

**University of Alberta**  
**Faculty of Medicine and Dentistry | MD Program**  
**OBGY 546 Obstetrics & Gynecology Clerkship**

**Clerkship Coordinator:** Dr. Peggy Sagle

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Email is the primary way to contact the clerkship coordinator. Emails will be considered read within one business day.

**Clerkship Administrator:** Fatma Mohammed

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**Location:** 5S131 Robbins Pavilion, Royal Alexandra Hospital, 10240 Kingsway Ave NW, Edmonton AB

**Clerkship Website:** For more information about this clerkship, please refer to the following website: <https://www.ualberta.ca/obstetrics-gynecology>

**Clerkship Duration:** 6 weeks

### **Clerkship Description**

Under the supervision of academic and clinical faculty members, students will have many opportunities to learn both in the classroom and through clinical experiences. Clerkship objectives are outlined in detail in this document, and include medical knowledge, patient care, interpersonal and communication skills, professionalism and practice-based learning. Clinical rotations occur at four affiliated hospitals in the Edmonton area: Royal Alexandra Hospital, Grey Nuns Hospital, Misericordia Hospital and Sturgeon Community Hospital.

### **Course Objectives**

#### **Medical Expert**

- Demonstrate the ability to perform a thorough Ob/Gyn history, including menstrual history, obstetric history, gynecologic history, contraceptive history and sexual history.
- Demonstrate the ability to perform an obstetric-gynecologic examination, including breast examination, pelvic examination and recto-vaginal examination that is comfortable for the patient.
- Identify normal and abnormal patterns (physical, intellectual and social).
- Identify and accurately record the patient's problems (physical, intellectual and social).
- Assess the data in the context of the patient's status.
- Generate pertinent problem lists which cover most likely differential diagnoses and include etiologies and plans for management (including laboratory and diagnostic studies, treatment, patient education and continuing care plan).
- Obtain necessary supplementary information and reassess the patient's status at appropriate intervals.
- Present verbally at bedside or in conference, a concise summary of the patient.

**For the obstetrical patient the student will be able to:**

- assess the presence/absence of normal labour

- assess and diagnose ruptured membranes
- assess common problems in pregnancy such as perception of decreased fetal movement, abdominal pain and vaginal bleeding
- assess fetal well-being during labour and delivery
- demonstrate the ability to interpret electronic fetal monitoring
- assess analgesia /anesthesia needs for a patient in labour
- perform an uncomplicated vaginal delivery under supervision
- assess and manage postpartum complications
- describe the basic approach to evaluating common symptoms associated with pregnancy

**For the gynecology patient the student will be able to:**

- describe the age appropriate screening procedures and recommended time intervals for routine health maintenance and disease prevention in women
- assess common emergency gynecologic problems such as abortion, ectopic pregnancy, pelvic inflammatory disease, ovarian torsion, as well as appendicitis and renal calculi
- manage common gynecological issues such as contraception, menopausal symptoms, dysfunctional uterine bleeding, sexually transmitted infections, vaginal and vulvar disorders
- assess pelvic masses
- collect and interpret cervical cytology results
- develop an approach to diagnosis and management of infertility and incontinence
- assist under supervision at the closure of an abdominal incision
- list possible surgical complications and methods to minimize them
- follow surgical patients to recovery

**Specific Objectives**

<b>Preventative care and health maintenance</b>	Identify age appropriate screening procedures & recommended time intervals for: a) Pre pregnancy immunizations b) Mammogram and breast examinations c) Pap smear and general health examination d) Age and risk-appropriate screening for reproductive cancers
<b>Pap Smear &amp; Cultures</b>	Perform an adequate Pap smear Obtain specimens to detect STIs Handle specimens properly to improve diagnostic accuracy Provide an explanation to the patient regarding the purpose of these tests Describe the results based on established guidelines Describe the initial management based on the results of a Pap smear
<b>Preconception Care</b>	Recognize the importance of pre pregnancy care and describe the issues that need to be discussed during pre-pregnancy care counseling Describe the effects of teratogens, x-rays, infections, exposures to drugs, alcohol, cigarettes, medications and environmental toxins Develop a management plan of pre-pregnancy care including: Laboratory and diagnostic studies, Treatment, Patient education and Continuing care plans
<b>Prenatal diagnosis</b>	Understand the impact of late maternal and paternal age on pregnancy

