSD course requires:

- a pass on the PSD tutor evaluation, and;
- a pass on the PSD Objective Structured Clinical Examination (OSCE).

A fail in either component will lead to failure in the course and will place the student on the CSSP. The extent of support required on this program will be based on the recommendation of the PSD Course Director to the SPEC.
Professionalism

A course or rotation may be failed despite adequate demonstration of knowledge and clinical skills due to a failure in the domain of professionalism. Any student registered in the MD Program is expected to adhere to the professional standards of the Faculty of Medicine and demonstrate professional behaviour within coursework and pre-clerkship, as well as outside of the classroom and clinical setting when the student is clearly identifiable as a medical student. Any unprofessional behaviour in an official setting or in an official communication will be brought to the attention of the Vice-Dean of UGME, and may lead to remediation and/or academic sanction, which may include internal probation, recording on the Medical Student Performance Record (MSPR), failure of a course or rotation, or dismissal from the Faculty of Medicine, based on the recommendations of the SPEC.

Please see the Professionalism website for more information.

Conflict of interest

Students cannot be supervised in any clinical placement (i.e., core rotation, selective or elective) by a member of their immediate family, extended family including in-laws or by anyone with whom they are involved in a close personal relationship. Students must immediately notify the Unit Leader or the Medical Education Office to request reassignment if their assigned placement is in violation of this policy.

2.4.2 Clerkship

Professionalism

A course or rotation may be failed despite adequate demonstration of knowledge and clinical skills due to a failure in the domain of professionalism. Any student registered in the MD Program is expected to adhere to the professional standards of the Faculty of Medicine and demonstrate professional behaviour within coursework and clerkship, as well as outside of the classroom and clinical setting when the student is clearly identifiable as a medical student. Any unprofessional behaviour in an official setting or in an official communication will be brought to the attention of the Vice-Dean of UGME, and may lead to remediation and/or academic sanction, which may include internal probation, recording on the MSPR, failure of a course or rotation, or dismissal from the Faculty of Medicine, based on the recommendations of the SPEC.

Conflict of interest

Students cannot be supervised in any clinical placement (i.e., core rotation, selective or elective) by a member of their immediate family, extended family including in-laws or by anyone with whom they are involved in a close personal relationship. Students must immediately notify the appropriate Director or the Medical Education Office to request reassignment if their assigned placement is in violation of this policy.

Time limit

A candidate for the MD Program must complete all degree requirements within seven academic years of the date of initial registration in the MD Program to be eligible to graduate at spring convocation. A student who does not complete all degree requirements within this time frame will be withdrawn from the program and may submit a new application for admission to the program.

Senate Reference: 11:M05:03, approved September 19, 2011
Lottery and scheduling

A lottery process determines the students’ schedule throughout clerkship. Students must adhere to their assigned schedule and complete all clinical placements at approved sites.

Groupings for clinical electives in year 4 are created based on the CaRMS list of disciplines. Students must follow the structure of these groupings in order to fulfill requirements of the MD Program. Please see the schedule for more detailed information.

Year 3

Requirements for passing 3rd year clerkship

To pass 3rd year clerkship, a student must pass course codes:

<table>
<thead>
<tr>
<th>Year 3</th>
<th>CL1 3101, CL1 3102, CL1 3103, CL1 3104, CL1 3106, CL1 3107, CL1 3108, CL1 3109, CL1 3110, CL1 3111, MED4103**</th>
</tr>
</thead>
</table>

**no grade attributed until the end of 4th year

Link period

To pass this section, the student must attend all mandatory sessions and obtain a pass on the link preceptor evaluation form. The case of a student with a failure in the link period will be discussed by the SPEC and the recommendation may include remediation, repetition of an academic year or dismissal from the program.

Clinical rotations

The clinical rotations are evaluated as pass/fail. To obtain a pass in the rotation, the student must pass the overall clinical performance evaluation and obtain a mark of 60% or more on the summative written examination. Failure in two clinical rotations will be discussed by the Student Promotion Executive Committee, who could recommend sanctions up to repetition of the academic year or dismissal from the program.

Clinical performance

The clinical objectives and mandatory components of each rotation must be met in order to pass the clinical performance evaluation.
Submission of mandatory components:

In order for a clinical rotation to be considered complete, all mandatory components of the rotation (for example, submission of preceptor evaluations, T-clerk, mini-clinical evaluation exercise) must be completed and submitted no later than two weeks after the end of the clinical rotation (third year) or elective/selective (fourth year).

Summative written examination (every twelve weeks):

The written examinations at the end of each twelve (12) week period contain multiple choice questions (MCQs) and clinical decision making questions (CDMQs). Both components will count towards the final mark.

The first failure of a written examination will not be indicated in the student’s record, transcript or in the MSPR. The student who fails a written examination must write a remedial written examination. Remedial written examinations can be taken during a vacation period (winter or spring) or during another rotation with the permission of the Vice-Dean, UGME, and the Clerkship Director. The rotation will be listed as ‘in progress’ until the student successfully completes the remedial written examination.

NOTE: the student can apply for electives and obtain letters of good standing while remedial written examinations are still pending, as long as all other requirements are met.

Permitted number of remedial written examinations:

A student may be permitted a maximum of two (2) remedial written examinations per academic year. Failure of a third written examination will lead to a review of the student’s file by the SPEC. The Committee may recommend specific remediation, repetition of affected rotations, repetition of third year, or dismissal from the program.

Failure of a remedial written examination:

Failure of a remedial written examination requires that the student write a supplemental written examination. Failure of a remedial examination will be recorded on the transcript.

Failure of a supplemental written examination:

Following the failure of a supplemental written examination, the SPEC may recommend remediation or dismissal from the MD Program. Remediation of a failed supplemental written examination may include repetition of the affected rotation or repetition of the third year program and a delay in graduation. In addition, failure of two (2) supplemental written examinations will result in dismissal from the program.

Deferred examinations in third year:

A student in good standing may be permitted to defer a maximum of three (3) written examinations for reasons of health, maternity, family or a compelling personal reason with the permission of the Vice-Dean, UGME.

Combined total of deferred and remedial written examinations:
The combined total of deferred and remedial written examinations per student per year cannot exceed four (4), without incurring a delay in graduation.

**Timing of deferred, remedial and supplemental examinations:**

At the discretion of the Vice-Dean, UGME, deferred and remedial written examinations may be written during the winter or spring vacations, during another third year rotation or at the beginning of the fourth year as long as the student’s eligibility to the CaRMS process is not compromised.

**UPDATED Committee Approval Date**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Committee</td>
<td>December 05, 2014</td>
</tr>
<tr>
<td>Undergraduate Curriculum Committee</td>
<td>January 08, 2015</td>
</tr>
<tr>
<td>Faculty Council</td>
<td>February 03, 2015</td>
</tr>
</tbody>
</table>

**Observed Structured Clinical Examination (OSCE)**

Students must pass a comprehensive OSCE which is held at the end of the third year in order to graduate from the MD Program.

