



# Elective Clinical Rotations

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MEDC 407.38

Term 6

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 **COURSE SYLLABUS**

2017/2018 ( Class of 2018)



UNIVERSITY OF SASKATCHEWAN  
**College of Medicine**  
UNDERGRADUATE MEDICAL EDUCATION  
MEDICINE.USASK.CA

## Course Overview

### COURSE DESCRIPTION

This course is designed to allow medical students to further pursue their own interests and to individualize elective experiences in keeping with their individual goals. Knowledge, skills, and attitudes are further developed in a clinical context selected by students. They may also experience an opportunity to conduct research relevant to medical practice.

Prior to the completion of the course an integrated OSCE will be held that is linked to the overall clerkship experience focusing on aspects of medical expert, communicator, and professional.

Completion of this course will contribute to attaining elements of the overall undergraduate program objectives ([MD Program Objectives](#)).

### OVERALL COURSE OBJECTIVES

By the completion of this course, students will be expected to:

#### Medical Expert

1. Obtain a relevant patient-centered history including a description of the symptoms, relevant positive and negative features, and illness experience.
2. Conduct a patient centred physical exam identifying positive and negative physical signs while optimizing patient comfort.
3. Diagnose common and undifferentiated clinical presentations.
4. Develop an appropriate management plan including selection and interpretation of relevant investigations and pharmacologic/non-pharmacologic therapies.

#### Communicator

1. Adapt personal communication style to meet patient's needs such as: communication style, knowledge level and cultural context.
2. Communicate information about clinical encounters and management plans to supervising physicians and/or team member including hand-over of care.
3. Maintain accurate, comprehensive, legible, and up-to-date medical records.

#### Collaborator

1. Collaborate with patients, families, and care-givers to be active participants in their care.
2. Demonstrate positive relationships with preceptors and colleagues during each elective experience.

### Health Advocate

1. Recognize barriers to healthcare and health promotion that may be unique to the patients or community encountered.
2. Identify advocacy measures for addressing the needs of all stakeholders encountered within a clinical experience.

### Scholar

1. Identify opportunities for learning and growth through reflection and assessing personal performance through formal and informal feedback.
2. Describe the principles of evidence-informed medicine when creating a patient-centered care plan.
3. Develop personal objectives for self-directed learning.

### Professional

1. Demonstrate professional behavior such as: punctuality, completing tasks in a timely fashion, appropriate attire, and respectful attitudes to patients, families, and other health care providers.
2. Apply ethical principles including patient autonomy, privacy, and confidentiality.
3. Demonstrate self-knowledge, recognize limits of knowledge/experience and seek help appropriately.

### Leader

1. Demonstrate effective time management.
2. Employ information technology effectively in patient care.
3. Develop a career development plan with strategies for enhancement of professional goals and practice.

The University of Saskatchewan Learning Charter is intended to define aspirations about the learning experience that the University aims to provide, and the roles to be played in realizing these aspirations by students, instructors and the institution. A copy of the Learning Charter can be found at: [www.usask.ca/university\\_secretary/LearningCharter.pdf](http://www.usask.ca/university_secretary/LearningCharter.pdf)

## MODULE CONTACTS

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### PRINCE ALBERT SITE

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**WEBSITE:** <http://medicine.usask.ca/department/clinical/anesthesiology.php>

## COURSE MATERIAL ACCESS

Course materials will be specific to each elective.

## RECOMMENDED MEDICAL INSTRUMENTS

A stethoscope is required. The hospitals provide examining kits consisting of ophthalmoscope/otoscope and reflex hammer on most wards (the quality and availability of these is variable).

PPE (Personal Protective Equipment) is strongly encouraged and available in most patient areas. This is not limited to standard precautions which are the basic level of infection control which should be used in all patients all of the time.

## RESOURCES

Each elective will have different resources based on the specialty and location.

<http://www.choosingwiselycanada.org/recommendations/>

## COURSE ASSESSMENT OVERVIEW

Component	Component Requirement	Weighting in Final Mark
Clinical Assessment (ITER)* from Electives	70%	80%
OSCE	Pass	20%
Total Course Mark		100%

### ITER's

The summative ITER's will be weighted equally in the determination of the final grade.

### OSCE

There will be one OSCE for this Electives Course. The OSCE pass mark will be set using an approved standard setting method as indicated by the College of Medicine's Assessment Policy. The standard setting method will reflect the specific difficulties of items in this test form and pass marks may vary from assessment to assessment.

