

**The SAFER Report:
Student Assessment For Educational Recommendations**

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Introduction:

We are a small group of medical students from the Class 2022 and close friends of the recently passed student Justine Renaud. We were asked to give our personal opinion regarding ways to improve on current UGME policies that we see as inimical to students' wellness. We took this opportunity because Justine herself was a staunch advocate of students' wellness, and advocating for meaningful reforms is a way for us to honor her memory.

We decided to speak specifically about the following topics: workload policy, professionalism flags in the context of the absence and leave policy, and disciplinary process. We also wanted to discuss the topic of mistreatment, but we would rather direct the reader towards the mistreatment report composed by the MSS executive committee in 2019, as it was more exhaustive and more in-depth than what we could here describe in so few words. We recommend examining whether the recommendations made in that report were implemented, as any current discontent with ongoing mistreatment that can be addressed at a policy level likely results from a topic already elicited in that report.

Workload policy

The UGME workload policy is the guideline by which partnering institutions and clinical sites evaluate what is deemed appropriate in terms of working hours for medical students at McGill. In the context of this present document, we would like to solely examine the workload policy applying to clerks (3rd and 4th year medical students).

What is deemed a normal day and a normal week of work for a clerk will vary depending on the rotation the clerk is in. This is outlined in a summary table at the end of the workload policy but is explicitly described as a reference for medical students and not the actual guideline regarding maximum hours per day or week. This policy, which may be used by learners to prevent abuse from clinical sites and guarantee an appropriate learning environment, includes the following:

- 3.3. Workweek: A scheduled workweek that includes both clinical duties and scheduled academic activities must not exceed 72 hours. Students should not work more than 6 days in a workweek, except during period 7.
- 3.4. In period 7, students may have to work all 7 days in a workweek (5 weekdays and 2 weekend days) during either the Christmas week or the New Year week.
- 3.6. Workday: A student workday must not exceed 16 hours (including sign-over, evening weekday, and/or on-call). A minimum of 8 hours off between workdays is required.
- 3.7. Nightwork: A maximum of 7 nights worked is permitted during an academic period.
- 3.8. On-call: A student may do a maximum of 6 in-hospital on-calls (including weekend calls) in an academic period. On weekends, calls on consecutive days are permitted provided that this does not result in the student working more than 12 days consecutively (even if these days span more than one academic period or course). This excludes period 7, where they might work 13 days consecutively if they work 7 consecutive days for the Christmas week or the New Year week.

This should be contrasted with workload policies found in other medical schools in Québec.

	McGill University	Université de Montréal	Université Laval	Université Sherbrooke
Hours/day max	16h/day	12h/day	10h/day	10h/day
Hours/week max	72h/week	70h/week	50h/week	50h/week

In 2011, following a survey of its members, the FMEQ made several recommendations to preserve the well-being and mental health of medical students. Relevant to this discussion are its recommendations regarding working hours: a maximum of 10 hours per day and 50 hours

per week. The FMEQ has often defended the view that students' well-being and ability to learn are compromised after 10 hours of work in a day.

Part of the discontent regarding the workload policy concerns the discrepancy regarding the mission of UGME and the role of the workload policy for clerks. While the workload policy establishes a clear limit to daily and weekly hours, it also legitimizes them. Working 16 hours a day, or 72 hours a week, is not conducive to learning medicine or preserving mental health. Such working hours will only benefit the clinical sites and partners of UGME, allowing them to benefit from the unpaid labor of medical students at the expense, in such conditions, of their learning and wellbeing.

This is further corroborated by and gives context to, the exception made to the workload policy regarding period 7. Period 7 is the period during which clinical sites tend to be understaffed due to the holidays. The fact that an exception to the workload policy is made for that period indicates that making clinical sites benefit from the clerks' workforce, rather than creating a proper learning environment for medical students, is the guiding principle behind some of the decisions about the current workload policy.

