Undergraduate Medical Education Promotion, Assessment and Appeal Regulations
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Introduction
This document outlines the regulations and guidelines for promotion, assessment and appeals throughout the undergraduate medical curriculum. It is recommended that students familiarize themselves with these promotion, assessment and appeal regulations. It is advisable to review them at the beginning of each academic year. If clarification is required of any of the content of these regulations, please contact the Associate Dean, Undergraduate Medical Education (UGME) or the Associate Dean, Dalhousie Medicine New Brunswick (DMNB), as appropriate.

A. Progress Committee
The Terms of Reference of the Progress Committee can be found at:
http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/faculty-council/Procedural-Framework-ToR-for-Faculty-Faculty-Council-Standing-Committees.pdf

B. Assessment
A variety of assessment methods are used for the educational experiences throughout the undergraduate medical program including, but not limited to: examinations (written and clinical), tutorial evaluations, assessments of clinical rotations or clinical learning experiences in the form of In-Training Evaluation Reports (ITERs), Objective Structured Clinical Examinations (OSCEs), clinical logs, assessments required for the Research in Medicine program, and participation in scheduled academic sessions.

The standards for assessments are set by the Faculty of Medicine.

C. Professional Conduct
A student in the undergraduate medical education program must meet both academic and professionalism requirements in order to graduate. The Faculty of Medicine Professionalism Policy can be found at:
http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/DMS_ProfessionalismPolicy.pdf

Without limiting what is contained in the Professionalism Policy, medical students are expected to adhere to the standards of ethical behaviour expected for the medical profession. Behaviour which violates these principles, and which affects the performance of professional activities, is viewed as a demonstration of lack of suitability to be a physician. In light of this, assessment of behavioural and ethical performance will be related to the following:
a. **Communication.** The medical student must display adequate skill at communicating and interacting appropriately with their patients, peers, families, clinical faculty and other medical staff, support staff and other health care professionals as described in (b);

b. **Required Professional Behaviours.** Medical students must demonstrate:

- respect, empathy and compassion for patients and their families;
- concern for the needs of the patients and their families to understand the nature of the illness and the goals and possible complications of investigations and treatment;
- respect for, and ability to work harmoniously with their peers, clinical faculty, other health care professionals, support staff and medical staff;
- recognition of the importance of informed self-assessment and of lifelong learning for the maintenance of competent performance;
- awareness of the effects that differences in cultural and social background have on the maintenance of health and the development of, and reaction to, illness;
- respect for the patient as an informed participant in decisions regarding his/her care, wherever possible;
- respect for, and compliance with institutional policies, guidelines and bylaws;
- behaviour that is supportive and respectful in tutorials and all learning activities;
- openness to feedback and a willingness to make changes in response to feedback;
- compliance with academic attendance requirements of the undergraduate medical program.

c. **Unacceptable Behaviours.** Behaviour unacceptable to the professional study of medicine includes, but is not limited to:

- breach of any of the above principles of behaviour;
- referring to oneself as, or holding oneself to be, more qualified than one is;
- behaviour or inappropriate judgement which adversely affects the medical education of self or others;
- commission of a criminal act;
- failure to be available while on call;
- failure to attend mandatory teaching sessions;
- failure to respect patients' rights;
- breach of confidentiality;
- failure to provide transfer of responsibility for patient care;
- failure to keep proper medical records;
- falsification of medical records;
- sexual impropriety or other unethical behaviour involving a patient;
- being under the influence of alcohol or drugs while participating in patient care or
on call;
- sexual or other harassment of peers or other members of the health care team;
- any conduct unbecoming of a medical student in training.

Other behaviours not listed may also be considered unacceptable. The above is not an exhaustive list. Proven and confirmed breaches of these ethical and behavioural standards are serious matters, represent a failure to meet accepted standards and may result in remedial training, removal from clinical rotations or possible dismissal from the undergraduate medical program under these Regulations.