	<p>Describe the basic genetic concepts and implication of prenatal genetic screening and diagnosis</p> <p>Understand the ethical, moral and psychological implications of a positive prenatal screen</p>
<b>Antepartum care</b>	<p>Describe the maternal physiologic and anatomic changes associated with pregnancy and the placenta</p> <p>List methods to:</p> <ol style="list-style-type: none"> <li>Diagnose pregnancy</li> <li>Assess gestational age</li> <li>Distinguish an at-risk pregnancy</li> <li>Assess fetal growth, well-being &amp; maturity</li> </ol> <p>Describe patient education programs, nutritional needs of pregnant women and adverse effects of drugs and the environment</p> <p>Perform a physical exam on pregnant patients</p> <p>Answer commonly asked questions regarding pregnancy, labour and delivery</p>
<b>Intrapartum care</b>	<p>Describe the:</p> <ol style="list-style-type: none"> <li>Initial assessment of the labouring patient</li> <li>Characteristics of false labour</li> <li>Stages and mechanisms of normal labour and delivery</li> <li>Techniques to evaluate the progress of labour</li> <li>Management of normal delivery</li> <li>Technique of vaginal repair</li> </ol> <p>Describe the standards of monitoring in labour including clinical and electronic monitoring</p> <p>Recognize normal, atypical and abnormal fetal heart tracings.</p> <p>Describe the principles of 'Active Management of Labour'</p> <p>List options for pain management during labour</p> <p>List indications and contraindications for oxytocin administration</p> <p>Describe the indications for fetal scalp sampling</p> <p>List methods of evaluating cephalo-pelvic disproportion</p> <p>List Indications and prerequisites for operative delivery</p> <p>Describe the management of abnormal fetal presentations</p> <p>List risk factors for, and management of shoulder dystocia</p> <p>Describe the management of vaginal birth after cesarean delivery</p>
<b>Postpartum Care</b>	<p>Describe normal maternal physiologic changes in the postpartum period, normal postpartum care, appropriate postpartum patient counseling (postpartum depression)</p> <p>Identify risk factors for postpartum infection</p> <p>List most common infectious organisms and the indications for use of prophylactic antibiotics</p>
<b>Lactation</b>	<p>List the normal physiologic and anatomic changes of the breast during pregnancy and lactation</p> <p>Describe how to recognize and treat common postpartum abnormalities of the breast</p> <p>Discuss the reasons why breast feeding should be encouraged</p>

	<p>Recognize commonly used medications which are appropriate and inappropriate to use while breast feeding</p> <p>Counsel lactating patients about common concerns such as frequency and duration of feeds, inadequate production of milk</p>
<b>Medical Complications of Pregnancy</b>	<p>Describe the interaction between pregnancy and the following medical conditions:</p> <ul style="list-style-type: none"> <li>a) Anemia</li> <li>b) Diabetes Mellitus</li> <li>c) Cardiac disease</li> <li>d) Asthma</li> <li>e) Urinary tract infection</li> <li>f) Infectious diseases including: TORCH (toxoplasma, rubella, cytomegalovirus CMV, herpes), varicella, parvovirus, group B streptococcus, viral hepatitis, HIV, HPV and other sexually transmitted diseases</li> <li>g) Alcohol, tobacco, and other substance abuse</li> </ul>
<b>Gestational Hypertension</b>	<p>List and discuss obstetrical emergencies</p> <p>Know the definition and classification of hypertension in pregnancy</p> <p>Describe the pathophysiology of preeclampsia</p> <p>List the symptoms, physical findings and laboratory tests/investigations</p> <p>Describe the approach to management</p> <p>List maternal and fetal complications</p> <p>List contraindications to vaginal delivery</p>
<b>Isoimmunization</b>	<p>Describe the pathogenesis of red blood cell isoimmunization</p> <p>Explain the rationale for use of rhesus D immunoglobulin prophylaxis during pregnancy</p> <p>Explain the clinical circumstances under which isoimmunization is likely to occur</p> <p>Outline methods used to determine presence of isoimmunization and severity of fetal involvement</p> <p>List methods of treatment in utero and postnatally</p>
<b>Fetal Growth Abnormalities</b>	<p>Define fetal macrosomia and fetal growth restriction</p> <p>Describe etiologies of abnormal growth</p> <p>List methods of detection of fetal growth abnormalities</p> <p>List associated morbidity and mortality</p>
<b>Multi-fetal Gestation</b>	<p>Describe the etiology of monozygotic, dizygotic, multi-zygotic gestation</p> <p>Be aware of the altered maternal physiology with multifetal gestation</p> <p>List complications of multifetal gestation</p> <p>Describe the approach to antepartum, intrapartum, and postpartum management</p>
<b>Fetal Death</b>	<p>List common causes of fetal death in each trimester</p> <p>List symptoms, physical findings, and diagnostic methods to confirm fetal demise</p> <p>Describe management of a patient with fetal death</p> <p>List maternal complications of fetal death</p> <p>Discuss emotional impact of fetal death and its effect on future management</p>

