



UNIVERSITY OF  
SASKATCHEWAN

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Department of Surgery

*[www.medicine.usask.ca/surgery](http://www.medicine.usask.ca/surgery)*

Welcome to the Department of Surgery!

On behalf of the Department Head Dr. Mendez and the entire Department of Surgery, we welcome you to the surgical component of the Professional Skills 2 course. For most of you this will be the first exposure to formal structured surgical teaching. It is our sincere hope that this course will represent the start of a connection with our Department that will prove to be stimulating, educational and rewarding.

You are fortunate to have started your medical training at a time when major structural administrative changes are being made in our Department. The Department of Surgery, led by Dr. Mendez, has a renewed commitment to educational excellence and research opportunities. Towards this goal, the Department has hired in the past year twelve new faculty members who bring fresh ideas and enthusiasm to the undergraduate education program.

In addition to the structured portions of the program, the Department encourages and supports other avenues for surgical learning. These currently include surgical shadowing and dean's summer research projects but we will endeavor to accommodate any other innovative student initiated proposals.

While the details of the Professional Skills 2 course are clearly outlined in the syllabus a few points are worth emphasizing. Fifty percent of your mark in this course is based on your clinical evaluations. We cannot stress enough the importance of ensuring that students who are to be evaluated are identified to the preceptor at the beginning of each session. Moreover, it is the student's responsibility to ensure that the completed evaluations are submitted to Sherry Lindenbach (Regina) or Marilyn Baniak (Saskatoon) no later than 1 week after the session. If there are any problems this must be brought to the attention of the coordinators as soon as possible. Only under exceptional circumstances will make up sessions be offered.

We look forward to teaching you and in return we ask you for your commitment by coming prepared to the sessions and ready to participate. If you have any questions please refer to the list of contacts provided.

Sincerely,

Dr. Bruce DuVal, Director  
Undergraduate Surgery Education Program  
Department of Surgery, College of Medicine  
University of Saskatchewan

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## **PROFESSIONALISM**

The concept of professionalism in this course and, indeed, throughout medical training creates the foundation for a successful, effective, medical career. The importance of professionalism cannot be overemphasized, not only in the context of patient interaction, but also within interpersonal workplace relationships, work ethic, and academic pursuits.

By the nature of the medical profession there is created, between physician and patient, a uniquely intimate verbal, physical and emotional relationship. One in which pain, fear, uncertainty and anxiety may play prominent roles. Acknowledging and respecting this relationship forms the cornerstone of professionalism in the clinical setting. Balancing the needs for objectivity and compassion, as well as comfort and honesty can be challenging endeavors. While there are few specific rules to follow, adhering to the basic tenets of complete disclosure, honesty, and empathy are what ultimately remain paramount.

In addition to the responsibilities required by the physician/patient relationship, the practice of professionalism governs virtually all aspects of medical practice. This includes respectful relationships with colleagues and coworkers, as well as the maintenance of integrity within educational and research pursuits. This notion of professionalism in education includes the expectation that all students will put in the appropriate time and effort to prepare for scheduled teaching sessions. All objectives, and pre-reading materials have been posted in the student syllabus, and on one45. The students are required to read this material prior to the posted date and be prepared to discuss the objectives, and course outline at the beginning of each session.

## ASSESSMENTS

### Student Responsibility for Assessments in the Surgery Professional Skills II Course

Learner-centered assessment and feedback is an important aspect of the Surgical Professional Skills II Course and the following protocol has been developed to enhance the process for both students and faculty, without utilizing unnecessary administrative support in the undergraduate surgery office.

Students are required to take the assessment forms given to them by the Regina undergraduate (Phase B/C) office to **all** the surgery clinical sessions (except those at the Saskatchewan Cancer Agency as they will provide the forms).

It is also the student's responsibility to ensure that the completed forms are returned to the undergraduate Regina office (at The Learning Centre) and dropped into the mailbox outside of Sherry Lindenbach's office **within 1 week** of the assessment.

Incomplete assessments will result in a grade of zero for this aspect of the course (each assessment has a 13.75% course-weight).