A student with a failure in the comprehensive OSCE will be required to retake the next Teaching/Testing OSCE. A failure of retake will be brought to the SPEC who may recommend remediation, repeating the academic year or dismissal from the program.

**Committee Approval date**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Approval date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Curriculum Committee</td>
<td>November 19, 2013</td>
</tr>
<tr>
<td>Faculty Council</td>
<td>March 18, 2014</td>
</tr>
<tr>
<td>Executive Committee of the Senate</td>
<td>August 19, 2014</td>
</tr>
</tbody>
</table>

**Year 4**

**Requirements for passing 4th year clerkship**

To pass 4th year clerkship, a student must pass course codes:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meds 2014 and subsequent years</td>
<td>Year 4</td>
</tr>
<tr>
<td>CLI4104, CLI4105, CLI4106, MED4104</td>
<td>Back to Basics (CLI 4105)</td>
</tr>
</tbody>
</table>

**Back to Basics (CLI 4105)**

To pass this course, the student must attend all mandatory sessions. The case of a student with a failure in this course will be discussed by the SPEC and the recommendation may include remediation, repetition of an academic year or dismissal from the program.
Clinical placements (electives or selectives – CLI 4104, CLI 4106)

The electives and selective are evaluated as pass/fail. To obtain a pass in a placement, the student must pass the overall clinical preceptor evaluation. A student with a failure in a selective or an elective must do another placement of the same duration to fulfill the program’s criteria. This remedial placement will take place during the Christmas holiday, the time reserved for the national interviews, or the Back to Basics course. Any other option must be approved by the Vice-Dean, UGME.

Students must request an approval for all their electives through the pre-approval system on the clinical placement website.

To meet the accreditation requirements, all electives must be pre-approved by the UGME Office in order to be eligible and credited.

Only electives that are pre-approved by the UGME Office can count towards the MD Program.

All requests must be made at least one month prior to the start of any elective. This will be monitored regularly.

If a student does not have a pre-approved elective in their clinical placement account two weeks prior to a given date, it will be brought to the attention of the Clerkship Director.

IMPORTANT: An elective cannot be started if it has not been pre-approved and will not be credited if a student does not comply with this procedure. If a student does an elective without having it pre-approved, it will potentially be considered a professionalism issue and will be brought to the attention of the Clerkship Director.

All clinical electives must be done in a grouping* (except for any non-clinical elective such as research electives and the anatomy course).

Student must do a minimum of three groupings during 4th year with a minimum of two weeks in each grouping.

A maximum of ten weeks of clinical electives is allowed in the same grouping. Therefore a student cannot do more than ten weeks in the same specialty.

Any student who has not done the mandatory four consecutive weeks of community placement during 3rd year will be required to complete it during 4th year.

Submission of Mandatory Components:
In order for an elective and/or a selective to be considered complete, all mandatory components (for example, submission of preceptor evaluations) must be completed and submitted no later than 2 weeks after the end of the elective/selective (fourth year).

Students cannot be supervised in any clinical placement (Community Week, Mandatory Clinical Week, and non-mandatory electives) by a member of their immediate family, extended family including in-laws, or by anyone with whom they are involved in a close personal relationship. Students must immediately notify the appropriate Director, or the Medical Education Office to request reassignment if their assigned placement is in violation of this policy.

Please refer to the Electives website for details.
Outside The Ottawa Hospital

Note that after week #10 (between November and March), student must do a minimum of four weeks (which do not have to be consecutive) outside The Ottawa Hospital (TOH).

TOH includes:

- Riverside Campus
- Civic Campus
- General Campus
- Eye Institute
- Eye Care Centre
- Rehabilitation Centre
- Heart Institute
- Women’s Health Centre
- Cancer Centre
- Endocrine and Diabetes Centre

The following are considered to be outside TOH:

- Montfort Hospital
- Elizabeth Bruyère Health Center SCO
- Queensway Carleton Hospital
- Children’s Hospital of Eastern Ontario
- Royal Ottawa Hospital
- Communities in Ottawa
- Rural networks
- Any other hospital settings in Canada and international

Evaluations

After completion of each elective, the student must ensure that the Evaluation Form is filled and signed by the supervisor and herself or himself.

The student is responsible to ensure that the evaluation will be completed shortly after each elective. The student must always keep a copy of their evaluations for personal records.

Please note that your evaluations will validate your electives and selectives.

For any problems with elective placements, please inform the Liaison Officer, Year 4 at 613-562-5800 ext. 3808 or by email at medyear4@uottawa.ca or the Electives Coordinator at 613-562-5800, ext. 8552 or in writing at elective@uottawa.ca.

Evaluation forms:

The evaluation of each elective is done through the student’s Clinical Placement account. Please see the Electives website. The evaluation of each Selective is done through One45 account.

Students cannot be supervised in any clinical placement (Community Week, Mandatory Clinical Week, and non-
mandatory electives) by a member of their immediate family, extended family including in-laws, or by anyone with whom they are involved in a close personal relationship. Students must immediately notify the appropriate Director, or the Medical Education Office to request reassignment if their assigned placement is in violation of this policy.

3. Evaluations and examinations

3.1 General information
Please see: http://www.uottawa.ca/about/policies-and-regulations for more information about the examination process.

3.2 Examination procedures
Note: If students have any specific needs that would make it difficult to follow these procedures, they must contact the UGME Office as soon as possible in order to see whether arrangements can be made.

1. Examination dates are posted on the UGME website. Students must pay attention to the times of arrival and to the start and end times for each examination. No exceptions will be accepted without proper approval. Pre-clerkship students will receive an email notification to inform them when the specific group assignment and scheduling of each group is available through the online calendar within two weeks of the examination day.

2. Students should arrive outside the examination room at least 15 minutes before the examination is scheduled to begin. The name of students arriving after the examination begins will be submitted to the SPEC. Students arriving more than 15 minutes after the examination begins will not be allowed in the examination room and will need to go directly to the UGME Office (room 2046). A member of the office will contact the faculty representative responsible for the examination in order to get instructions on how to proceed.

BEFORE THE EXAMINATION:

→ Written examinations will be placed on the examination tables prior to the students entering the room and be set up with appropriate spacing.

→ Ten minutes before the start of the examination, students will be permitted to enter the examination room in silence to take their assigned seat. Clerkship students will also be required to sign in while showing their ID badges to the Proctors before taking their seat.

→ When taking their seat:
  Pre-clerkship students must follow the assigned seating when taking their seats;
  Clerkship Francophone stream students must take their seat where examinations include a pink evaluation form while Anglophone stream students must take their seat where examinations include a blue evaluation form.
  NOTE: Both sets of exams are in bilingual format.

→ When taking their seat, students must have their student card with them and place it on the table, face up.