D. Remediation
Remediation is a formal program designed to assist the student in correcting his or her identified deficiencies in clinical, academic and professional performance so that the student has the opportunity to be successful in the program.

a. **Circumstances Requiring Remediation.** The Associate Dean, UGME or DMNB, shall require a student to complete a remedial training program when:

   - The student receives a failure in a tutorial evaluation.
   - The student receives a failure in an end of unit summative examination.
   - The student fails one clerkship rotation summative examination.
   - The student fails an OSCE examination.
   - The student fails an ITER.
   - The student demonstrates attitudes or behaviors that are unprofessional.

b. **Circumstances that May Require Remediation.** The Associate Dean UGME or DMNB, shall decide whether a student must complete a remedial training program when:

   - the student has received an unsatisfactory/failing evaluation on any assessment other than those specified in section D.a.;
   - receives narrative concerns or low performance flags on two ITERs in one academic year;


c. **Meeting with Associate Dean, UGME or DMNB:** Students in the following situations must arrange to meet with the Associate Dean, UGME or DMNB. The purpose of the meeting is to identify how best to address deficiencies. Students in these situations are not considered to be in a formal remediation program:

   - If any concerns are identified on a tutorial evaluation;
   - Where concerns are identified on an ITER;
   - A student who has a second component failure in an examination within one
academic year;
• A student who fails 3 or more domains in a single OSCE examination; or
• A student fails a single domain across two OSCE examinations.

d. **Remedial Program Design.** All remedial programs will be designed using a process and form developed by the UGME office.

e. **Contents of the Remedial Program.** The Associate Dean UGME or DMNB will design the remedial training program, in consultation with the appropriate unit head and any other individual the Associate Dean determines is appropriate. At his or her discretion, the Associate Dean, UGME or DMNB, may request input from the Progress Committee for any remediation plan.

The remediation will address the identified deficiencies in the student performance. The remedial plan shall be summarized in writing, and shall include the following elements:

• nature of the remedial program;
• identified areas to remediate;
• expected outcomes of remedial training;
• time frame for elements of the remedial program, including completion;
• outline of the methods of assessments to be used; and
• consequences of failure to satisfactorily complete the remediation program having regard to the status of the student at the time of remediation. This includes, but is not limited to, informing the student that failure of remediation may result in failing the year.

Prior to its commencement, the student must sign the remedial plan. The signed remediation plan will be provided to the Progress Committee. The Associate Dean, UGME or DMNB, will provide bimonthly updates on the student’s progress with remediation to the Progress Committee. If concerns are identified during remediation, the student may be asked meet with the Progress Committee to discuss the remediation plan and would be told they are at risk for dismissal.

f. **Remedial program rating.** Students will receive a “pass/fail” rating for the remediation program.

g. **Leaves of Absence during Remediation.** Except in exceptional circumstances, a student participating in remedial training shall not be permitted to take a leave of absence. The Associate Dean, UGME or DMNB, must approve any leave of absence in writing in advance of the leave. In the event that the Associate Dean UGME or DMNB determines that a leave of absence is appropriate in the circumstances, the remedial program will be considered incomplete. In such an event, the Associate Dean UGME or DMNB will redesign the remedial program, with input from appropriate unit or
rotations heads, and if requested, the Progress Committee. The redesigned remediation will take into account the nature of the deficiencies identified, the performance of the student to date, and the need for continuity of training.

E. Promotion Requirements

In order to be promoted to the next year, the student must:

- Pass all educational components of the year, including electives;
- Successfully complete all remedial work;
- Pass all required supplemental assessments;
- Receive satisfactory assessments of their progress in the Skilled Clinician longitudinal unit;
- Receive satisfactory assessments of their progress in the Research in Medicine unit.
- Meet all standards for professional behavior as described in these Regulations and the Professionalism Policy.

F. Repeating the Year

a. Eligibility. The following students are eligible to repeat the year:

- A student who fails 1 end of unit or clinical rotation summative examination plus the supplementary examination in one academic year.
- A Med 1 or 2 student who fails two end of unit summative examinations in one academic year.
- A Med 3 student who fails 3 clinical rotation summative examinations.
- A student who fails remedial work for a summative OSCE;
- A student in good standing who is granted permission to restart the year on the basis that she or he withdrew voluntarily due to illness or other personal circumstances;
- A student who has met promotion requirements but who feels s/he would benefit from repeating a year.

b. Request to Repeat the Year. Requests to repeat the year must be submitted, in writing, to the Associate Dean, UGME or DMNB, no later than 8 weeks prior to the start of the academic year. The Associate Dean, UGME or DMNB, will provide the request to the Progress Committee.