This final OSCE will occur after the elective time is done, and will be adjusted to a pass mark of 70%. It will cover a systems approach that integrates skills learned throughout the clerkship and electives year. ie. Medical expert, communicator, professional, advocator etc.

## UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY

Any assignment submitted after 23:59 SK time on the specified date is deemed late (unless otherwise specified).

All due dates or timelines for assignment submission are published in the student course syllabus<sup>[1]</sup>.

A late assignment may still be submitted up to three consecutive calendar days (72 hours) from the original deadline for that assessment. The assignment must be submitted to the appropriate year Administrative Coordinator in Saskatoon, or the Educational Consultant in Regina for years 1-2. Years 3-4 must submit to the Rotation Coordinator. The maximum mark that a student may receive on a late assignment will be the pass mark for the assignment, but can be lower if warranted.

Any late assignments not submitted by 23:59 on the third day will receive a mark of 0%. After this period, all mandatory assignments must still be submitted, or the student will be deemed to be missing a course component, which will result in an incomplete course. Subsequent academic consequences will be determined at the promotions committee meetings.

In addition to the consequences specified herein, students submitting mandatory assignments late should anticipate a meeting to discuss professionalism, which may result in associated documentation.

**All requests for a deferral of an assignment due date must be received a minimum of 72 hours prior to the deadline.** All such requests must be sent to the Course Director or Rotation Coordinator and copied to the

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<sup>[1]</sup> Blackboard routinely updates their systems on certain Wednesday evenings. In the event that Blackboard is down for scheduled maintenance or due to technical difficulties, assignments are to be submitted by 0900 the following morning.

relevant Administrative Coordinator. The course director, in consultation with the year chair and appropriate course/module/rotation director will make a final decision and notify the student of the outcome. Exceptional, unforeseen circumstances will be considered on an individual basis as above.

### CITATION FORMAT

Unless otherwise specified by the course or module director, the expected citation format is that of the International Committee of Medical Journal Editors (ICMJE). Examples of this citation format are available at [www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)

### COURSE REMEDIATION AND PASS/FAILURE POLICY

The requirements for successful completion of the Electives Course are listed below. Please note that students must meet the overall Year 4 graduation standards in order to graduate: (see Student Information Guide)

- A. Students will be considered to have successfully completed the Electives Course if they have achieved a minimum 70% average grade in each of the elective rotation and a “passing” grade on the OSCE.
- B. Students who have not received the required 70% average grade in any of the elective rotations, or who failed the OSCE, will be deemed to be experiencing academic difficulty. The severity of academic difficulty will be based on a weighted grade deficit assessment (see Table 1 for grade deficit point allocation rubric). Students accumulating 1 or more deficit points at any point in the course will be required to meet with the Course Director and/or a course sub-committee of at least 3 people (made up of a relevant Elective coordinator; Year 4 Chair and Year 3 chair or designates) to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Services representative present if desired. With any further accrual of deficit points, the student will be required to meet with the sub-committee again. If these grade deficits are not identified until the end of term, then a sub-committee meeting may not be held, but the academic outcomes will be determined by the promotions committee.
- C. Students who are identified as being in academic difficulty as defined in (B) above may be offered remediation for the elective rotation and/or OSCE for which they did not achieve the standard. The Year 4 chair in consultation with a relevant elective coordinator retains the right to determine the specific type of remediation needed for each individual student, targeted to the areas of academic weakness. This remediation may be in the form of additional rotational weeks, supplemental assignments, and/ or supplemental examinations as determined by the rotation director and/ or course chair(s).
- D. A student who has accrued **4 or more** grade deficit points in Electives Course will be considered to have been unsuccessful in the Electives Course and will NOT be offered further supplemental assignments and/ or examinations as per usual course policy. Further decisions regarding academic outcomes will be adjudicated by the Clerkship Promotions Committee and the Student Academic Management Committee.
- E. Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course (70% for a Rotation and the standard- set “pass” score for each OSCE). Remediation will most likely occur by the end of Year 4.

**Table 1: Deficit Point Allocation**

	Initial Deficit Points	Failed Remediation Deficit Points
Elective Rotation	2	2
OSCE	1	2

### **MD PROGRAM ATTENDANCE POLICY**

Active participation by medical students in learning opportunities is critical to their formation, education, and training. Sustained and deep engagement, which requires regular and punctual attendance. Students who neglect their academic responsibilities may be excluded from final examinations and may be found in breach of the MD Program’s Breach of Professionalism policy.