Students are expected to continue One45 logging of patient exposures during their surgery module as through the other modules in Professional Skills II.

The students evaluation in Professional Skills II will include written exam questions and OSCE stations from the surgical module objectives.

### Assessment Structure

- Clinical Assessment Forms (50%)
- OSCE (35%)
- Written Exam (15%)

## Surgery Pro-Skills II Preceptor Assessment Form

STUDENT NAME: \_\_\_\_\_ PRECEPTOR NAME: \_\_\_\_\_  
 DATE: \_\_\_\_\_ **Ortho / Vascular / General / Plastics / Ophthal / Urology** (circle one)

COMPETENCY	BELOW EXPECTATIONS	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS
<b>PROFESSIONALISM</b>			
Attire, punctuality, attendance, attitudes and behaviours	<input type="checkbox"/> Attendance, punctuality and proper attire are inconsistent <b>and/or</b> Professional attitude and behaviors are inconsistently demonstrated (0 marks)	<input type="checkbox"/> Attendance, punctuality and proper attire are consistent <b>and</b> Demonstrates professionalism throughout the session or remedies deficiencies in professional skills in a timely fashion, after feedback (1 mark)	Do not mark in this space
<b>COMMUNICATOR</b>			
Patient-centred medical interview including establishing rapport	<input type="checkbox"/> History is not focused <b>and/or</b> large gaps exist <b>and/or</b> difficulty establishing rapport (1 mark)	<input type="checkbox"/> Demonstrates appropriate questioning and listening skills to establish a basic understanding of patient's health concerns (2 marks)	<input type="checkbox"/> Demonstrates effective, skilled patient-centred interviewing that facilitates an understanding of patient's health concerns <b>and</b> begins development of a reasonable preliminary differential diagnosis (3 marks)
Appropriate use of medical terminology	<input type="checkbox"/> Has difficulty expressing thoughts in language appropriate to patients <b>and/or</b> peers <b>and/or</b> medical team members (1 mark)	<input type="checkbox"/> Adequately expresses thoughts in appropriate language to all members of the health care team including patients and peers (2 marks)	<input type="checkbox"/> Clear, concise, accurate and appropriate language used with all members of the health care team including patients (3 marks)
<b>PHYSICAL EXAMINATION EXPERT</b>			
Physical examination techniques	<input type="checkbox"/> May verbalize about technique but unable to correctly perform the physical examination maneuver <b>and/or</b> ineffective to patient comfort. Unable to differentiate normal from abnormal (1 mark)	<input type="checkbox"/> Usually able to correctly perform correct physical examination maneuvers, paying attention to patient comfort. Able to differentiate normal from abnormal findings (2 marks)	<input type="checkbox"/> Consistently performs correct physical examination maneuvers, optimizing patient comfort. Able to differentiate normal from abnormal findings (3 marks)
<b>TOTAL SCORE</b>			

\*\* Any "Below Expectations" require a comment in the space below. Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

Preceptor signature: \_\_\_\_\_ Student signature: \_\_\_\_\_

\*Students require a total of **four** assessments: Mandatory assessments are one from Orthopaedics, General, Urology plus one from any of the following: Vascular, Plastics or Ophthalmology.

\*Students are required to have blank forms with them for the surgeon to complete. *Completed forms should be turned in to Sherry Lindenbach or faxed to (306) 766-0538, within 1 week of completion.*

## PROFESSIONAL SKILLS II – SURGERY SYLLABUS

<b>Module Coordinator:</b>	Dr. Bruce DuVal
<b>Administrative Coordinator:</b>	Marilyn Baniak, Saskatoon
<b>Administrative Coordinator:</b>	Christa Kaytor, Regina

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### SURGERY MODULE DETAILS

#### Module Overview

Welcome to the Surgery module of Professional Skills II. This module is designed to introduce students to the principles of assessment and evaluation of a patient with surgical problems. Through a variety of clinically based experiences and simulations, students will begin to learn a rational, comprehensive, and professional approach to the surgical patient.