<b>Preterm Labour</b>	<p>Describe the pathophysiology of preterm labour</p> <p>List factors that predispose to preterm labour</p> <p>Describe the signs, symptoms of preterm labour and diagnostic method/tests to confirm preterm labour</p> <p>Discuss the management of preterm labour, including tocolytics, steroids, and antibiotics</p>
<b>Preterm Premature Rupture of Membranes (PPROM)</b>	<p>List factors that predispose to PPRM</p> <p>Discuss the History, physical findings, and diagnostic methods to confirm PPRM</p> <p>Discuss risks and benefits of expectant management versus immediate delivery</p> <p>Discuss the management of PROM, including use of steroids and antibiotics</p>
<b>Antepartum Hemorrhage</b>	<p>Describe the approach to patient with antepartum hemorrhage</p> <p>Compare symptoms, physical findings and diagnostic methods that differentiate patients with placenta previa, abruptio placentae, vasa previa and other causes of antepartum hemorrhage</p> <p>List complications of placenta previa, abruptio placentae and vasa previa</p> <p>Describe management of placenta previa, abruptio placentae and vasa previa</p>
<b>Postpartum Hemorrhage</b>	<p>Discuss the importance of active management of the third stage of labour</p> <p>Discuss pregnancy adaptations that are protective against blood loss during pregnancy</p> <p>List risk factors for postpartum hemorrhage</p> <p>List differential diagnosis of postpartum hemorrhage</p> <p>Describe management of the patient with postpartum hemorrhage</p>
<b>Normal and Abnormal Uterine Bleeding</b>	<p>Describe the endocrinology and physiology of the normal menstrual cycle</p> <p>Distinguish abnormal uterine bleeding from normal menstrual flow.</p> <p>List causes of abnormal uterine bleeding</p> <p>Evaluate and diagnose abnormal uterine bleeding</p> <p>Describe the prevalence of uterine leiomyomas, symptoms and physical findings, methods to confirm the diagnosis and indications for medical and surgical treatment</p>
<b>Amenorrhea</b>	<p>Define primary and secondary amenorrhea, and oligomenorrhea</p> <p>List common causes of amenorrhea</p> <p>Describe differential diagnosis, evaluation and management of amenorrhea</p>
<b>Contraception</b>	<p>Counsel patients on the various methods of contraception including social and financial considerations</p> <p>Describe physiologic or pharmacologic basis of action and effectiveness of the various methods</p> <p>List benefits and risks of the various methods</p> <p>Discuss the methods of male and female surgical sterilization including risks, benefits, surgical complications, failure rates and reversibility</p>
<b>Spontaneous Abortion</b>	<p>Develop a differential diagnosis for first trimester bleeding</p> <p>Distinguish between different types of abortions including missed abortion and septic abortion</p> <p>Describe management of different types of abortion</p> <p>Define recurrent abortion, its causes, investigation and management</p>