The student’s request must explain the reasons for failure, why they wish to repeat the year, how they plan to be successful in the future, and confirms their readiness to return to the study of medicine. If the Progress Committee believes that this
information is not sufficient to support the student’s success in a repeat year, the Progress Committee may identify additional requirements that the student must fulfill during the repeat year.

No student will be permitted more than one repeat year during the undergraduate program. A student in this situation may be dismissed from the program. A student who has been granted the opportunity to repeat the year and fails one of the same units or rotations as they failed during the previous year may be dismissed from the program.

A student who restarts or repeats a year pursuant to sections F.a.V or F.a.VI., above, will not be considered a student in a repeat year.

G. Suspension from Clinical Service During Clerkship
The Associate Dean UGME or DMNB may suspend an undergraduate student from clinical service where, in their opinion, there is a reasonable basis to conclude that the student is jeopardizing patient care and safety and/or the student is or has engaged in unprofessional conduct. The Associate Dean UGME or DMNB shall refer the matter to the Progress Committee as soon as reasonably possible to determine whether the student ought to be dismissed from the program. In the absence of the Associate Dean UGME or Associate Dean DMNB, the Assistant Dean of Clerkship or the Assistant Dean Clinical Education DMNB, may act on his or her behalf.

H. Dismissal from the Program

a. The Associate Dean UGME or DMNB may recommend that the Progress Committee dismiss a student from the undergraduate medical program in the following circumstances:

- a student fails 4 end of rotation summative examinations in Med 3;
- the student has failed a remedial training program;
- a student in a repeat year fails one of the same units or rotations as they failed during the previous year;
- the student has required remediation for professionalism issues a second time in one academic year;
- the time taken to complete the Undergraduate Medical Education Program will exceed 7 years;
- the student has engaged in unprofessional conduct that, in the judgment of the Progress Committee cannot be remedied through remedial training;
- the student has been suspended from the program and has failed to meet the terms imposed for returning to the program, within the timeframe prescribed.
b. Notwithstanding section H (a), a student who otherwise meets the criteria for dismissal set out above, may instead be suspended from the program by the Progress Committee because of exceptional personal circumstances. In such event, the Associate Dean UGME or DMNB will set out the terms of the suspension in writing, including, but not limited to, the duration of the suspension. Prior to being permitted to re-enter the undergraduate medical program, the student must meet with Progress Committee and demonstrate their readiness to return to the study of medicine.

c. The student must be given the opportunity to attend the Progress Committee meeting at which his or her dismissal is under consideration and to make representations to it. To this end, the Chair of the Progress Committee must provide the student with:

- written notice of the meeting at which the dismissal will be considered.
- The Associate Dean’s UGME or DMNB, written recommendation for dismissal and copies of all supporting documentation;
- copies of the documentation to be considered by the Progress Committee;
- the opportunity to make written submissions to the Progress Committee;
- the opportunity to make oral submissions to the Progress Committee; and
- notice of his or her right to have a support person or other representative present at the meeting.

d. The Associate Dean UGME or DMNB shall not participate in the Progress Committee’s deliberations or decision-making regarding dismissal.

e. The Progress Committee shall deliberate in camera. The Chair of Progress Committee shall forward a written decision, including reasons, on behalf of the Progress Committee to the student and the Associate Dean UGME and DMNB. The decision will also confirm the student’s right to appeal the decision to a Faculty Appeals Committee as outlined in Section J.