The College of Medicine recognizes that medical students are adult learners and entitled to the privileges and responsibilities that come with such status. That being said, unexplained absences will be treated very seriously and considered unprofessional conduct. These absences may be reflected in the final grade and may constitute grounds for failure of the rotation, even if the student has passed other assessments. Students should contact the elective supervisor/coordinator or departmental administrative assistant for that particular elective as soon as possible if an absence is necessary. The UGME Office should be notified of any prolonged or unexpected absences.

It has been the College’s experience that, for some students, chronic non-attendance often ends up in academic and/or professional difficulty. Students also end up feeling disengaged and separated from their class cohort, which can further affect academic success because of a lack of peer support. The College reserves the right to monitor attendance by those students who are in academic or professional difficulty. Such circumstances would be clearly documented and provided in writing to the student.

For more detailed information, please refer to the complete policy:

<http://medicine.usask.ca/policies/clerkship-attendance-and-absence-policy.php#relatedForms>

### **ETHICS AND PROFESSIONALISM**

There are several documents that delineate the expectations of society, the profession and the college with respect to the ethics and professionalism of medical doctors. Three such documents are replicated below.

Note that breaches of professionalism that are egregious and/or refractory to correction may, in themselves and at the discretion of the Undergraduate Medical Education Committee, constitute sufficient grounds for removal from the program, regardless of performance in other aspects of the curriculum.

“Not everything that can be measured is important, and not everything that is important can be measured.”  
(Albert Einstein)

For more detailed information, please refer to the complete policy:

<http://medicine.usask.ca/policies/ethics-professionalism.php#TheCollegeofMedicinestatementonprofessionalism2005>

## BREACH OF PROFESSIONALISM

For more detailed information, please refer to the complete policy:

<http://medicine.usask.ca/policies/breach-of-professionalism-policy-procedures.php>

## COURSE MODULES

### Clinical Elective Rotations

There will be a total of 24 weeks of elective time. Fourteen weeks are set prior to the CARMS application deadline. Students should be aware however that the Medical Students Performance Record (MSPR)/Dean's letter is submitted to CARMS at the beginning of November, therefore it is recommended to focus on the first 12 weeks of elective time for obtaining appropriate comments and/or reference letters. It is strongly encouraged that students meet with the Office of Student Career and Advising to help plan their elective strategy. Three weeks of protected time will be set for CARMS interviews.

Specific elective schedules will be dependent on the elective chosen.

Call – Call may be expected on some of the elective rotations. This will need to be arranged individually between the preceptor and/or the department coordinator for that elective.

For immunization information please see here: <https://afmcstudentportal.ca/immunization>

### Electives General Information

#### ELECTIVES POLICY

##### 1. Purpose

- 1.1. To state elective expectations regarding approved sites, duration, clerk assessment forms and elective evaluations, the appropriate procedure for elective approval and change/cancellation requests, immunization requirements, as well as malpractice and personal insurance.
- 1.2. To outline the importance of additional electives with the understanding that clerks need vacation time to support their mental, physical, and spiritual wellness.
- 1.3. To ensure compliance with Accreditation Standards:
  - Standard 6.5a: There are opportunities for elective experiences in the medical curriculum particularly in the later years of the educational program that permit medical clerks to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.
  - Standard 6.5b: The medical school has policies or practices that encourage medical clerks to use electives to pursue a broad range of interests in addition to their chosen specialty.

##### 2. Definitions

**UGME:** Undergraduate Medical Education

**CACMS:** The Committee on Accreditation of Canadian Medical Schools (CACMS) was founded to act as the reliable authority for the accreditation of programs of medical education leading to the MD degree in Canada. The CACMS accredits complete and independent medical schools whose students are geographically located in Canada for their education, and which are offered by universities that are chartered and operated in Canada. (Reference: <https://cacms-cafmc.ca/about-cacms>).



**Summative Assessment:** The quantitative assessment used to measure students' understanding and theoretical application skills after a predetermined period of instruction of a section, chapter, unit, module, or course.

**Formative Assessment:** The assessment used formally and informally to monitor as well as support students' learning progress during instruction of a course/rotation. It typically involves qualitative or narrative feedback (rather than quantitative scores) to focus on specific content details and aspects of performance.