	Describe etiology and management of molar pregnancy
<b>Ectopic Pregnancy</b>	List risk factors predisposing patients to ectopic pregnancy Describe symptoms and physical findings suggestive of ectopic pregnancy Discuss methods and tests used to confirm the diagnosis of ectopic pregnancy Describe medical and surgical treatment options
<b>Hyperemesis Gravidarum</b>	Describe the pathophysiology of hyperemesis Describe how to assess severity of symptoms Describe the principles of treatment
<b>Termination of Pregnancy</b>	Discuss the psychosocial considerations and ethical issues related to termination of pregnancy List medical and surgical methods for termination of pregnancy List risks, benefits and complications of the various methods
<b>Sexually Transmitted Infections</b>	List organisms, modes of transmission, symptoms, physical findings, evaluation and management of sexually transmitted infections including: <ul style="list-style-type: none"> <li>a) Gonorrhea</li> <li>b) Chlamydia</li> <li>c) Herpes Simplex virus infection</li> <li>d) Syphilis</li> <li>e) Human papilloma virus infection</li> <li>f) Human immunodeficiency virus (HIV) infection</li> <li>g) Hepatitis B and C virus infection</li> </ul> Counsel patients on public health concerns, including: <ul style="list-style-type: none"> <li>a) Screening programs</li> <li>b) Costs</li> <li>c) Prevention and immunization</li> <li>d) Partner evaluation and treatment</li> </ul>
<b>Chronic Pelvic Pain</b>	Define chronic pelvic pain Describe incidence, differential diagnosis and clinical presentation Describe investigations and initial management options
<b>Pelvic Relaxation and Urinary Incontinence</b>	Describe the following: <ul style="list-style-type: none"> <li>a) Predisposing risk factors for pelvic organ prolapse and urinary incontinence</li> <li>b) Pathogenesis and anatomic changes</li> <li>c) Symptoms of pelvic organ prolapse and urinary incontinence</li> <li>d) Findings on physical examination and methods of diagnosis</li> <li>e) Nonsurgical and surgical treatment of pelvic organ prolapse and urinary incontinence</li> </ul>
<b>Infertility</b>	Define primary and secondary infertility List causes of male and female infertility Describe the evaluation and management of infertility Discuss psychosocial considerations and ethical issues related to infertility
<b>Hirsutism and Virilization</b>	Discuss normal variations in development of secondary sex characteristics Define hirsutism and virilization List etiology including ovarian, adrenal, pituitary and pharmacological causes Describe evaluation and management of patient with hirsutism or virilization

<b>Menopause</b>	Describe physiological changes in hypothalamic-pituitary-ovarian axis associated with hypoestrogenism Describe symptoms and physical findings in menopausal women Discuss principles of management including hormone therapy List risks and benefits of HRT
<b>Domestic Violence and Female Adult Sexual Assault</b>	Outline the prevalence of violence against women, elder abuse and child abuse Assess the involvement of the patient in domestic violence situations Demonstrate an approach to counseling and empathy. Counsel patients regarding local support agencies for long term management and resources Counsel patients requiring resources for perpetrators of domestic violence Discuss medical, forensic and psychological evaluation and treatment of the following <ol style="list-style-type: none"> <li>a) Adult sexual assault victim</li> <li>b) Acquaintance rape</li> </ol>

### Communicator

- Demonstrate skills that convey respect, flexibility, sensitivity, empathy and compassion towards patients, their families and team members.
- Develop rapport with the patient in order to gain her confidence and cooperation, to assure comfort and modesty.
- Effectively communicate results of the obstetrical/gynecological and general medical history in well-organized written and oral report.
- Deliver information to a patient and family, colleagues and other professionals in a professional manner and in such a way that is understandable, encourages discussion and participation in decision-making.
- Complete in an accurate, legible and timely manner all required documentation, such as notes of assessments, progress notes and discharge summaries.
- Summarize and organize relevant information of the patient (maintain legible notes of assessments, patient progress and discharge plans).
- Engage in communication that reflects, with a high degree of consistency, a professional attitude when interacting with patients and their families or caregivers, peers, educators, other health care professionals and providers of community services.
- Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.
- Establish a relationship of mutual respect between the physician, patient and the patient's family, and acquire the basic interpersonal skills, which facilitate this relationship.
- Demonstrate the ability to address sensitive issues with compassion and demonstrate sensitivity to human differences and understanding of the impact of gender, ethnic, cultural, socioeconomic and other social factors.
- Demonstrate the ability to assess and counsel women for sex- and gender-appropriate reduction of risk, including lifestyle changes and genetic testing, in a manner that is sensitive to cultural beliefs.
- Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.

- Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.
- Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

### **Collaborator**

- Describe the role and responsibilities of other healthcare professionals.
- Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team.
- Demonstrate behaviors of inquiry that show a positive regard for ongoing learning, such as curiosity and flexibility when differences of opinion arise.
- Reflect on interprofessional team function.
- Recognize one's own differences, biases, assumptions and limitations that may contribute to interprofessional tension.

### **Manager**

- Make proficient use of technology assisted learning as it is deployed in this clerkship.
- Explain the manager role of the physician with regards to helping patients navigate the healthcare system.
- Discuss the concept of resource allocation in the management of the individual patient's healthcare within the whole health system.
- Discuss and begin to incorporate cost perspectives into clinical decision-making.

### **Scholar**

- Facilitate the learning of self and others in various small-group and team-based settings.
- Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.
- Understand how to formulate a clinical question and search the literature using the library website and other resources.
- Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.
- Critically appraise retrieved evidence and information and demonstrate integration of new learning.
- Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients' questions regarding therapy, harm, diagnosis, prognosis, and screening.
- Provide and receive effective feedback.

### **Health advocate**

- Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.
- Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease and disability, influences access to health care services and how they may or may not receive support.



- Identify emerging and ongoing issues for populations who are vulnerable including: First Nations People, new immigrants, disabled adults, adults with mental health issues and populations living in poverty.
- Identify points of influence in the healthcare system and its structure.

### **Professional**

- Adhere to the University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.
- Define professionalism as one of the key values required in the profession, including honesty, integrity, maintaining appropriate patient boundaries, maintaining confidentiality, and a commitment to patient well-being.
- Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including completing assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online on social media.
- Discuss the importance of context in the interpretation of professionalism.
- Discuss that self-regulation of the profession is a privilege and as such, each physician has the obligation to actively maintain professional competence and to participate in peer/colleague assessment and self-assessment as applicable.
- Explain how self-reflection facilitates the student's professional identity formation and shapes their approach to all patients.
- Discuss basic legal and ethical challenges that physicians face in practice and begin to apply key concepts to navigate these challenges.
- Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.
- Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.
- Demonstrate punctuality.
- Recognize and appropriately respond to ethical issues encountered during the course.
- Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.

### **Instructional Methods**

[Students will cover the above objectives through workplace-based learning, Academic Half Days, teaching rounds, podcasts and vodcasts.](#)

### **Clerkship Structure**

6-week block split into two sites: tertiary and community

Each student will spend

3 weeks at RAH (tertiary care centre)

3 weeks at a community hospital (Grey Nuns, Misericordia or Sturgeon)

One of the objectives of this rotation is to assess and manage patients during low resource times such as evenings and weekends. To meet this objective each student will be asked to do 6 or 7 days of call during the 6 weeks, which includes evenings, overnight, and weekends.

### **Other Educational Activities**

Students are strongly encouraged to attend the weekly department rounds: Tuesday Perinatal/Subspecialty Rounds (at RAH) and Friday Grand Rounds

### **Encounter Requirements**

The encounter and procedure log helps you ensure that you see a variety of patients in this rotation. It is acceptable for one patient to satisfy more than one learning objective. If you have not been exposed to a patient, you may fulfill the learning objectives by discussing a simulated patient with the preceptor in either a one-on-one simulated teaching case or in a small group learning session.

At the beginning of each shift, please review what objectives are required in relation to the patient encounter and have the preceptor agree to tailor the experience in order to complete the required cases. All encounters should be logged in assess.med by the last day of the rotation.

Assess a patient with the following conditions

- First prenatal visit (clinic)
- Urinary incontinence / infertility / menopause / malignancy (clinic)
- Menstrual disorder (clinic)
- Postpartum exam / contraception counseling (clinic)
- GHTN / preeclampsia (labor ward)
- Preterm labor / PPROM (labor ward)

Perform or participate in the following procedures

- Pelvic exam / Pap smear
- Laparoscopy / laparotomy
- Vaginal delivery
- Caesarean delivery

**Weighting of Assessments (Note: All assessments must be passed to pass this clerkship)**

<b>Assessment</b>	<b>Weighting (%)</b>	<b>Pass Mark</b>
Multiple Choice Exam	12.5%	60%.
OSCE	37.5%	60%
Clinical Performance Evaluation	50%	At expected level for end of the obstetrics and gynecology clerkship <b>with at least 3 EPA's attempted during each of the 6 weeks of the rotation</b>

