

TITLE: Core Clinical Rotation Failure—Policy

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Table of contents

PURPOSE..... 2

POLICY 2



PURPOSE

This policy is to clarify failure during a core clinical rotation (Year 3 core rotations and Year 4 mandatory selectives). The policy establishes a clear guideline on what constitutes a failure with regards to a core clinical rotation as opposed to a summative written examination. For summative written examinations, please refer to [policy of Summative Written Examination Policy—3rd Year Clerkship](#).

Professional programs, such as medicine, utilize experiential learning and clinical experiences to provide hands-on learning in a variety of clinical environments so that students can better understand the impact of the disease process on an individual, their family, and their community and, apply and consolidate their medical knowledge prior to their transition to residency. The longitudinal aspect of clerkship provides opportunities for direct observations and assessment in the clinical environment in graduated fashion to the end of their fourth year. As such, a high volume and variety of clinical experiences are required to ensure safe care of patients and the learner's ability to meet the program objectives.

POLICY

Year 3 Core Clinical Rotations

Core clinical rotations in 3rd year:

- Family Medicine
- Psychiatry
- Internal Medicine
- Acute Care (Emergency Medicine and Anesthesia)
- Pediatrics
- Mandatory Selectives
- Surgery
- Obstetrics and Gynecology

Core clinical rotations are evaluated on a Pass/Fail system. To obtain a pass during a core clinical rotation, the student must pass the overall clinical performance evaluation, complete all mandatory components for that rotation and obtain a mark of 60% or more on the summative written examination. Passing of the clinical performances are discussed below.

Year 4 Core Clinical Rotations

Core clinical rotations in 4th year:

- Mandatory Selective in Surgery
- Mandatory Selective in Internal Medicine

Core clinical rotations are defined as four (4) weeks of mandatory selectives in 4th year. Two (2) weeks in internal medicine and surgery respectively. Clinical rotations are evaluated on a Pass/Fail system and based on clinical performance only.

Clinical Performance

To pass the clinical component of the rotation, all clinical objectives and mandatory components must be achieved. This is evaluated during the core rotation by direct and indirect observations of the student and captured through a variety of rotation specific assessments, mandatory elements, and formative feedback. Progression through the rotation will be assessed by the Rotation Director at the mid-rotation assessment and at the final assessment with exception during Year 4 core rotations which only have the final assessment. Though a student may be achieving the rotational objectives by the mid-rotation mark, it is no guarantee that rotational objectives will be achieved at the end of the rotation. Students must be actively involved in their learning throughout the rotation.

A pass for clinical component will be accorded by the Rotation Director if it is assessed that the learner has demonstrated adequately the clinical skills required during the core clinical rotation and have had sufficient clinical exposure.

If there is inadequate evidence, conflicting assessments, missing mandatory components or failure to meet the clinical performance objectives despite adequate clinical exposure, a failure will be accorded.

If a learner was unable to complete the clinical rotation due to a leave of absence or health-related concerns, an “in progress” will be accorded until which time a reintegration plan is determined and the learner returns to their studies. This will allow the learner to be supported for a return to the clinical environment to ensure adequate clinical exposure to achieve the clinical rotational objectives.

Students with a clinical failure who have completed the rotation can write the examination at the scheduled time. However, if the learner fails the examination, they cannot use the clinical failure as grounds for an appeal.

All clinical remediation plans must be completed prior to the start of the 4th year. Students cannot be excused from clinical activities in ongoing clinical rotations to remediate outstanding elements of previous clinical rotations.

Failure of two (2) clinical rotations will automatically be discussed by the Student Promotion Executive Committee (SPEC). This may result in a delay in graduation. SPEC could recommend, but not limited to, repetition of the academic year or dismissal from the program.

Professionalism

A course, longitudinal component, elective 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, Undergraduate Medical Education, and may lead to remediation and/or academic sanction, which may include internal probation, recording on the Medical Student Performance Record, failure of a course, longitudinal component, elective or rotation, or dismissal from the Faculty of Medicine, based on the recommendations of the SPEC.