**CaRMS:** Canadian Resident Matching Service.

**AFMC:** Association of Faculties of Medicine of Canada.

### 3. Scope

This policy applies to U of S College of Medicine undergraduate students in the graduating class of 2018 and onward.

### 4. Policy Guidelines

Clerks are responsible for arranging their electives. Electives may be completed at:

- Any CACMS accredited medical school and/or LCME accredited North American medical school.
- Approved international sites.
- Other sites as approved by the UGME Year Chair.

Clerks will not be granted credit for an elective supervised by a member of their immediate or extended family as well as anyone with whom they have a personal relationship with or have another conflict of interest. Additionally, clerks will not be granted credit for an elective with their own physician. Clerks are strongly encouraged to meet with a Career Advisor prior to their electives application to develop a personalized learning plan for their elective year. Focus will be placed on the 12 weeks of electives prior to CaRMS.

All elective applications must be requested through the appropriate Department Coordinators. Electives cannot be scheduled directly with an individual preceptor or site as this impedes departmental scheduling and coordination of clerks. Clerks looking for a certain experience must include this request in their elective form or speak with the Department Coordinator. Before starting an elective, clerks must have approval from the Year Chair or Year Site Coordinator. Clerks must ensure pertinent information regarding each elective is current and accurate in One45 and are responsible for completing and submitting the elective summative assessment form as well as the elective evaluation.

All clerks must complete a minimum of 22 weeks of electives. There are 24 weeks of electives scheduled, with the potential for 1 week (plus 1 week carry over from Year 3) of vacation time. Most electives are a minimum of two weeks in duration. Typically, a maximum of 6 weeks will be allowed. Electives start on Monday (Tuesday in the case of statutory holidays) and end on Friday. Weekends are for travel time. It is recommended that Clerks choose to participate in electives in Saskatchewan during the CaRMS match results to facilitate working on the second iteration and accessing the support to do so.

## 5. Procedures

### 5.1 Electives in Departments at U of S Sites

Clerks must submit the in-province (Internal) elective application forms to the Department Coordinator for approval at least 1 month prior to the start date of the proposed elective. In-province elective applications can be submitted up to 4 months in advance of the elective start date. Refer to the elective course syllabus for detailed timeline information.

The application form is available online with a valid NSID and password and can be accessed at: <https://share.usask.ca/medicine/ugme/electives/Lists/Elective%20Application%20Form1/NewForm.aspx>

Clerks must review the elective objectives and develop any additional individual objectives that apply in conjunction with their elective supervisor. The clerk is responsible for ensuring their elective application is sent to the appropriate Departmental Coordinator, at the indicated site, for determination of appropriateness and adequate space.

The Department Coordinator, with their administrative support, will submit their approval or rejection through the online SharePoint form system. The Year Chair will be notified at this point if the elective is approved. Clerks will be notified at this point if the elective application is rejected. The Year Chair will give final approval or rejection of the elective application and clerks will be notified of either status. All electives must receive approval from the appropriate departments and Year Chair to be considered official. Site specific UGME staff will ensure entry of elective information into One45. Once submitted, the elective will be considered finalized.

Preceptors will be sent a Summative Assessment form from the UGME Office by the last week of the elective. The clerk is responsible for ensuring an elective Summative Assessment form is completed by the preceptor, as well as submitted to and received by the UGME Office. Clerks will be notified within 2 weeks of the end date of the elective if a Summative Assessment form has not been received. Clerks must ensure the UGME Office receives their final Summative Assessment form from the appropriate preceptor within 4 weeks of the elective end date. Failure to do so will be considered a failed elective and no credit will be granted. The clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it to the UGME Office.

### 5.2 Electives in Other Canadian Provinces

Clerks must apply through the AFMC portal for electives at all other Canadian medical schools. Most application timelines are 4-6 months prior to the start date of the elective. Refer to the AFMC portal for official timelines:

- [AFMC Clerk Registration Information](#)
- [AFMC Clerk Application Process](#)
- [AFMC Help Documents](#)

For confirmed electives to be added to One45, the clerk must email the official confirmation from the AFMC Portal to: [ugme.electives@usask.ca](mailto:ugme.electives@usask.ca). Once submitted, the elective will be considered finalized.