**Failed Assessment Components**

Students in all years of the MD Program will have two attempts to achieve a passing grade on each assessment or examination, (provided that any failure is not on the basis of academic misconduct). The timing and format of re-assessments//re-examinations will be determined by the course coordinator in conjunction with the Associate Dean, MD program. Students may be required to complete a remedial assignment, which may include further clinical work before being permitted to take a re-examination or re-assessment. Students with two or more failures in an academic year will be assigned conditional standing. Please refer to the Academic Regulations in the University of Alberta Calendar for more information.

**Final Grades**

All pass/fail decisions are ratified at Academic Standings at the end of the year.

**Attendance**

Medical education requires in-person, active engagement between students, patients, and faculty. All learning experiences are considered mandatory to meet the learning objectives of this rotation and the MD Program. Excused absences may be granted; however, students are required to meet all of the learning objectives outlined above.

Please refer to the Clerkship Absence Policy, located in the MD Program website (<https://cloudfront.ualberta.ca/-/media/medicine/ume/policy/final-absence-policy-03-26-2015.docx>)

Absence Notification Procedure: All absences must be requested through MedSIS.

**Rotation Specific Attendance Information:**

Students are expected to attend the academic days on Tuesdays. Attendance is mandatory therefore students should not be scheduled to work after 2100hrs on Mondays. A schedule of these sessions will be distributed at Orientation.

**Transportation Considerations**

In clerkship (years 3 and 4), required learning experiences may occur in clinical sites in the city of Edmonton and in areas around Edmonton or rural communities in Alberta (e.g. all students participate in a 4 week Family Medicine rotation in rural Alberta). As a result, students must have access to independent transportation (typically a car and a valid driver's license) to participate in these experiences. If transportation to locations within the city or outside of Edmonton could be a barrier to your success, please contact the Assistant Dean, Academic Affairs ([asst.dean.academics.ume@ualberta.ca](mailto:asst.dean.academics.ume@ualberta.ca)) to discuss your options further.

### **Academic Standing**

Please refer to University Calendar for further information regarding Academic Regulations §23.4(2)

### **Accommodations**

Students who require accommodations for chronic conditions must be registered with [Accessibility Resources](#) office and activate their accommodations by providing a letter of accommodation to the course coordinator and the Assistant Dean, Academic Affairs as soon as possible, preferably 4 weeks prior to the start of the course. Students who need accommodated exams must register their exam in Clockwork and notify the MD Program Assessment Specialist and the Clerkship Administrator one week (7 days) before each exam. Students are encouraged to make an appointment with the clerkship coordinator at the beginning of this rotation to discuss any required accommodations.

For students who write exams with accommodations at Accessibility Resources, please be cognizant of their deadlines and regulations. If you fail to meet these deadlines or follow the procedures, the result is most likely that Accessibility Resources will be unable to provide the necessary space and/or services you require. In these situations, the MD Program also may not have the resources to provide accessibility-related exam accommodations, and you will be invited to write your exams with peers during the allotted time in the assigned room.

### **Professionalism Lapses**

Minor professionalism lapses may be completed by a preceptor/clerkship coordinator based on unprofessional student behavior such as non-attendance at any session or failure to complete required course work. Major professionalism lapses are assigned based on more concerning breaches in professionalism (cheating, plagiarism).

### **University of Alberta Policies**

Policy about course outlines can be found in [Course Requirements, Evaluation Procedures and Grading](#) of the University Calendar.

The University of Alberta is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect. Students are particularly urged to familiarize themselves with the provisions of the Code of Student Behaviour (online at [www.governance.ualberta.ca](http://www.governance.ualberta.ca)) and avoid any behaviour which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University.

Audio or video recording, digital or otherwise, of lectures, labs, seminars, or any other teaching environment by students is allowed only with the prior written consent of the instructor or as part

of an approved accommodation plan. Student or instructor content, digital or otherwise, created and/or used within the context of the course is to be used solely for personal study, and is not to be used or distributed for any other purpose without prior written consent from the content author(s).