

**The SAFER Report:  
S de l' A e me l' F Ed ca i tal Rec mme l da i l**

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**Presented to the chair of the Accreditation Committee**

**Dr. Simon Bergman**

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## Introduction:

We are a small group of medical students from the Class of 2022 and close friends of the recently passed Dr. J. Renee. We are asked to give our personal opinion regarding a proposed change in the UGME policies that we see as inimical to the well-being of the students, and advocating for meaningful reform in a way that honors the memory of Dr. Renee.

We decided to speak specifically about the following topics: workload policies, professionalism flag in the context of the absence and leave policies, and disciplinary process. We also wanted to discuss the topic of mistreatment, but we would like to decouple the treatment of the mistreatment episode composed by the MSS executive committee in 2019, as it is a more extensive and more in-depth than we could handle in our report. We recommend examining the recommendations made in that episode and implemented, as well as the 2019 case to ensure that the recommendations made in that episode are implemented, as well as the 2019 case to ensure that the recommendations made in that episode are implemented.

## Workload policy

The UGME workload policy is the guideline which is being implemented in the clinical and academic areas. It is deemed appropriate in the context of the work of the medical department at McGill. In the context of the present document, we would like to outline the workload policy applying to clerk (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 location he/she is in. This is outlined in a summary table at the end of the workload policy brochure published and effective for medical students and no other academic guidelines regarding maximum hours per week. This policy, which may be updated by the department, includes the following:

3.3. Work week: A scheduled work week includes both clinical duties and scheduled academic activities must not exceed 72 hours. Students should not work more than 6 days in a work week, except during periods 7.

3.4. In period 7, students may have a work all 7 days in a work week (5 weekdays and 2 weekend days) during either the Christmas week or the New Year week.

3.6. Work days: A student's work day must not exceed 16 hours (including sign-out, evening work, and/or on-call). A minimum of 8 hours off between work days is required.

3.7. Night work: A maximum of 7 night work periods is permitted during an academic period.

3.8. On-call: A student may do a maximum of 6 in-hospital on-call (including weekend call) in an academic period. On weekends, call on consecutive days is permitted provided that he/she does not exceed in the total more than 12 consecutive (even if he/she does not exceed more than one academic period or course).

pe eek. The FMEQ has defended her health and ability to learn  
a compromised of 10 hours of work in a day.

Part of the decision regarding her workload policy concerns her expansion regarding her  
mission of UGME and the role of her workload policy for the clerk. While her workload policy  
establishes a clear limit on daily and weekly hours, it also allows for flexibility. Working 16 hours  
a day, or 72 hours a week, is not conducive to learning medicine or preparing menial health.  
Such working hours will only benefit the clinical side and patient care of UGME, allowing them to  
benefit from the unpaid labor of medical residents and the expense, in each condition, of their  
learning and well-being.

Therefore, the combination of the above and given context, the decision made on her workload policy  
regarding period 7. Period 7 is the period during which clinical side ends to be made affected  
during the holiday. The fact that an exception to her workload policy is made for her period  
indicates that making clinical side benefits from the clerk's absence, rather than causing a  
proposed learning environment for medical residents, is the guiding principle behind some of her  
decisions about her current workload policy.

It should be noted that the clerk is more than willing to engage in hard work and be part of the  
large medical team. The availability of her working conditions of part-time medical  
residents, who hold institutional positions. Despite this, it is important to acknowledge that the  
UGME is honoring its role of both providing a good education and providing a good learning environment, and it is important to

## Professionalism Flags and the Absence and Leave Policy

By the end of clerkship, almost all medical residents have acquired a high level of competence in the content of the absence and leave policy. While the majority believe in the content of the absence and leave policy, the majority of UGMEs have handled reported violations of the policy have been a significant cause of discipline in the clinical setting.

Medical residents learn early in the clerkship the importance of professionalism flags. Despite a shared belief in the UGME, the overall cause of the

Among the different absence handling techniques, it seems fair to emphasize the personal data (absence generated, justification, which can be used to forecast the personal relationship and take some epidemiological measures) in advance. This data should be correlated with the fact that the lack of information of the relationship should be the lack of the relationship. Considering the decision to use a personal data in order to weigh the different management activities taking place during a specific absence, managers will not be able to provide and establish a personal data during the lack.

Finally, in addition to the professional flag, a couple of words should be added about the procedure log that will fill on the One45 platform during the absence. These logs are prepared to document clinical cases or procedures that have been encountered.



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