It should be noted that clerks are more than willing to engage in hard work and be part of the larger medical team. They are also quite aware of the working conditions of past medical students, who now hold institutional positions. Despite this, it is worthwhile to ask whether UGME is honoring its role of both providing proper learning environments and being a good custodian of medical students' wellbeing with the current workload policy.

Recommendations

- We recommend that students' wellness and establishing an environment conducive to learning be the guiding principles by which the workload policy is evaluated for subsequent modifications;
- We recommend following the FMEQ wellness guidelines and setting the maximum number of hours per day to 10;
- We recommend following the FMEQ wellness guidelines and setting the maximum number of hours per week to 50 on a non-call week; 60 with a call;
- We recommend abolishing the exemption made to period 7 regarding consecutive working days;
- We recommend that learners be allowed to remain at home the day before an exam;
- We further recommend that special considerations be given to the whole of the FMEQ wellness guideline's content, which would improve and expand the current recommendations.

Professionalism Flags and the Absence and Leave Policy

By the end of clerkship, almost all medical students are well acquainted with the content of the absence and leave policy. While there may be little discontent regarding the actual content of the absence and leave policy, the way UGME has handled suspected violations of this policy has been a significant cause of distress within our class.

Medical students learn early in the curriculum to fear professionalism flags. Despite a shared belief within UGME that only the worst cases of lapses in professionalism will be reported on the learner's application file for CaRMS, most learners see professionalism flags as a real and quite common threat to their future. This creates a sense that any lapse on the medical student's part can and will lead to career-altering consequences and may even preclude being admitted to a given specialty. With that in mind, it should not come as a surprise that announcing to a student that she or he may be subject to a professionalism flag causes significant distress to the student.

As was documented by our colleagues, the UGME administrative team has often taken the approach to email students suspected of violating the absence and leave policy. In those emails, which follow the same generic label, students are informed that they have violated the absence and leave policy, and are subject to a professionalism flag. Learners commonly view those emails as profoundly threatening.

While it is agreed that absenteeism is a legitimate issue, UGME has often sent professionalism flag emails to students as a result of misunderstanding (as an example, one of our colleagues received one of those threatening professionalism flag emails since the picture of her justifying medical note was blurry). Other students received the same professionalism flag email following exceptional circumstances that had to subsequently be clarified with UGME, even if the clinical team was made aware and agreed to the learner's expected absence. No matter the circumstance, it is up to the student to reach out to clarify any misunderstanding, and defend herself or himself once he or she receives the professionalism flag email. This causes significant anxiety, even if the student is well aware that it is simply the result of a misunderstanding.

During the January 26th town hall meeting, students learned that UGME administration is simply directed to follow a certain procedure regarding suspected violations of the absence and leave policy: if a student is suspected of having been absent without having submitted the proper form before the designated time, an email indicating that the student will be subject to a professionalism flag will be sent, regardless of circumstances. This leaves learners with the lasting impression that UGME administration is intransigent. During that same meeting, students were made aware that although a lot of these emails are sent to students, only a small fraction of them truly result in a definitive professionalism flag. While somewhat reassuring, this leaves the impression that UGME would rather send distressing emails announcing a professionalism flag and then, afterward, resolve which cases are true cases of professionalism lapses, rather than opt for the more gentle approach of enquiring about the situation directly with the student involved and then decide whether sending a professionalism flag email is truly warranted.

Amongst the different absences that learners can request, it seems fair to emphasize that personal days (absences granted without justification, which can be used to foster interpersonal relationships and take some respite) must be submitted 42 days in advance. This delay should be contextualized with the fact that clerks are usually informed of their next rotation schedule during the last week of their current rotation. Considering that the decision to request a personal day involves weighing the different mandatory activities taking place during a specific rotation, most learners will not be able to properly and reliably schedule a personal day during clerkship.