→ Five minutes before the start of the examination, the students will be instructed to start filling in their name on the cover page only and student number on all sheets where it is requested.

→ Students will be instructed to start the examination when the appointed time is reached. With the exception of name and student number, nothing should be written on the examination until instructed
3. With the exception of a basic calculator, students are prohibited from using electronic devices or any other communication tool that has not been approved beforehand. Any such device or tool must be shut off, stored and out of reach. Anyone who fails to comply with these regulations may be charged with academic fraud. It is the students’ responsibility to verify which electronic devices or tools are permissible for each examination. You may refer to item 9.4 of the University’s Academic Regulations.

4. All notes, books, bags, coats and any items not necessary to the examination must be placed in an area not within reach. Only writing implements, tissues, throat lozenges, twist-top drinks or other food items that do not make noise or disturb others during the examination are permitted. Exceptions for food items can be made for students with specific health or religious needs. Any requests for such arrangements must be submitted to your Coordinator at least two business days prior to the examination.

5. Students must answer the questions posed. If there is no right answer then the question will be eliminated. If there is more than one right answer, then the answer key will be adjusted. These decisions will be taken after the examination in consultation with the Director of Evaluations and based on student feedback taken from the survey included with your examination.

6. During the written examination, only one student at a time will be permitted to leave for the purpose of using the washroom and will be escorted by a Proctor. Out of respect for fellow classmates, please use washroom if only absolutely necessary. It is expected that students use the washroom before or after the examination.

7. Students are not allowed to leave the examination early. Students must remain seated and quiet until the end of the examination period. This is to prevent disturbing other students who are still completing the examination.

8. If the examination contains any problematic questions, they should be noted on the survey sheet provided with your examination. This information will then be tabulated and presented to the SPEC for analysis.

AFTER THE EXAMINATION:

→ At the end of the examination, students will be asked to put down their pens or pencils. No extra time will be provided at the end of the examination to complete it or to fill out your name and student number (this is to be done prior to starting the examination).

→ Students must put all components of their examination back together using the paper clip provided.

→ Examinations will not be picked up; each student must return their examination to the assigned Coordinator and/or Liaison Officer at the designated location within the examination room. When submitting their examination, it is the responsibility of the student to ensure that all components are attached.

→ If the room availability permits, additional time will be allotted to complete the examination evaluation once the examination has been returned. If needed, students can email more comments to the UGME office before the following Monday morning. These comments should be sent directly to your Liaison Officer and/or Coordinator.

→ When leaving the examination room, all papers must be returned to the Coordinator and/or Liaison Officer assigned whether or not they have been filled out.

9. Out of respect for anyone still writing an examination, students should be quiet when in or around rooms where examinations are taking place. Failure to do so may be considered as a lack of professionalism.

10. In the case of an alarm, or any situation where evacuation of the examination room is necessary, Proctors will ask students to gather in a specific area so that they will remain together in silence (no discussion of the examination is permitted). The group must stay in this location for the duration of the evacuation and await
3.3 Academic fraud
Please consult the University’s Regulation on Academic Fraud.

3.4 Posting of student grades
Please refer to the University’s policy on Communicating grades and returning assessed work.

3.5 Appeal of summative evaluations

A student who is dissatisfied with the result of a summative evaluation may request a review of the evaluation result. To this end the following procedures shall be respected:

1. The student is encouraged first to approach the appropriate director.

2. If concern still persists, the student may submit to the Vice-Dean of UGME a written request for revision which must be made within ten working days from the day following the release of the marks and/or evaluation. Such a request shall identify:
   a) the course or clinical rotation in question;
   b) the tutor or clinical supervisor whose evaluation is in question;
   c) a statement of the grounds of the review.

3. A copy of the student’s request shall be forwarded to the chairperson of the multidisciplinary course, the link period or the clinical rotation.

4. A review committee shall be appointed by the Dean and shall consist of a Chairperson, three qualified Evaluators from the Faculty at large and the Chairperson of a department not involved in the appeal. Except when circumstances make it desirable or necessary, the original evaluator will not be appointed to the committee. The Vice-Dean of UGME should be available as a non-voting resource person for the review committee. The committee will re-evaluate the student’s performance in the course, link period or clinical rotation. The committee will have at its disposal the results of the formative and summative evaluations in questions, written narratives of the tutor’s performance, and all other relevant documents in order to form an impartial opinion of the person’s performance. The committee, in the light of all evaluations, shall determine the revised result, which may be identical, lower or higher than the original results.

5. The review committee shall report its decision to the Dean, who shall inform the student, the Tutor or the Clinical supervisor and the Faculty Council. It shall also provide the result of the review within a reasonable time. An appeal of the review committee’s recommendation may be made to the Faculty Council. Such an appeal must be made within two weeks of the date of the letter informing the student of the review committee’s decision. A copy of the appeal shall be sent to the Dean’s office. The Dean shall inform the student along with the Tutor or Clinical supervisor of the final decision. A student may appeal the Faculty Council’s decision to the Executive Committee of the Senate for the study of individual cases, on the grounds that due process was not properly followed.
3.6 Retention of examination booklets

See Academic regulations section 9.8

3.7 Examination and evaluation review policy

All requests for an examination and/or evaluation review session must be made within ten working days from the day following the release of the marks and/or evaluations (i.e. for CBL or clinical rotations).

The marks report initially sent following an examination is preliminary. Marks become official after approval by the SPEC.

Students have a right to review their examination under supervision. Nothing is to be written on the examination itself, or taken away after the review period. During the review session, students are not permitted to work in groups or discuss with each other the marking of their examination. Students will not be able to request a reconsideration of their answer in light of a different interpretation of a question, nor can students request remarking of their examination. Students can verify that their marks have been added properly. If errors in addition are noted, they will be corrected.

At the end of the review period, when all the arithmetic errors have been corrected, the cut-offs for counselling will be recalculated. Students will be informed that the official review period is over and that the marks are finalized. Individual students will be informed if their standing in the course has changed.

Students have a right to discuss their evaluations and comments with the Rotation Director within ten working days of receipt of the evaluation.