I. Leave of Absence
The leave of absence policies for Med 1&2 and Med 3&4 can be found at:

http://medicine.dal.ca/departments/core-units/undergraduate/current-students/policies-regulations.html

J. Right to Review and Appeal
a. Review of Remediation. A student may request that the Progress Committee review a decision of the Associate Dean, UGME or DMNB to require remediation, including the contents of the remediation plan, pursuant to section D. A review by the Progress
Committee may occur notwithstanding that the Associate Dean, UGME or DMNB may have consulted with the Progress Committee pursuant to section D.e.

A request for review, including the reasons for the request and any supporting documentation, must be made in writing by the student to the Associate Dean, UGME or DMNB within 10 working days of delivery of the remediation plan to the student.

The Chair of the Progress Committee will set a date for the review meeting and notify the student and the Associate Dean, UGME or DMNB. The review meeting must occur within 20 working days of receipt of the written notice to the Associate Dean, UGME or DMNB. The Associate Dean, UGME or DMNB shall provide the Chair of the Progress Committee and the student with all documentation forming the basis for the remediation program, no later than ten working days prior to the meeting. The student shall provide the Associate Dean, UGME or DMNB with any additional materials he or she wishes the Progress Committee to consider no later than five working days prior to the review meeting.

The student and the Associate Dean, UGME or DMNB shall attend the review meeting and be provided the opportunity to make submissions. The Progress Committee shall then deliberate in camera. The Associate Dean, UGME or DMNB shall not participate in the Progress Committee's deliberations or decision making.

The Progress Committee may:

- reaffirm the Associate Dean, UGME or DMNB’s original decision, in whole or in part;
- reverse the Associate Dean, UGME or DMNB’s decision to require the student to complete a remedial program; or
- make specific modifications to the contents of the remedial program.

The Progress Committee will prepare a written decision, including reasons and provide a copy to the student and the Associate Dean, UGME or DMNB for inclusion in the student’s file.

b. **Appeal of a Progress Committee decision.** A student may appeal a Progress Committee decision, to the Faculty Undergraduate Appeal Committee (“Appeal Committee”) on the basis that:

- He or she believes there has been unfairness, including bias or irregularity in decision making, in a decision of the Progress Committee; or
- There is new information relevant to the reason for the Progress Committee’s decision that was unavailable at the time the decision was made.
An appeal must be commenced within 20 working days of notification of the decision of the Progress Committee by filing a written notice of appeal with the Associate Dean, UGME or DMNB.

The notice shall contain:

- the name and contact information for the student;
- a description of the matter under appeal, the grounds of appeal and supporting arguments;
- any supporting documents; and
- the requested outcome.

**Appeal Committee.** The Appeal Committee shall be struck by Faculty Council as soon as possible following receipt of the notice of appeal and shall comprise the following:

- Two faculty members, one of whom will act as Chair of the Appeal Committee;
- The President of the DMSS or, in the President’s absence, the DMSS Vice President for Medical Education, or if neither is available, the President of the DMSS may appoint a designate.

The Associate Dean, UGME or DMNB shall provide a copy of the student’s notice of appeal materials to the Chair of the Appeal Committee and will provide his or her written response, including supporting documentation, within 10 working days of the Appeal Committee being struck.

**Appeal Hearing.** The Appeal Committee shall make best efforts to ensure the appeal hearing is held within 30 working days of receipt of the student’s notice of appeal. All information to be considered during the appeal must be circulated to the Appeal Committee, the student, and the Associate Dean, UGME or DMNB.

Following the hearing, the Appeal Committee will deliberate in camera. The decision will be by simple majority.

**The Appeal Committee may:**

- Dismiss the appeal;
- Allow the appeal, in whole or in part, with recommendations to the Progress Committee for remediation; or
- Refer the matter back to the Progress Committee to:
  - Provide clearer written reasons where the Appeal Committee determines that the Progress Committee’s only deficiency is in relation to the adequacy of the written reasons provided to the student; or
  - Rehear all or part of the matter, providing such direction as the Appeal Committee deems appropriate.
The Appeal Committee Chair will prepare a written decision with reasons. The decision will also confirm the student’s right to appeal the decision to the Dalhousie Senate Appeals Committee or a Dalhousie Senate Ad Hoc Professional Unsuitability Appeals Committee, as appropriate.