The clerk is responsible for ensuring an elective Summative Assessment form is completed by the preceptor, as well as submitted to and received by the UGME Office. Clerks will be notified within 2 weeks of the end date of the elective if a Summative Assessment form has not been received. Clerks must ensure the UGME Office receives their final Summative Assessment form from the appropriate preceptor within 4 weeks of the elective end date. Failure to do so will be considered a failed elective and no credit will be granted. The clerk is responsible for completing the appropriate elective evaluation within 2 weeks of the elective end date and submitting it to the UGME Office.

For electives 4 weeks or longer, it is strongly recommended that the clerk requests their preceptor to provide mid-point formative feedback and complete a Formative Assessment form; however, a Formative Assessment form is not required to be submitted to the UGME Office.

### 5.3 International Electives

The minimum elective duration is 2 weeks with a maximum of 8 weeks. Clerks must submit the international electives application form to the Year Chair for approval at least 6 months before the start date of the proposed elective. A closer application time may be considered if the DSA orientation course from the Division of Social Accountability has already been completed; however, a minimum of 2 months prior to the start date of the elective is required.

Clerks must register with the International Student and Study Abroad Center (ISSAC). ISSAC requires all students to complete the Travel Safety Plan as well as provide emergency contact information and confirmation of insurance. If the elective is deemed to be in a high-risk area as per ISSAC criteria, the Year Chair (or designate) will be notified and the elective will be denied. Appeals can be made to the Dean of Medicine with a carbon copy (cc) to the Manager, Undergraduate Medical Education.

Clerks must meet with the Global Health Manager, Division of Social Accountability and participate in the DSA orientation course, if they have not already done so. Participation is tracked. A U of S faculty mentor or appropriate designate will be required for clerk preparation prior to the elective and for debriefing (in collaboration with the Division of Social Accountability) following the elective. The clerk is responsible for ensuring the UGME Office has received confirmation of registration with the ISSAC office as well as the Division of Social Accountability. Once confirmations and the international elective form are received, the elective will be considered for final approval. The Year Chair will give final approval or rejection of the elective application and clerks will be notified of either status. For approved electives to be added to One45, the clerk must email the official confirmation of DSA orientation completion from the ISSAC to: [ugme.electives@usask.ca](mailto:ugme.electives@usask.ca). Once submitted, the elective will be considered finalized.

Clerks may be required to purchase additional malpractice insurance depending on the elective location (Refer to article 15. Insurance for more details). Extra funding opportunities exist through the Division of Social Accountability in the form of research and travel awards. Please contact the Division of Social Accountability Office for inquiries and/or additional information.

The clerk is responsible for ensuring an elective Summative Assessment form is completed by the International Elective preceptor and submitted to the UGME Office. Clerks will be notified within 2 weeks of the end date of the elective if a Summative Assessment form has not been received. It is their responsibility to contact the preceptor and ensure the Summative Assessment form is completed. Clerks must ensure the UGME Office receives their final Summative Assessment form from the appropriate preceptor within 4 weeks of the elective end date. Failure to do so will be considered a failed elective and no credit will be granted. The clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it to the UGME Office.

For electives 4 weeks or longer, it is strongly recommended that the clerk requests their preceptor to provide mid-point formative feedback and complete a Formative Assessment form; however, a Formative Assessment form is not required to be submitted to the UGME Office.

The clerk must participate in a post-elective debriefing with their U of S faculty mentor, in collaboration with the Division of Social Accountability. In addition, within 4 weeks of return from an International elective, the clerk must meet with the Year 4 Chair or designate either in person or by phone/videoconference. This meeting will include confirmation that debriefing with the faculty mentor has occurred or is scheduled, feedback on the elective learning environment, overall learning experience, and any challenges faced. If the clerk requires further supports related to experiences during their elective, these will be facilitated through the Office of Students Affairs.

## **6. Diversity Requirement**

As per a national agreement among 4-year M.D. programs, clerks must complete a minimum of 3 diversity electives, each 2 weeks in length. This is defined as any discipline/specialty that is a direct entry into CaRMS. Elective diversity allows the clerk to experience a broader scope of medicine and may help with residency preparation.

## **7. Vacation**

In Year 4, clerks are entitled to 3 weeks of vacation: 1 week of their choice and 2 weeks during the December break. To ensure proper work-life balance and maintenance of overall wellness, it is strongly encouraged that all clerks utilize the entirety of their allotted vacation time. Clerks may defer up to 1 week of vacation time from Year 3 in to Year 4.