Senate Reference: 12:M05:04, approved June 11, 201

Procedure for examination review sessions

To protect the confidentiality of the student’s examination, the following rules must be respected:

- Only students that have registered to the review session will be allowed in the room.
- Students may have a pen or pencil as well as a calculator during the review. Everything else (i.e. back-packs, coats, electronic devices, etc...) must be left in an area of the room designated by the supervisor.
- Ten minutes before the start of the review, students will be permitted to enter the exam room in silence. Students must provide their student ID card to the supervisor in order to be allowed in the room and must then take their assigned seat.
- No student will be allowed in the room more than 15 minutes after the start of the review session.
- Exam booklets of the students who have not arrived within 15 minutes of the start of the session will be removed from the review session.
- Nothing is to be written on the examination itself, or taken away after the review session.
- Students are also not permitted to take notes on any other document.
- Students are not permitted to work in groups or discuss the marking of their examination with each other during the review session.
- Students can verify that their marks have been calculated properly. Any error in the calculation of the exam grade must be reported to the supervisor of the exam review session.
- At the end of the session, students must return their examination booklets to the supervisor in order to retrieve their student ID card.
- Students may refer to the section 3.5 of the Student Guide and Regulations if they wish to appeal a summative evaluation.
3.8 Program and Faculty evaluation – General information

The students must evaluate their teachers and the teaching program in a mature, constructive and respectful manner. A bilingual, centralized, Internet-accessible evaluation system (One45) is used for the evaluation of individual learning activities, courses as well as teachers. Students receive all evaluations however, they are only obliged to complete the following: (1) evaluate the Faculty Member facilitating learning activities labeled as MANDATORY on their schedule and (2) evaluate the course when they are a member of the evaluation team which occurs at least twice each year.

Students are not required to complete the teacher evaluation forms since attendance at most lectures and laboratories is not mandatory. However, we strongly recommend that all students complete the individual teacher evaluations (lectures and laboratories) since this feedback is extremely important to the Faculty and will lead to quality improvement. Please rest assured that it is not possible to determine the authorship of any online evaluation. The anonymity of the student is guaranteed at all times. However, it is possible to monitor who has submitted their evaluations.

Students have until the due date listed in the evaluation system (One45) to submit a mandatory evaluation (see above for definition of what constitutes mandatory evaluations). Students will get notifications to complete their evaluation. If students do not submit their evaluation before the due date, they will be called to meet with the Pre-clerkship Director in order to explain why they have not completed the mandatory evaluations. The Director will then report back to the SPEC as needed to determine whether or not the student should be placed on internal probation, a note should be placed in the professionalism section of the MSPR, or whether other actions should be taken.

3.9 Program and Faculty evaluation – Clinical preceptors

The students must evaluate their Clinical Preceptors and the teaching program in a mature, constructive and respectful manner. A bilingual, centralized, Internet-accessible evaluation system (One45) is used for the evaluation of individual learning activities, rotations and teachers. There are two mandatory evaluations. Every student must:

(1) evaluate their Clinical Preceptors in each rotation and (2) evaluate the overall quality, organization and teaching at the end of each six week clerkship rotation. This feedback is extremely important to the Faculty and will lead to quality improvement. Students are also requested to voluntarily complete the teacher evaluation forms for the didactic sessions within each rotation.

Please rest assured that it is not possible to determine the individual authorship of any online evaluation. The anonymity of the student is guaranteed at all times. However, it is possible to monitor who has submitted their evaluations.

Students have until the due date listed in the evaluation system (One45) to submit a mandatory evaluation (see above for definition of what constitutes mandatory evaluations). Students will get notifications to complete their evaluation. If students do not submit their evaluation before the due date, they will be asked to meet with the Clerkship Director in order to explain why they have not completed the mandatory evaluations. The Director will then report back to the SPEC as needed to determine whether or not the student should be placed on internal probation, a note placed in the professionalism section of the MSPR, or whether other actions should be taken.
4. Academic standing

4.1 Good standing / academic concern list
Definitions for good standing and academic concern list

A student in good standing:
- is registered for the current academic year or current session;
- has paid tuition fees for the current session;
- has met the ongoing requirements of the Office of Risk Management (immunization, mask fitting, CPR course and police record check).

A student active on the academic concern list:
(This is an internal designation within the Faculty overseen by the SPEC.)
- has failed a written examination and not yet passed the remedial or supplemental examination;
- has deferred and not yet taken an examination;
- has deferred or failed and not yet passed a subsequent OSCE;
- has failed an evaluation and not yet completed the remediation;
- has an active professionalism issue;
- is currently being monitored by the Faculty Wellness Office; or
- is deemed as being in difficulty by the SPEC.

In order to be eligible to commence a core 3rd year Distributed Medical Education (DME) placement, a student must not be on the active academic concern list.

Any exception to the above designation can be approved only by the SPEC.
4.2 Letter of good standing

To request a letter of good standing, please complete the online form Request for a letter of good standing. Kindly note that to be eligible to receive a letter of good standing, your record must comply with the following:

- you must be registered for the current academic year or current session;
- your tuition fees must be paid for the current session;
- you must meet the ongoing requirements of the Office of Risk Management (immunization, mask fitting, CPR course and police record check).

It is the student’s responsibility to ensure that these requirements are met. If your record is in good standing, the letter will be delivered within two business days. Should you have any questions, you may contact the Academic Assistant at medaca@uottawa.ca.

4.3 Medical Student Performance Record (MSPR)

MEDICAL STUDENT PERFORMANCE RECORD

November 2016

Dear Program Director:

Re: First Name Middle Name Last Name, Degree

The following is an analysis of the academic performance and accomplishments of First Name Last Name who has successfully completed three years of a four-year medical program and is expected to graduate in May 2017.

Professionalism is evaluated in all components of the MD Program and a student can be dismissed on this basis, regardless of their academic standing.

Please note that Year 3 consists of 51 weeks of core clinical training. Consequently, there is no opportunity to undertake clerkship electives until the fourth year.

PRE-CLERKSHIP PROGRAM

Performance in the first two years of the Program is evaluated in written examinations and in Case Based Learning Tutorials (CBL). A pass in a Unit is defined as satisfactory CBL sessions and obtaining a mark on the written exam \( \geq 60\% \). The performance rating is based on a pass/fail system only.
YEAR 1 & YEAR 2

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Weeks</th>
<th>Performance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the Profession Unit</td>
<td>2</td>
<td>Pass</td>
</tr>
<tr>
<td>Foundations Unit</td>
<td>13</td>
<td>Pass</td>
</tr>
<tr>
<td>Unit I</td>
<td>19</td>
<td>Pass</td>
</tr>
<tr>
<td>Unit II</td>
<td>15</td>
<td>Pass</td>
</tr>
<tr>
<td>Unit III</td>
<td>10</td>
<td>Pass</td>
</tr>
<tr>
<td>Integration Unit</td>
<td>9</td>
<td>Pass</td>
</tr>
<tr>
<td>Rural Week</td>
<td>1</td>
<td>Pass</td>
</tr>
<tr>
<td>Mandatory Clinical Week</td>
<td>1</td>
<td>Pass</td>
</tr>
<tr>
<td>Physician Skills Development</td>
<td>2 years</td>
<td>Pass</td>
</tr>
<tr>
<td>Portfolio on Core Competencies Part 1 &amp; 2</td>
<td>2 years of 4 years</td>
<td>Pass</td>
</tr>
</tbody>
</table>

CBL TUTOR SUMMARY

CBL tutors in years 1 and 2 consistently describe First Name as someone who:

CLERKSHIP PROGRAM

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Weeks</th>
<th>Performance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio on Core Competencies Part 3 &amp; 4</td>
<td>2 years of 4 years</td>
<td>Pass</td>
</tr>
</tbody>
</table>

YEAR 3

Clinical rotations are preceded by a 3-week Link Period for which students must pass a clinical evaluation. Clerkship rotations are 6 weeks in duration. To achieve a pass, a student must pass the clinical performance evaluation and the written examination. Students have 2 opportunities to pass the written examination before failing a rotation. A student may be distinguished only by being nominated for or winning an outstanding clinical performance award (Award in Education Clinician Competency).