#### Module Objectives

This course builds on the foundations of professionalism and clinical skills acquired in Professional Skills I. During this module you will learn to apply the basic clinical skills you have already learned to the assessment of individuals with surgically significant problems. You will begin to apply your classroom learning in concert with these clinical skills in order to develop a logical approach to the clinical evaluation of this unique group of patients.

The emphasis of this module will be to obtain an accurate history, and the performance of a skilled, thorough physical examination. This experience will be reinforced through clinical exposure on hospital wards, outpatient clinics, endoscopy suites, operating rooms, and simulation exercises.

In addition to history taking and physical examination skills, you will begin to learn the importance and appropriate use of supplemental investigative tools. Ideally, you will move from gathering accurate data to the process of information integration and eventually be able to provide a logical, appropriate differential diagnosis.

Throughout this course, the principles of professionalism will be continually emphasized. At all times, the dignity, and comfort of the patient should be acknowledged and respected. The clinician should constantly strive to interact with the patient in an honest, forthright, yet compassionate manner.



The specific learning objectives and course materials for each surgical discipline will be outlined in the next section of this syllabus.

## **Module Schedule**

Student sessions will be posted on one45 (MEdIC).

## **Suggested Resources**

As this module is primarily one of patient assessment, a great deal of the teaching will be based upon:

Physical Examination and Health Assessment, 1st Cdn Edition (Jarvis C), Saunders-Elsevier, 2009. ISBN 978-1-897422-18-2

### *Textbooks*

Please note the following **3 RECOMMENDED TEXTBOOKS**: students are strongly advised to own one of the first two books *at the least*.

- Surgery - A Competency Based Companion edited by Barry D. Mann. Saunders-Elsevier publishers. This is a very good, practical, useful book that can be carried in your coat pockets.
- Principles and Practice of Surgery by Garden, Bradbury et al. Churchill Livingstone-Elsevier publishers. Excellent undergraduate textbook of surgery.
- Essentials of Surgical Specialties edited by Peter Lawrence. Williams and Wilkins, Publishers.

If students desire just one textbook for all their undergraduate surgery needs, it would be the second book (by Garden, Bradbury et al). The first book (by Barry Mann) is also an excellent book, and small enough to be carried around in your coat pockets. The third book (Peter Lawrence) delves more deeply into the surgical specialties of Orthopaedic surgery, ENT, Urology etc.

### ***On-line references: Posted on one45 (MEdIC) under "handouts"***

All students are expected to listen to and learn each of the podcasts in the "Surgery 101" podcasts series. The link to the podcasts is posted in one45 (MEdIC) or is as follows:

**<http://itunes.apple.com/podcast/surgery-101/id293184847>**

All students **MUST** watch the video on gowning, gloving, and scrub techniques **PRIOR** to attending your Surgical Scrub Tutorial session (please see one45 (MEdIC) for scheduling details). The link to the video is posted in one45 (MEdIC) or is as follows:

**<http://medicine.usask.ca/flplayer/?file=rtmp://fmstream.usask.ca/medicine/MP4:ScrubGownGlove-vid1&wm=0>**

### *Additional Resources*

The individual subspecialty surgical coordinators will post any further required or recommended resources in one45 (MEdIC).

### **Module Delivery**

The Surgery module of Professional Skills II will be delivered in the following format:

1. Practical training in the principles of surgical scrub, gown and glove
2. Teaching sessions on suturing technique
3. Small group sessions consisting of clinically based teaching in the following areas:
  - Orthopaedics (approximately 16-18 hrs)
  - General Surgery (6 hrs)
  - Urology (6 hrs)
  - Ophthalmology (4 hrs)
  - Plastic Surgery (2 hrs)
  - Vascular Surgery (2 hrs)

### **Student Assessment**

#### *Summative Assessment*

Successful completion of the surgery module requires that the student has:

1. Successfully completed the surgical scrub, gown and glove tutorial, as well as the suturing skills session.
2. Satisfactorily completed four preceptor evaluation forms with a passing grade (form is posted on one45 (MEdIC). The assessment will include sections on professionalism, history/communication skills, and physical examination techniques.