Finally, in addition to the topic of professionalism flags, a couple of words should be said about the procedure logs students have to fill on the One45 platform during their rotations. Those logs are supposed to document clinical cases or procedures that the student encounters or accomplishes during specific rotations to meet the courses' objectives. Leaving a log black can result in course failure (some students even believe that failure to fill those logs can lead to a professionalism flag). Unfortunately, given the many hospitals associated with McGill, some sites and rotations do not and cannot meet all outlined objectives in the logs based solely on the caseload and exposure at that site or on that service. Consequently, many students fill the logs in their entirety to avoid receiving a professionalism flag or failed course component. Therefore, the inequity in exposure cannot be properly identified and addressed if students feel pressured to falsely fill out certain logs.

Recommendations

- Considering how suspected violations of the absence and leave policy by UGME causes undue distress to learners, and as well as the fact that a significant portion of suspected violations of the absence and leave policy result in a withdrawal of the professionalism flag, we strongly recommend to revise the procedure by which a suspected violation is investigated. Instead of sending an email announcing that the student will receive a professionalism flag, the administration should, instead, send an email to the student inquiring about whether a misunderstanding has occurred or a simple mistake has been made, and whether there was a bona fide policy violation.
- We recommend that the deadline to make a personal day request be revised to 14 days instead of 42.
- We recommend that a clear deadline be established for UGME to answer requests of absence and that this deadline is communicated to the student body.
- Considering that the goal of the absence and leaves policy is to prevent absenteeism and hinder the care offered to patients, we recommend that learners be permitted to submit an absence and leave request within the day of absence requested, on the condition that the medical team was made aware and agreed to the learner's absence.
- Students should not be penalized for leaving certain logs blank, but rather be encouraged to fill them out truthfully so that failure to receive that specific exposure can be addressed and adjusted appropriately to establish equal exposure across all sites. Procedure logs, instead of being another task to be completed by the students, should be viewed and used by UGME as a feedback tool and should not lead to the failure of a component if left incomplete.

Disciplinary Process

The purpose of this chapter is to shed light on a fellow student's experience with the disciplinary process. The goal of the following section is to identify gaps in the process and, subsequently, present recommendations to better the review mechanism UGME has implemented. We would like to make clear that this is not a plea to revisit any disciplinary decision that was made but to fix clear and identifiable mistakes from being produced again.

In May 2021, the student was accused of plagiarism of the Code of Student Conduct and Disciplinary Procedures (hereinafter, "the Code") as they forgot to reference 184 words of the UpToDate dyslipidemia guidelines on a remedial activity about the management of dyslipidemia for the Family Medicine clerkship block. As stated by the student, this was an honest mistake. Nevertheless, the disciplinary process began.

The first issue arose when being summoned by the disciplinary officer (hereafter referred to as "DO"). The faculty DO happened to also be the UGME Associate Dean, two positions that should have not been held by the same person in our humble opinion. As our Associate Dean, they have the responsibility to review all students' Medical Student Performance Records (MSPR), an important document used to apply to residency programs across the country, creating a blatant conflict of interest. To our knowledge, there are no official guidelines that outline what the Associate Dean can add or change in students' MSPRs. It is a common fear among medical students that having a bad encounter or leaving a poor impression with the Associate Dean could negatively affect our MSPRs.

The second issue came from the process leading up to the interview with the DO and the interview itself. When convoked to this hearing with the DO, the student was given little to no details regarding the consequences that can arise from this meeting. It was also mentioned that if desired, an advisor could accompany the student. At the time of the interview, the Student Legal Information Clinic was closed for 10 days due to final exams and the student was given no choice but to go alone. The first-time offense violation that was mentioned above was explained candidly in the hopes that the Faculty would recognize an honest mistake.

The third issue was the verdict itself. A few days later, the DO's decision was a failure of the entire clinical Family Medicine block, a first probation under the Code of Student Conduct and Disciplinary Procedures, and a second probation under the MDCM promotion regulations. A first-time offense, an honest mistake, and 184 words from UpToDate were the cause of a gravely serious consequence to this student's portfolio. To be candid, this is not right. A course failure during clerkship meant that their chances of matching to a Family Medicine residency (their career aspiration and lifelong dream) were significantly negatively impacted.