To graduate, students must pass a comprehensive clerkship OSCE.

Rotations are listed in the order taken by the student.

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Rotation Head/Preceptor Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>First name:</td>
</tr>
<tr>
<td>Nominated for the Outstanding Clinical Performance Award</td>
<td>•</td>
</tr>
<tr>
<td></td>
<td>•</td>
</tr>
<tr>
<td>Title</td>
<td>Hospital Name, City, Province</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>PRE-CLERKSHIP ELECTIVES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ACADEMIC/CLINICAL/INTERPROFESSIONAL</strong></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Hospital Name, City, Province</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>MANDATORY/COMMUNITY SERVICE LEARNING - CSL</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Placement</td>
<td># of hours</td>
</tr>
</tbody>
</table>
### VOLUNTEER/COMMUNITY SERVICE

<table>
<thead>
<tr>
<th>Role</th>
<th>Name (description of the committee)</th>
<th># of years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

### SPECIAL INTEREST GROUPS

<table>
<thead>
<tr>
<th>Role</th>
<th>Name (description of the committee)</th>
<th># of years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### PROFESSIONAL DEVELOPMENT

<table>
<thead>
<tr>
<th>Title &amp; Role</th>
<th>City, Province</th>
<th>Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CLERKSHIP ELECTIVES

<table>
<thead>
<tr>
<th>Title</th>
<th>Hospital Name, City, Province</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AWARDS RECEIVED

Note: See the Ottawa Disclosure Form for a description of Awards.

### CONTRIBUTIONS TO THE FACULTY OF MEDICINE

### LEADERSHIP EXPERIENCE

### ADDITIONAL CERTIFICATIONS

### SOCIAL ACCOUNTABILITY

### RESEARCH

### REPRIMANDS/PROBATIONS ON PERMANENT RECORD

### SPECIAL CIRCUMSTANCES/COMMENTS

I certify that every effort has been made to ensure the accuracy of the information presented in this report and I accept responsibility for this document.

### 4.4 Access to academic record

If you require access to your record, contact the UGME office. Access to student records is governed by University of Ottawa Policy 14a.
4.5 Clinical Skills Support Program (CSSP)

4.5.1 PSD Course/PSD OSCE

A student will be placed in the CSSP if he/she fails the PSD course (PSD OSCE or PSD tutor evaluations) or defers the PSD OSCE.

He/she will have a selected Preceptor for the link period to focus on history and physical examination skills prior to entering the first rotation.

In each subsequent rotation, a Preceptor will be selected who is interested in working with students on identified areas of concern, and will provide constructive, timely feedback. The student will not be permitted to participate in the Distributed Medical Education Program or in any community rotations unless permission is granted by the SPEC.

If the student passes the Year 3 Teaching/Testing OSCE in March, he/she will be removed from the CSSP.

If the student on CSSP does not pass the Teaching/Testing OSCE, he/she will remain on the CSSP.

If the student passes the Year 3 Comprehensive OSCE, he/she will be removed from the CSSP.

If the student does not pass the Year 3 Comprehensive OSCE, the SPEC will review the student’s file and determine the subsequent course of action.

4.5.2 Teaching/Testing OSCE

If a student passes the PSD OSCE but fails the Teaching/Testing OSCE in March, the student will be placed on the CSSP and added to the academic concern list. The student will not be permitted to participate in the Distributed Medical Education Program or in any community rotations unless permission is granted by the SPEC. If the student passes the Comprehensive OSCE in September, the student will be removed from the CSSP. However, if the student fails the Comprehensive OSCE in September, the case will be brought to the SPEC who will review the student’s file and determine the subsequent course of action.

4.5.3 Comprehensive OSCE

If a student passes the PSD OSCE and the Teaching/Testing OSCE but fails the Comprehensive OSCE, the student will be placed on the CSSP while completing electives in Ottawa only and will be added to the academic concern list. The student will meet with the Clerkship Director and an intensive remediation program will be set up including one on one mentoring, review sessions on communication skills, and mock OSCEs. The student will retake the Teaching/Testing OSCE. Should a student fail the retake OSCE, the case will be brought to the SPEC who will recommend remediation, repeat of an academic year or withdrawal from the program.
5. Guidelines for appropriate use of the Internet, electronic networking and other media

These guidelines apply to all medical trainees registered at the Faculty of Medicine at the University of Ottawa, including undergraduate students, graduate students, postgraduate students, postdoctoral fellows, clinical fellows, clinical research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging (IM), social networking sites, e-mail, posting to public media sites, mailing lists and video-sites.

The capacity to record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions and practices. Significant educational benefits can be derived from this technology but trainees need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for medical trainees and the profession in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression.

Postgraduate trainees are reminded that they must meet multiple obligations in their capacity as university students, as members of the profession and College of Physicians and Surgeons of Ontario (CPSO), and as employees of hospitals and other institutions. These obligations extend to the use of the Internet at any time – whether in a private or public forum.

Undergraduate medical students are reminded that they must meet multiple obligations in their capacity as university students and as future members of the profession. These obligations extend to the use of the Internet at any time – whether in a private or public forum. These guidelines were developed by reference to existing standards and policies as set out in the Regulated Health Professions Act, the Medicine Act and Regulations, CPSO The Practice Guide: Medical Professionalism and College Policies, September 2007, Faculty of Medicine Standards of Ethical and Professional Behaviour, and the Core Values of professionalism, University of Ottawa.

Medical trainees are also subject to the Personal Health Information and Privacy Act as “health information custodians” of “personal health information” about individuals.

General guidelines for safe Internet use:

These guidelines are based on several foundational principles as follows:

- Patient privacy and confidentiality must be maintained at all times;
- An obligation exists to maintain the privacy and security of patient records under The Personal Health Information Protection Act (PHIPA), which defines a record as: “information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise;”
- The content and tone of all electronic communications must remain respectful and professional;
- Material published on the Web should be considered permanent and public;
- Bloggers are personally responsible for the content of their blogs.
Posting information about patients

- Never post personal health information about an individual patient.
- Personal health information has been defined in the PHIPA as any information about an individual in oral or recorded form, where the information “identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual”.
- These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Trainees should ensure that anonymized descriptions do not contain information that will enable any person, including people who have access to other sources of information about a patient, to identify the individuals described.