Although the instructions are included on the form, it bears emphasizing that it is the **STUDENT'S RESPONSIBILITY** to give the preceptor the form and to collect the completed form for **each** surgery clinical experience.

### **Remediation Policy**

Students who do not achieve a pass will be offered the opportunity for further practice and remediation. The specific arrangements will be determined by the Module Coordinator.

### **Attendance**

Please refer to the Attendance Expectations and Process on page 25.

The Attendance Policy can also be found on the College of Medicine website at: <http://www.medicine.usask.ca/education/medical/undergrad/documents/MD%20Program%20Attendance%20and%20Absence%20Policy%20Overview%20-%20Approved%20by%20UEC%20May%202014%202014.pdf>.

# **SURGICAL DISCIPLINE INFORMATION**

## **GENERAL SURGERY**

### **Overview**

Introduction to General Surgery

### **Objectives**

#### ***Breast and Thyroid Session***

By the end of the session, students will be expected to:

1. Perform a patient-centered interview including focused questions that would assist in identifying breast or thyroid illness (Medical Expert; Communicator)
2. Discuss the importance of patient comfort surrounding sensitive examinations and possible methods of decreasing patient stress during these examinations (Communicator; Professional)
3. Perform an examination of breast, axillae, and thyroid (Medical Expert)
4. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, timeliness, dress, honesty and integrity (Professional)

#### ***Abdominal Infection and Inflammation Session***

By the end of the session, students will be expected to:

1. Perform a patient-centered interview including focused questions that would assist in differentiating between appendicitis, diverticulitis, gastroenteritis, cholecystitis and other intra-abdominal infections and inflammations (Medical Expert; Communicator)
2. Perform a focused abdominal examination including examining for signs of peritonitis
3. Apply knowledge from systems-based courses in a clinical setting to differentiate between the signs and symptoms of appendicitis, diverticulitis, gastroenteritis, cholecystitis and other intra-abdominal infections and inflammations (Medical Expert)
4. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, timeliness, dress, honesty and integrity (Professional)

#### ***Obstruction and Hernia Session***

By the end of the session, students will be expected to:

1. Perform a patient-centered interview including focused questions related to symptoms of obstruction and/or hernia (Medical Expert; Communicator)
2. Perform a focused abdominal examination including examining for signs of obstruction and/or hernia (Medical Expert)
3. Determine appropriate diagnostic tests to determine further action for a patient presenting with symptoms of possible obstruction or potential hernia (Medical Expert)
4. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, timeliness, dress, honesty and integrity (Professional)

## **Schedule**

Students will be scheduled for three 2-hour sessions. Sessions details will be posted on one45 (MEdIC).

## **Suggested Resources**

### *Prior Knowledge*

It is expected that the students will review the Physical Exam Skills sections of the manual from Professional Skills I prior to all sessions to ensure that proper examination skills continue to be practiced throughout the rotation.

For **Breast and Thyroid** session, specific attention should be paid to Physical Exam D Section K, which deals with breast examination and Physical Exam A Section D, which deals with thyroid examination. Additionally, please refer to Dr. McKague's handout on sensitive examinations from first year in one45 (MEdIC).

For **Abdominal Infection and Inflammation** and **Obstruction and Hernia** sessions, specific attention should be paid to Physical Exam C Section J, which deals with abdominal examinations.

## **OPHTHALMOLOGY**

### **Overview**

Introduction to Ophthalmology

### **Objectives**

1. Obtain a focused history of patients presenting with either acute or chronic visual loss (Medical Expert; Communicator)
2. Demonstrate the following during the ophthalmological examination of the patient: (Medical Expert)
  - measurement of visual acuity
  - visual field testing
  - external examination including extra-ocular muscles and pupillary exam
  - measurement of intraocular pressure
  - ophthalmoscope examination of the red reflex and the fundus
3. Present a possible differential diagnosis for a patient with either acute or chronic visual loss (Medical Expert/Communicator)
4. Utilize appropriate questioning and listening skills to establish a basic understanding of a patient's health concern (Communicator)

### **Schedule**

Students will be scheduled for two 2-hour sessions. Sessions details will be posted on one45 (MEDIC).