Clerks are discouraged from taking electives during the holiday break in December due to potential supervision concerns, as many clinical learning sites have fewer staff and residents during this time. If a clerk proposes to undertake an elective during this time, the clerk must provide written documentation from their preceptor stating they will receive adequate supervision.

## **8. Additional (Early) Elective Time**

Clerks can be considered for an additional 3 weeks of elective time (to a maximum of 27 weeks of electives). The clerk must be in good academic standing as well as meeting expectations on all rotations to be considered and approved for additional elective time. The Year Chair must approve the extra elective time prior to beginning the elective application process. Clerks will not be approved, nor will receive credit, for more than 27 weeks of electives.

## **9. Application Procedure for Additional (Early) Elective Time**

The clerk must submit a written request to the Year Chair no later than 1 month prior to the start date of the elective. The request must include a description of the additional elective and rationale for why the additional elective time is needed. Additional elective time requested during the December break must be accompanied by correspondence from the proposed elective Department Coordinator indicating that there will be adequate clinical supervision of the clerk. The clerk must also apply for and have vacation time approved prior to applying for elective time during the December break.

- The relevant Year Chair reviews additional elective requests. If the following criteria are met, the additional elective time will typically be approved:
- The clerk is in good academic standing;
- The request does not exceed the maximum 27 weeks of electives; and
- There is clear rationale for the additional elective time.

The Year Chair will communicate the application status to the clerk as soon as possible, but ideally within 2 weeks of the request submission. If a request is rejected, the clerk will be provided with an explanation. Application appeals can be submitted by the clerk to the Assistant Dean, Academic.

## 10. Cancellation Policy

Electives should be cancelled by the clerk at least 6 weeks prior to the start date of the elective. Failure to do so will result in a discussion regarding professionalism and possible documentation through a Breach of Professionalism Report. Clerks must notify the department where and when the elective was to take place. In addition, the UGME Office must be notified of the cancellation at: [ugme.elective@usask.ca](mailto:ugme.elective@usask.ca). The cancellation form can be accessed at: [TBA – UG website](#)

Please note that electives done at schools through the AFMC portal and international electives may have their own cancellation policy. Clerks will be expected to adhere to individual school's guidelines and procedures.

## 11. Immunizations

All clerks must have received their mandatory immunizations OR shown proof of immunity prior to the start date of all electives. This is generally required during the application process. Any clerk not having met this requirement must report to the Occupational Health and Safety Office to update any missing immunizations. Immunization requirements are listed at: <https://afmcstudentportal.ca/immunization>.

For patient protection, all clerks (who do not have medical contradictions) are expected to be immunized for influenza. Clerks will be advised of any updates to provincial or regional public health policies for Saskatchewan electives.

Additional immunization requirements (i.e. international electives) will be at the student's expense.

## 12. N95 Mask Fittings

All clerks are required to have a current and valid N95 mask fitting.

## 13. Police Information Check

External electives generally require a current criminal record and may require a vulnerable person's check. These can be organized through the local Police Department. Please check the AFMC portal for individual school requirements. It is the student's responsibility to provide the UGME and CPSS with any changes to the original Criminal Record Check submitted for clerkship.

## 14. Blood/Body Fluid Exposure

The Medical Student Exposure to Infectious and Environmental Hazards Policy and local health region/authority occupational health procedure can be accessed at:

<http://medicine.usask.ca/policies/medical-student-exposure-to-infectious-and-environmental-hazards.php>

## 15. Insurance

University of Saskatchewan clerks are covered under the U of S CURIE insurance policy for up to 27 weeks of electives. This includes any contractual liability, professional and malpractice liability, cross liability, and tenant's legal and employer's liability arising out of their elective duties. Coverage applies to any electives taken within Canada.

Not all international electives are covered under CURIE (i.e. U.S. electives) and additional insurance will need to be purchased at the student's expense. It is the student's responsibility to ensure that insurance is purchased prior to the start date of the elective and to provide proof of insurance coverage to the

UGME Office 2 weeks prior to the start date of the approved elective. If it is found that insurance is not in place, the elective will be cancelled and no credit received.

Please contact the UGME Office for any insurance inquiries at: [ugme.electives@usask.ca](mailto:ugme.electives@usask.ca)

## 16. Distribution

This policy will be distributed to students as well as Department Coordinators and Site Directors.