Exceptions that would be considered appropriate use of the Internet

It is appropriate to post:

- with the express consent of the patient or substitute decision-maker;
- within secure internal hospital networks if expressly approved by the hospital or institution. Please refer to the specific internal policies of your hospital or institution;
- within specific secure course-based environments that have been set up by the University of Ottawa and that are password-protected or have otherwise been made secure (even within these course-based environments, participants should “anonymize” individuals);
- when no patient identifiers are associated with materials presented; and
- when factual rather than judgmental language is used to describe patient behaviour. All events involving a patient should be described as objectively as possible, e.g., describe a hostile person by simply stating the facts, such as what they said or did and surrounding circumstances or response of staff, without using derogatory or judgmental language.
- entirely fictionalized accounts that are so labeled.

Posting information about colleagues and co-workers

- Respect for the privacy rights of colleagues and co-workers is important in an inter-professional working environment.
- If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission – preferably in writing.
- Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behaviour.

Professional communication with colleagues and co-workers

- Respect for colleagues and co-workers is important in an inter-professional working environment.
• Addressing colleagues and co-workers in a manner that is insulting, abusive or demeaning is unprofessional behaviour.

Posting information concerning hospitals or other institutions

• Comply with the current hospital or institutional policies with respect to the conditions of use of technology and of any proprietary information such as logos or mastheads.

• Medical trainees must not represent or imply that they are expressing the opinion of the organization.

• Be aware of the need for a hospital, other institution and the University to maintain the public trust.

• Consult with the appropriate resources such as the Public Relations Department of the hospital, Postgraduate or Undergraduate Medical Education Office, or institution who can provide advice in reference to material posted on the Web that might identify the institution.

Penalties for inappropriate use of the Internet

The penalties for inappropriate use of the Internet include:

• Remediation, dismissal or failure to promote by the Faculty of Medicine, University of Ottawa.

• Prosecution or a lawsuit for damages for a contravention of the PHIPA.

• A finding of professional misconduct by the College of Physicians and Surgeons of Ontario (residents only).

Enforcement

All professionals have a collective professional duty to assure appropriate behaviour, particularly in matters of privacy and confidentiality.

A person who has reason to believe that another person has contravened these guidelines should approach his/her immediate Supervisor/Program Director for advice. If the issue is inadequately addressed, he/she may complain in writing to the appropriate Vice-Dean, Medical Education or to the College of Physicians and Surgeons of Ontario through designated processes.

Complaints about breaches of privacy may be filed with the Information and Privacy Commissioner/Ontario.

Senate Reference 09:M05:33 Approved: November 30, 2009
6. Interacting with industry and outside agencies in a teaching environment – Policy

Faculty members, including regular Faculty Members and Clinical Faculty Members who may not be employees of the University (including Clinical Preceptors), but are involved with teaching students at the University (subsequently referred to as teachers), medical students, residents, graduate students and post-doctoral trainees (subsequently referred to as learners) need to be aware of potential conflicts of interest in their dealings with industry and outside agencies or organizations (subsequently referred to as industry). Any conflict of interest which undermines the integrity of the learning environment (including the physician-patient relationships) is to be avoided. This document is intended to assist teachers and learners in appraising and regulating their relationship with industry and to guide learning.

The following general principles apply:

- The primary obligation of learners is to their education.
- Education should promote objectivity, the balanced presentation of information, and the avoidance of conflict of interest.
- The purpose of professional interactions between learners, their teachers and industry is the realm of advancing knowledge.
- The relationship between the medical student, the resident and the Faculty of Medicine and industry is guided by the Canadian Medical Association (CMA) Code of Ethics and the CMA Guidelines for physicians in interactions with industry. ([http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD08-01.pdf](http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD08-01.pdf))

The following are guidelines for instruction at the Faculty of Medicine, University of Ottawa:

- Curricula should include formal training regarding the ethical guidelines for the relationship and interactions of physicians and researchers with industry.
- Learners should be informed of pertinent teacher conflict of interests at the beginning of instruction (i.e. slides or preliminary announcements).
- Generic names of agents and devices should be used during instruction.
- Educational events, supported financially by industry sources, should meet the following criteria:
  - Funding is obtained through an unrestricted educational grant.
  - Funding source is disclosed to learners in advance.
  - Specific trade names or products should not be associated with the event.
  - Industry representatives should not be in attendance.
  - Learners should not be penalized for adhering to these guidelines.
University of Ottawa medical students and residents are advised not to:

- Attend any function sponsored by industry unless it is primarily for the purpose of medical education.
- Meet with industry representatives unless accompanied by their Preceptor or Tutor.
- Accept any gifts or personal rewards from industry.
- Use or openly display items which contain industry company names or logos while conducting patient care activities.

The University of Ottawa faculty are advised that interaction with industry creates a potential conflict of interest and their interactions should be guided by the CMA policy on Physician Industry Interactions (2007) and to follow the University’s Policy 70 on Conflict of Interest.

If in doubt, the student or resident should seek advice from an appropriate Faculty Member; the Faculty Member should seek guidance from the Chair of the department or division.

Breach of this policy by learners and teachers will be subject to penalties as determined by the appropriate office (Undergraduate Medical Education, Postgraduate Medical Education, Research services and/or the Office of Professional Affairs).

*DEFINITION: Commercial organizations include pharmaceutical companies and manufacturers of medical devices, infant formulas and health care products as well as service suppliers.

Medical students are expected to consult and abide by the following:

Canadian Medical Association – Guidelines for physicians in interactions with industry

RELATED DOCUMENT:

Residents and Industry: Guidelines for Postgraduate Training in Medicine. Faculty of Medicine, University of Ottawa

References:


7. Clinical setting

7.1 Accidents in the clinical setting

1. Regardless of the Preceptor’s recommendation, every student has the obligation and the responsibility to complete the online Accident, Incident or Occupational Disease Form within 24 hours after the accident:
   
   a. he/she suffers (i.e. scalpel cut, needle prick, etc.) in the clinical setting or when the incident could have resulted into being injured because of a violation of the occupational health and safety standards;
   
   b. when the injury results in an absence from the clinical setting.

2. Contact the Office of Risk Management

7.2 Night call and shift policy for clerkship students

7.2.1 Night call

Night call is an essential mandatory educational component which should be viewed as an opportunity. It is hoped that the night call schedule in most rotations will average at least once per week for weeknights plus some weekend experience, and must not exceed one in four on average. Students are expected to spend the entire night in the hospital.

It is understood that for health and safety reasons, when post-call or post-night shift, a student will never be expected to drive or commute to a clinic, office, another hospital or to any teaching facility.

Students will be released from all duties including call by 5 p.m. on the two evenings prior to any rotation examination (Wednesday, Thursday) every 12 weeks, with the exception that students doing a shift during a rotation in emergency or emergency pediatrics will be released of all duties by 11 p.m. on the Wednesday prior to any rotation examination. Students may have to do a night call over the last weekend at the end of the first six-week rotation of a cycle. In such case, they will be relieved of duty at 5 p.m. on the Sunday to prepare for the start of the last six weeks of the rotation which begins the next morning. Students are not expected to perform night call on the last weekend of each 12-week rotation.