### **Suggested Resources**

Basic Ophthalmology for Medical Students and Primary Care Providers" CA Bradford, editor, 2004, 8<sup>th</sup> Edition published by the American Academy of Ophthalmology & available at their website [www.aao.org](http://www.aao.org) for \$48 US (product no. 0230060) or ISBN 1-56055-363-3. Copies will be available.

## ORTHOPAEDICS

### Overview

Regina students will be assigned two orthopaedic-MSK surgery sessions. Please dress appropriately for clinics as you will be in contact with patients.

Orthopaedics sessions will also be offered in radiology, cast clinic and paediatrics. All sessions will be posted on one45.

As these are mandatory sessions your attendance is expected. Unforeseen absences must be communicated with the Regina Phase B/C team.

### Objectives

By the end of the rotation, students will be expected to:

1. Safely apply and remove a plaster-of-Paris splint or cast (Medical Expert; Communicator)
2. Perform a focused patient-centered pediatric Orthopaedic physical examination (Medical Expert; Communicator)
3. Discuss probable findings for the following pediatric conditions:
  - Developmental dysplasia of the hip (DDH) in an infant
  - Bowlegs and pediatric gait abnormalities
  - In toeing
  - Scoliosis and other pediatric spine deformities (Communicator; Medical Expert)
4. Perform a focused adult Orthopaedic physical examination (Medical Expert; Communicator)
5. Discuss probably findings for Orthopaedic complaints in adults in the following regions:
  - Spine
  - Hip
  - Knee
  - Shoulder (Communicator, Medical Expert)
6. Obtain a focused history from a patient (and or family member) presenting with an Orthopaedic complaint
7. Interpret an x-ray showing an Orthopaedic abnormality such as a fracture or arthritis (Medical Expert, Communicator)
8. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, timeliness, dress, honesty and integrity (Professional)

These objectives will be met through patient contact in Outpatient Departments, cast clinics, private offices, the operating room, the orthopaedic ward,

orthopaedic grand rounds, and independent reading. The experiences for each student will vary depending on their faculty member's clinical interest and expertise, the types of patients encountered and the opportunities available at the time. By having each student one-on-one with different surgeons, the individual student's experiences should cover a vast array of orthopaedic subspecialties.

## **Schedule**

Students will be scheduled with surgeons via the Regina Phase B & C team. All information will be posted in one45. Contact Christa Kaytor with questions regarding scheduling.

## **Suggested Resources**

### *Prior Knowledge*

It is expected that the students will review the Physical Exam Skills sections of the manual from Professional Skills I prior to all sessions to ensure that proper examination skills continue to be practiced throughout the rotation. Specific attention should be paid to Physical Exam C Section H that deals with the musculoskeletal examination.

### *Textbooks*

#### **Recommended**

1. McRae, Ronald, Clinical Orthopaedic Examination, Churchill Livingstone, 2004
2. Bickley, Lynn S, Bates' Guide to Physical Examination and History Taking, 10th edition, Lippincott Williams & Wilkins, 2009.
3. Sheth, P, Lonner JH, Gowned and Gloved. Orthopaedics, Introduction to Common Procedures, Saunders Elsevier, 2009
4. Paton, David F, Fractures and Orthopaedics, Second Edition, Churchill Livingstone, 1992

#### **Optional**

5. Thompson, J, Netter's Concise Orthopaedic Anatomy, Saunders Elsevier, 2009
6. McRae, Ronald, Practical Fracture Treatment, Elsevier, Churchill Livingstone, 2008
7. Benson, Leon S, Orthopaedic Pearls 1999, FA Davis Co.

Students may use books that are in the Health Science Library in Regina General Hospital but these may not be removed from the library.