After living through a rushed, unjust, and unclear process, the student requested to fairly redo the first step of the disciplinary process with a student advocate, as it is their right. This initial request was blatantly refused by the DO. Being CC'd in all emails regarding the disciplinary process, the Dean of Students himself contacted the student to explain their rights and how to proceed with the appeal process, as it has seemed to him the DO did not do this properly. Then, the student was assigned a student advisor from the Legal Clinic. Everyone

agreed that many flaws were found in the above-mentioned disciplinary process. With their support, another request for appeal was made and the DO finally accepted to repeat the disciplinary process. With adequate explanation about the process and rightfully having a student advisor, the disciplinary process restarted from the beginning. A few days after this second meeting, the DO came back on their decision, lifting the course failure but keeping both probations.

The final issue we would like to highlight came from the repercussions of this decision. At the student's final meeting with the DO, it was explained that being on probation under the Code automatically places a student on probation under the MDCM promotion regulations, hence their two probations. Being on probation under the MDCM promotion regulations meant that 1) if any other mistake is made, the judgment directly falls into the hands of the Student Promotions Committee and 2) students are automatically disqualified from any scholarship or prizes, and 3) students cannot do electives in other universities. Concretely, this meant they were disqualified from all scholarships they had applied to and are not eligible for any graduation prizes, despite having been nominated for many of them for exemplary clinical performances. The DO justified this by stating that students on probation do not merit any scholarship or prize and that the Faculty does not congratulate students on probation in any way because students in good standings deserve it more. We feel that this reinforced the toxic medical culture where mistakes are unforgivable and we should be ashamed whenever one is made.

We understand that this is a single data point and may hold little statistical power, but we believe its gravity and room for improvement merit further discussion. As is the case in all disciplinary processes, be it at the Faculty level or in society, we must question the purpose and relevance of such structures. If the goal was to help the student learn from their mistake, then surely there are more understanding and human approaches than putting their career on the line. Be it noted that the first value that is displayed in the Faculty's description is "Compassion". Let us improve these processes together, so that this value may ring true for future students that must undergo such steps.

Recommendations

- Abolish or amend article 27ii of the MDCM Program Promotion Regulations [« The SPC will place a student on probation for any of the following: ii. Disciplinary action taken for any infraction of the Code of Student Conduct, whether defined as "academic" or "non-academic»]. This article punishes students twice by automatically putting them on double probation. To our knowledge, no other Faculty at McGill has this clause, which automatically doubles the probation students under which students are placed. The disciplinary process in the Faculty of Medicine should not automatically favor a double consequence, but rather let the DO choose if the student deserves one or two probations depending on the severity of the Code violation.
- Provide students with more information about the Legal Information Clinic at McGill when faced with any disciplinary process and strongly encourage them to ask for a student advocate's guidance should they be summoned for an interview with the DO. Furthermore, if the student does not have the possibility or time to get a student

advocate, the first step of the disciplinary process should automatically be postponed until this is established.

Students truly have no idea what the disciplinary process is and its potential consequences, which automatically creates an unjust setting that results in inequality and bias that works in favor of a consequence. We are also unaware of ways student advocates can be helpful. The process should not capitalize on their lack of knowledge, but rather empower them to be fully informed and advocate for themselves so that they may face a fair process and properly learn from their mistakes without inevitably instilling fear or distrust in the student.

- Take specific steps to ensure the disciplinary process and the DO do not perpetuate the toxic culture in medicine where mistakes are unforgivable. Students should not be shamed for making a mistake but rather empowered to do better and not repeat this mistake. A consequence that considers the context of the mistake, the student as a learner, and the willingness to improve should be favored.
- Document and communicate explicitly to medical students the specific information the Associate Dean can add to students' MSPRs. This will decrease the students' fear of reprisal whenever they face the disciplinary process, especially knowing the Associate Dean in the Faculty's DO with the responsibility to review MSPRs.
- Ultimately, we believe the DO role should not be assumed by the Associate Dean but rather by another member of the Faculty. This would ensure an impartial process, especially for students involved in leadership positions that have worked closely with and, occasionally, in an opposing position to their Faculty's Associate Dean.