OSCE: The Teaching/Testing OSCE is scheduled on Monday; therefore, students will be released from call as of 11 p.m. on the preceding Saturday, and released from call as of 5 p.m. on the preceding Sunday. Students are released as of 3 p.m. on the day of the OSCE.

The last weekend between rotation blocks (every 12 weeks) should not be used for scheduling routine call. However, under special circumstances, where agreed by the student, it may be used to make up for call or clinical
sessions that students missed during the regular rotation. In this event, the student should be released after 5 p.m. on the Sunday evening.

### 7.2.2 Obstetrics and Gynecology

Following night call, students in this rotation must go home, provided they have handed over the care of the patients to their colleagues via in-patient rounds. Such handover shall not exceed one hour. When post-call, students are not expected to attend any other clinical activities including out-patient clinics, physicians' offices or O.R. lists.

### 7.2.3 Other rotations with in-house call

Clerkship students shall be relieved of their duties after ensuring adequate handover of patient care responsibilities, and no new patient responsibilities will be assigned. The handover period will not exceed two hours following the end of the in-hospital call period. When post-call, students are not expected to attend any other clinical activities including out-patient clinics, physicians' offices or O.R. lists.

### 7.2.4 Call from home

The handover period will not exceed two hours following the end of a night call from home if the student commences work in the hospital after midnight but before 6 a.m. or a student who works for at least four consecutive hours at least one hour of which extends beyond midnight. Otherwise the student will be expected to attend their usual duties following the end of the call. In addition, there will be no home call after 11 p.m. when a facility cannot provide a call room.

### 7.2.5 Evening call

At a facility that doesn’t provide call rooms, students are expected to finish their call no later than 11 p.m., including hand-over time. Under no circumstances will a student be requested to stay later than 11 p.m. in such a facility.

In rotations where night calls are scheduled to finish at 11 p.m., students are to leave the facility no later than 11 p.m. including hand-over. It is also expected that a student will attend clinical or academic activities on the following day as per the usual established schedule in that rotation. A minimal period of eight hours is to be allowed for rest between the end of such a call and the start of activities on the next day.

### 7.2.6 Clinical shifts

In the case of clinical shift work, such as in the emergency medicine part of the acute care rotation, students will be allowed to leave the hospital at 11 p.m. if they are expected to come back for compulsory activities on the next morning. A minimal period of eight hours is to be allowed for rest between the end of a shift and the start of activities on the next day. In addition, a student will never be expected to attend any activities on the same day after the end of a night shift.
This policy is based on the Professional Association of Residents of Ontario (PARO) regulations in effect July 1, 2009.

7.3 Orders and notes

Orders and notes in a patient’s record and all related documentation must be clearly identified with MS3 or MS4 next to the student’s signature or according to the instructions for the particular rotation.

7.4 Hospital greens

Hospital greens are the property of the hospital and can constitute a health hazard when contaminated. Greens must not leave hospital premises under any circumstance. For further information, please refer to the Hospital Coordinator.

7.5 Clinical Placement Requirements Record

Every student’s immunization record must be up to date and should comply with the Faculty of Medicine’s requirements, i.e. yearly TB testing and seasonal influenza vaccination. Students with medical exemptions must present the documentation to the Office of Clinical Placement Risk Management. Students will be withdrawn from clinical duties if their immunization record is found to be deficient. Time away from educational activities will have to be made up once the immunization record is found to be compliant with the Faculty regulations.

7.6 Appropriate appearance at clinical encounters

These guidelines were developed by students and Faculty Members in conjunction with community members in order to provide recommendations to students, residents and Faculty Members – both male and female – regarding their appearance while encountering patients. In addition to being appropriately dressed, there are other issues concerning appearance as well as health and safety regulations. The precise details will vary with each situation and often depends on the clinical setting -- the key word is appropriate. Please be informed of the specific policies of each institution.

“Dress is the external reflection of your professional attitude toward your patient.” A professional demeanor contributes to patient trust and enhances confidence. It is an important factor to enhance patient compliance with medical recommendations. Remember that being hospitalized is a stressful event for a patient and family and that a health professional’s appearance and demeanor should be comforting and reassuring.

Suggestions

Be well groomed and clean. Body odor should be well controlled. Do not expose your shoulders, midriff, cleavage and upper thighs. Avoid provocative attire and any clothing with obvious commercial logos. Keep jewelry to a minimum, especially when it comes to visible piercing.

Long hair should be tied back during patient examinations. In addition, although pediatric patients may appreciate
colored hair, some adults may have a different view.

It is suggested that males wear a shirt with a collar and be prepared to wear a necktie. Women should use their judgment when choosing a skirt so that its length complements their professional image. Baseball caps are not considered suitable head gear in a clinical milieu.

You should be prepared to wear your white coat. You should always wear your identification badge.

When in doubt, use your Preceptor as a guide. Seek advice, accept positive and constructive feedback, and modify your behaviour accordingly. Respect and consideration for the patient should be your concern.

Health and Safety Regulations in the hospital setting currently dictate that:

- Perfumes and strong scents (from shampoo, hand creams, deodorants, etc.) are not permitted due to the possible sensitivity of patients and coworkers.

- Shoes – not sandals – must be worn in clinical settings where exposure to body fluids is likely (surgical, obstetrics/gynecology, intensive care and emergency rotations for example). Shoes which are open in the back are acceptable, in most situations. For O.R. duties, check with each institution regarding appropriate footwear.

- It is important to trim fingernails, as long or artificial nails can cause harm to patients and have been demonstrated to transmit infection.

- Scrub suits (i.e., “greens”) are not to be worn outside of the hospital.

- Expectations regarding appearance should be widely distributed to faculty, staff, residents and students. This information should be clearly stated at the onset of any new clinical situation. Hospital policy on this matter needs to be consulted; in case of discrepancies, the latter will prevail.

The onus, however, is on you to ascertain that your appearance is acceptable in any particular setting. In other words, ask ahead of time and/or think about what is “appropriate” -- and professional -- wherever you go, and you can’t go wrong!
8. Reimbursement of travel expenses and accommodation for students

The purpose of this policy is to provide partial reimbursement for students who are assigned by the Faculty to sites outside the region for PSD, Community Service Learning (CSL), and mandatory clerkship rotations. This policy does not, at any time, apply to electives.

Students required by the Faculty to travel outside the Ottawa-Gatineau area (outside a 25-km radius of Roger Guindon Hall) receive a travel allowance based on the location of the clinical placement.

Within two weeks of termination of the clinical rotation or at the end of each term for PSD assignments, students must submit their evaluation form as proof that they have completed their rotation/PSD. When this evaluation is received, the person in charge at the UGME Office arranges to have a reimbursement cheque issued. Students generally receive reimbursement within ten working days after reception of their evaluation. If their evaluation is not received within the ten working days, the Faculty reserves the right to turn down the request for reimbursement.