## PLASTIC & RECONSTRUCTIVE SURGERY

### Overview

Plastic and Reconstructive Surgery is a very broadly based discipline. Your time with us will serve as an introduction rather than a comprehensive summary. The anatomy and physical examination of the hand and a brief overview of two common hand conditions, carpal tunnel and trigger finger, will be covered before the patient assessments.

### Objectives

By the end of the rotation, students will be expected to:

1. Obtain a focused history of a patient presenting with complaints of a numb hand and occasional “locking” of a digit. (Medical Expert, Communicator, Professional)
2. Demonstrate the following during the clinical hand assessment: (Medical Expert)
  - Knowledge of hand anatomy during a focused physical examination of the hand
  - Flexor tendon anatomy and function anatomic
  - Location and distribution of the median nerve is key to the assessment of these patients
  - Common tests for median nerve entrapment at the wrist (Carpal Tunnel) and trigger finger
3. Present a possible differential diagnosis for a patient presenting with numb hand and locking of a digit. (Medical Expert, Communicator)
4. Utilize appropriate questioning and listening skills to establish a basic understanding of a patient’s health concerns with specific attention to the conditions of carpal tunnel syndrome and trigger finger. (Medical Expert, Communicator, Professional)

### Schedule

Students will be scheduled for one 2-hour session. Sessions details will be posted on one45 (MEdIC).

### Required Resources

It is expected that the student will *review the anatomy of the hand prior to this session* as well as read the following short chapter in Essentials for Students –

from the Plastic Surgical Educational Foundation. – Pages 68 - 72 - on hand assessment and anatomy. It is located at the following website <http://www.plasticsurgery.org/For-Medical-Professionals/Resources-and-Education/Publications/Plastic-and-Reconstructive-Surgery-Essentials-for-Students.html>

## UROLOGY

### Overview

Through a combination of a core teaching module (3 hours) and urological patient clinical encounters (3 hours), the medical student will be exposed to and gain knowledge and skills in the following MCCQE Clinical Competency Areas:

- Hematuria (gross and microscopic)
- Scrotal masses and pain
- Lower urinary tract symptoms (LUTS)
- Upper urinary tract obstruction
- Lower urinary tract obstruction

The core teaching module will include a short didactic session, simulation training on mannequins (introducing the digital rectal examination and male genital examination), and a small group interactive session highlighting clinical cases covering the competency areas.

Additional learning opportunities may arise in other areas of urology, depending on the different patient presentations during the student's clinical encounter.

### Objectives

By the end of the rotation, students will be expected to:

1. Obtain a focused urological history of a patient presenting with the following clinical conditions: hematuria, scrotal masses and pain, LUTS, upper and lower urinary tract obstruction (Medical Expert, Communicator)
2. Describe and understand the significance of lower urinary tract symptoms (frequency, urgency, nocturia, dysuria, weak urinary stream, intermittency, hesitancy, straining and incomplete bladder emptying) (Medical Expert)
3. Demonstrate the physical examination of the abdomen, male genitalia and digital rectal exam on a model and/or patient (Medical Expert, Communicator, Professional)
4. Demonstrate the technique for eliciting costo-vertebral angle tenderness and ballottement of a renal mass (Medical Expert)
5. Describe the anatomic arrangement of the scrotal structures (Medical Expert)
6. Demonstrate the technique and describe the importance of transilluminating a scrotal mass (Medical Expert)
7. Explain the value of upright and supine examinations of patients presenting with scrotal masses (Medical Expert)

8. Understand the varicocele grading system (preclinical, clinical grade 1, 2, 3) and the clinical significance of an isolated right-sided varicocele (Medical Expert)
9. Understand the clinical anatomy of the prostate and explain potential findings obtained during the digital rectal examination (Medical Expert, Communicator)
10. Understand the importance of patient sensitivity surrounding sensitive examinations (DRE, genitourinary examination) and develop possible methods to decrease patient stress during these examinations (Communicator, Professional)
11. Interpret the results of the urinalysis, in particular the definition of microscopic hematuria and the findings on urinalysis suggestive of a urinary tract infection (Medical Expert)
12. Be aware of the prostate-specific antigen (PSA) test and its limitations in the screening for prostate cancer (Medical Expert)
13. Present a brief and well-organized differential diagnosis of a patient presenting with the following clinical conditions: hematuria, scrotal masses and pain, LUTS, upper and lower urinary tract obstruction (Medical Expert, Communicator)
14. Demonstrate appropriate professionalism, including: punctuality, proper dress and presentation, honesty, integrity and respect for patients, health team members and colleagues (Professional)

## Schedule

The information from this session will be applied to the physician patient encounters, where students will be split up into smaller groups to spend the remaining 3 hours with the physician in the clinical setting. Session details will be posted on one45.

## Required Resources

### *Prior Knowledge and Preparation*

Students are expected to review relevant objectives from the first year Form and Function of the Human Body course posted in one45 prior to the first session. Additionally, it is important that the students **review** the Physical Exam Objectives from **Professional Skills I** prior to all sessions to ensure that proper examination skills continue to be practiced throughout the rotation. Specific attention should be paid to Section K and Section L that deal with abdomen, rectal and genitourinary examination skills (pages 34-36).

Students should also read the paper by Shirley & Brewster (2011) entitled Expert review: The digital rectal exam from *The Journal of Clinical Examination*, 11, 1-12.

Available online at: [http://www.thejce.com/journals/11/expert\\_review-PR\\_examination.pdf](http://www.thejce.com/journals/11/expert_review-PR_examination.pdf).

Lastly, the PowerPoint presentation for the core teaching session will be posted in one45 and should be reviewed prior to the session, with particular attention paid to the five clinical cases. Students are expected to come prepared to discuss the clinical cases.

## VASCULAR SURGERY

### Overview

The experience in vascular surgery will introduce the student to the focused history and physical examination as it pertains to a patient with peripheral vascular disease. The student will be introduced to concepts related to recognizing the basic disease patterns encountered, learn to think of these diseases in anatomic terms and become familiar with the non-invasive diagnostic tests available to assist in patient evaluation. It should be emphasized that the history and physical exam are of primary importance and the non-invasive tests merely supplementary.

### Objectives

1. Evaluation of the peripheral arterial system in health and disease.

#### History

- Obtain a focused history from a patient presenting with symptoms of acute or chronic lower extremity arterial occlusive disease. This should include specific questioning about known risk factors (Medical Expert, Communicator)
- Correlate symptoms with anatomic pattern of disease (Medical Expert)

#### Physical Examination

- Demonstrate the location of and techniques for palpation of peripheral pulses (Medical Expert)
- Discuss and demonstrate the clinical signs of chronic peripheral vascular insufficiency including: elevation pallor, dependent rubor, absence of hair growth, heaping up of nails, arterial pattern of ulceration (Medical Expert)
- Describe the clinical signs of acute arterial insufficiency i.e. the 5 'P's (Medical Expert)

#### Non invasive testing of Arterial System

- Discuss the principles of the Ankle- Brachial Index and describe its performance (Medical Expert)

2. Principles of assessment of the diabetic foot.

- Describe the anatomic and physiologic factors that predispose to diabetic foot complications (Medical Expert)
- Discuss the importance of systemic and loco-regional assessment (Medical Expert)
- Describe in basic terms the principles and priorities of management (Medical Expert)

### 3. Professional Skills

- Exhibit professional behaviors at all times including integrity, honesty, compassion and respect (Professional)
- Strive to improve communication skills when dealing with patients. This should include effective and efficient patient centered questioning, as well as appropriate inclusion of patients in assessment and management plans (Communicator)

### **Schedule**

Students will be scheduled for one 2-hour session. Sessions details will be posted on one45 (MEdIC).

### **Suggested Resources**

#### *Prior Knowledge*

Students are expected to review the following information prior to their session:

Chapter 20

Physical Examination and Health Assessment, 1st Cdn Edition (Jarvis C),  
Saunders-Elsevier, 2009.