Whenever possible, low-cost accommodations (e.g. $125 weekly or less) are identified in locations that are situated 100 km or more from Roger Guindon Hall and accommodation expenses are reimbursed directly by the Faculty. If no accommodations have previously been identified by the Faculty, a sum of $25 per day is allowed up to a maximum of $125 weekly (weekend excluded). In this case, the travel allowance is limited to one (1) round trip per week.

Students are responsible, where applicable, for enrollment fees at another faculty of medicine or college of physicians of another province (e.g. University of Manitoba).

As for more remote sites for which travel expenses are not already subsidized by programs such as the Northern Ontario School of Medicine (NOSM) program, the Eastern Regional Medical Education Program (ERMEP), etc., expenses corresponding to the most economical means of transportation shall be reimbursed.

Students travelling to another province for a rotation or to a rural or remote community in Ontario under the auspices of the Consortium national de formation en santé (CNFS) are subject to the CNFS’ Politique de remboursement des frais de déplacement pour stages en milieu clinique [policy on reimbursement of travel expenses for clinical clerkships].

All requests for an exception to this policy must be justified in writing and approved by the Vice-Dean, UGME. In all cases, the Faculty shall reimburse the student for the least costly alternative. Consequently, it is important to make arrangements well in advance of travelling to clinical sites with the person in charge of PSD or clerkship rotations at the UGME Office.

For reimbursement of student travel and/or housing expenses, please use:
Form of Request for Student’s Reimbursement
List of Travel and/or Housing Expenses

N.B.: The Faculty and the University assume no responsibility for damages to a personal vehicle used by a student for travel. Students must therefore check with their insurance company to determine whether they need to obtain additional insurance.
9. Student support

9.1 Student Affairs Office

The Student Affairs Office offers service and support to students in the areas of general health, financial resources and career counselling. Please see their website for more information:

9.2 Academic support

As a student of the Faculty of Medicine, you have available to you a number of different academic support tools. We have an Academic Advisor who can offer you personalized service to help you with your studies in the Faculty of Medicine’s doctoral program. The Academic Advisor works in close collaboration with the Faculty’s Student Affairs Office and the Student Academic Success Service (SASS) of the University of Ottawa.

Services offered:

- Advice with clerkship planning throughout your medical education program
- Advice and strategies regarding your application for residency programs (CaRMS)
- Support for passing written examinations
- Support for passing the practical examination (OSCE)
- Clinical Skills Support Program (CSSP)
- Mentoring/tutoring services
- Coordination of specific accommodations
- Referral to various services within the Faculty and the University to promote and facilitate your academic success, as needed

9.3 Student accommodations

Each medical student is responsible for their own success and for availing themselves of all supports available. Any medical student with disability has a right to reasonable accommodation and should consider requesting all available help.

It is the medical student's responsibility to initiate the process of requesting an accommodation by contacting the Student Affairs Office to make an appointment with the Accommodations Counsellor. Each request is confidential.

Please see the student affairs website for more information.
10. Technology

10.1 Medtech
Medtech is responsible for all items relating to technology within the Faculty, providing services including database management and programming, technical assistance, and the creation of CBLs and SLMs. Please see their website for information on One45, handheld computers, and how to contact them: http://www.med.uottawa.ca/medtech/eng/.

10.2 Email communications
Please note that the Faculty will only use your Ottawa assigned email address when communicating with you by email. As a student, it is compulsory for you to use your University email address for all MD Program related email communications. For the remainder of your studies at the Faculty of Medicine, Hotmail or other such email accounts must not be used for communications associated with your studies.

10.3 One45 Guide

WebEval site
Open a new browser and go to the page https://ottawa.one45.com/.

Enter your username and password (you received this information by email). The first time you’ll log on, you’ll be asked to change your password.

With the left menu, you have access to different options (schedule, evaluations, personal information).

Schedule:
To view your schedule, just select « Schedules » on the left menu and then select « My Calendar » under the left menu. At the top left-hand corner of the calendar, there are options to print and export your calendar. At the top right-hand corner, there are also different options to display the calendar (daily, weekly, etc.). At the bottom left-hand corner, there are filters that you can apply to the calendar.

You can click on a course to see an overview.

To Do:
You can select « To Dos », on the left menu, to see the evaluations you have to fill out or other activities that involves you. In order to fill out an evaluation, click on the evaluation link and fill out the form.

When you have to fill out an evaluation, you’ll be noticed by email. Follow the instructions in the email in order to fill out the evaluation form.

Change username / password:
To retrieve or change a password, please go to http://www.medecine.uottawa.ca/AccountAdmin.

10.4 User code of conduct for computing resources
For more information refer to the University’s User Code of Conduct for Computing Recourses.
11. Optional enrichment courses

**ELE3951: ENRICHMENT YEAR – POST YEAR 3**
This course allows students to take a year in between years 3 and 4 of Clerkship to supplement their medical training by pursuing unique opportunities that are not covered in the MD. Students must complete 48 weeks of supervised and evaluated training at sites approved by the Faculty of Medicine. Students must submit a proposal and obtain permission from the Faculty at least six (6) months prior to the beginning of their fourth year of study. This course cannot be repeated.

**Prerequisites:** Completion of the first three (3) years of undergraduate medical education curriculum.

**ELE4931: ENRICHMENT YEAR – POST YEAR 4**
This course allows students that have not been matched to a residency program to complete additional clinical and research experiences to assist with career selection. Students must complete 30 weeks of supervised and evaluated clinical training, with an additional 12 weeks of research, humanities or community service projects at sites approved by the Faculty of Medicine. The clinical training in any given discipline cannot exceed 50% of the total weeks of clinical electives. Students must obtain permission from the Faculty at least 30 days prior to convocation. Students will begin this course starting in the summer following their LMCC exam and graduate upon completion of the enrichment year. This course cannot be repeated.

**Prerequisites:** Completion of the four (4) years of the undergraduate medical education and no match to a residency program. Precludes students from taking course ELE4941.

**ELE 4941 – ENRICHMENT YEAR – POST MD**
This course allows students who are graduating and who have not been matched to a residency program to complete additional clinical and research experiences to assist with career selection. Students must complete 30 weeks of supervised and evaluated clinical training, with an additional 12 weeks of research, humanities or community service projects at sites approved by the Faculty of Medicine. The clinical training in any given discipline cannot exceed 50% of the total weeks of clinical electives. Students must obtain permission from the Faculty at least 30 days prior to convocation. Students will begin this course starting in the summer semester following convocation. This course cannot be repeated.

**Prerequisites:** Graduating from the undergraduate medical education program and no match to a residency program.

**Committee**
Faculty Council
Executive Committee of the Senate

**Approval Date**
November 26, 2013