Ankle Brachial Index instructional video link is also posted in one45 (MEdIC)  
<http://www.nejm.org/doi/full/10.1056/NEJMvcm0807012#figure=preview.gif>

## **ATTENDANCE EXPECTATIONS AND PROCESS**

### **What are Expectations for attendance in Professional Skills II?**

It is expected that students will attend all small group sessions unless absence is unavoidable.

### **How is attendance documented?**

A Clinical Education Activity Log book will be provided to each student. Each small group clinical session must be recorded and verified with the preceptor's signature. Completed log books must be submitted to Sherry Lindenbach in the Regina Phase B/C office via the assignment drop-box no later than **May 29, 2015**. Students are also expected to perform online logging of clinical experiences in One45 (MEIC).

### **What are acceptable reasons for absence?**

It is anticipated that students may have to miss occasional sessions for reasons of illness, family emergencies or compassionate reasons. Case-by-case requests for absences for other reasons will be considered. In general, attendance at a conference or other learning activity (with prior approval) is considered an acceptable reason for absence. When possible, students attending local conferences/ learning activities should still attend their small group session. Vacations or other extra-curricular activities are not considered acceptable reasons for absence.

### **Whom do I contact regarding absence?**

a. Illness or family emergencies or compassionate reasons – Prior to the absence, or as soon as possible after the absence, a student should notify (1) his/her preceptor for the clinical or small group session; (2) the Administrative Coordinator for that module – listed on page 5; and (3) the Undergraduate Medical Education Office – in Regina through Christa Kaytor, at [christa.kaytor@rqhealth.ca](mailto:christa.kaytor@rqhealth.ca), 766-3157 or in her absence, the Undergraduate Medical Education Office through Sherry Lindenbach at [sherry.lindenbach@rqhealth.ca](mailto:sherry.lindenbach@rqhealth.ca), 766-0578.

When frequent or prolonged periods of absence are anticipated for health or family reasons, students should notify the Undergraduate Medical Education Office in Regina through Sherry Lindenbach at [sherry.lindenbach@rqhealth.ca](mailto:sherry.lindenbach@rqhealth.ca), 766-0578.



b. For any other reasons, students should seek prior approval from: (1) their preceptor for the sessions, and (2) the relevant Professional Skills II Module Coordinator - please e-mail both the Administrative Coordinator and the Faculty Coordinator – listed below. If necessary, the Professional Skills II Module Coordinator may consult with the Module Chair, Undergraduate Program Administrator and/or Phase Chair regarding the appropriateness of the absence. Students should request this approval as early as possible, preferably several weeks in advance.

### **What are the implications of being absent?**

a. When students have unavoidable absences for illness, family emergency or compassionate reasons with appropriate notification, they will not be assessed negatively in terms of professionalism. Students should request guidance from their preceptor and/or Faculty Module Coordinator on how to make up any material missed. If frequent or prolonged periods of illness occur, the student may need to attend additional sessions to make up material missed in order to complete the course components.

b. When students have absences for other reasons for which they have received prior approval, they will not be assessed negatively in terms of professionalism. Students should request guidance from their preceptor on how to independently make up any material missed. Sessions will not be rescheduled and additional sessions will not be offered in order to make up missed material. It is the responsibility of the student to ensure he/she meets all the requirements of the module.

c. Students should be aware that professionalism is being assessed in every Professional Skills II session. Lateness or absences without appropriate notification/approval will likely result in marks reduced for poor professional behavior and may result in an informal or formal breach of professionalism report. Unapproved absences may result in failure of a module or the entire course.

## DEPARTMENT OF SURGERY CONTACTS

<b>DEPARTMENT OF SURGERY UNDERGRADUATE EDUCATION PROGRAM</b>		
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Dr. Z. Chowdhary		Regina
Dr. G. Cuddington		Regina
Dr. P. Gorman		Regina
Dr. V. Jeena		Regina
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Dr. I. Kurtz		Regina
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Dr. A. Moustapha		Regina
Dr. S. Pooler		Regina
Dr. J. Rao		Regina
Dr. K. Saczek		Regina
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Dr. L. Nilson		Regina
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Dr. A. Leroux		Regina
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