## 17. College of Medicine Responsibilities

The Assistant Dean, Academic, is responsible for providing oversight to the overall administration of the Clerkship Electives Policy within the College of Medicine.

The Manager, Undergraduate Medical Education, with the assistance of the Undergraduate Medical Education Office, is responsible for the implementation, monitoring, maintenance, and evaluation of the Clerkship Elective Policy within the College of Medicine campus in Saskatoon, Saskatchewan.

## 18. Non-Compliance

Clerks not complying with the procedures outlined above will have their elective cancelled and no credit received. Instances or concerns of non-compliance with the U of S Clerkship Elective Policy should be brought to the attention of the Vice-Dean, Education or the Associate Dean, Undergraduate Medical Education, within the College of Medicine.

## CONTACT

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## INDEPENDENT LEARNING (IF APPLICABLE)

Independent, self-directed reading and exercises applicable to each elective will be important. Students are strongly encouraged to read around important clinical concepts specific to each elective.

## COURSE DELIVERY

Students will learn through a variety of methods including:

- Independent self-directed reading
- In-patient and out-patient exposures

## University of Saskatchewan Elective Information

The elective program is designed to allow medical students to pursue their own interests and to design programs in keeping with their individual goals. Elective opportunities are available in the program areas listed below (not all electives are available at all sites). Further information may be found under the specific program in discipline-specific sections below.

	Saskatoon	Regina	Prince Albert	Rural		Saskatoon	Regina	Prince Albert	Rural
Aboriginal Health	•			•	Occupational Health	•			
Anesthesia	•	•	•		Ophthalmology	•	•	•	
Clinical Ultrasound	•				Palliative Care	•	•		
Community Health & Epidemiology – Quality Improvement	•				Pathology	•	•		
Emergency Medicine	•	•	•		Pediatrics	•	•	•	
Family Medicine (Urban and Rural)	•	•	•	•	Psychiatry	•	•		
Internal Medicine	•	•	•		Physical Medicine & Rehabilitation	•	•		
Medical Imaging	•	•	•		Research	•			
Obstetrics & Gynecology	•	•	•		Surgery	•	•	•	

The online application form for electives is available on one45 and on the University of Saskatchewan, College of Medicine website.

(<http://medicine.usask.ca/students/undergraduate/electives.php#UniversityofSaskatchewanStudentElectives>)

**Please complete the form and submit it to the department in which you wish to do the elective.**

## Aboriginal Health

### CONTACT

Valerie Arnault-Pelletier, Aboriginal Coordinator  
Phone: (306) 966-5901  
Cell: (306) 230-0683  
Email: valerie.arnault@usask.ca

### DESCRIPTION

Minimum Length: 2 weeks

Vacation/Educational Leave: Not permitted during this elective.

This elective in Aboriginal Health has been developed by the University of Saskatchewan and Northern Medical Services in conjunction with All Nations Healing Hospital in Fort Qu'Appelle (under the Regina Qu'Appelle Health Region) and the Dakota Whitecap First Nation. The Clerk can choose to do his or her elective at either of these two sites. Before the elective is approved, the Clerk will be required to meet with Valerie Arnault-Pelletier, the Aboriginal Coordinator, to discuss his or her goals as well as receive an orientation package for the elective. Clerks will be under the supervision of a preceptor at their chosen site who will determine the Clerk's schedule.

### Application and Debriefing Process

1. Students who are interested in this elective are required to make an appointment with the Aboriginal Coordinator.
  - a. Orientation materials will be provided at this time.
2. Students must fill out an elective application form and submit it to the Aboriginal Coordinator for approval.
3. After the completion of the elective, students are required to make an appointment with the Aboriginal Coordinator to discuss their elective experience.

A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on patients with Aboriginal health issues. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with an Aboriginal health issue. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

A focus will be on providing a culturally safe and relationship-centred care model for First Nations and Metis patients, their families and communities. Work will be done with Aboriginal health care professionals and traditional healer in the provision of care.



## **Anesthesia**

### **CONTACTS**

#### **SASKATOON SITE**

Krystyna Schornagel (Electives Coordinator)

Email: [krystyna.schornagel@saskatoonhealthregion.ca](mailto:krystyna.schornagel@saskatoonhealthregion.ca)

#### **REGINA SITE**

Kim Gilbert (Electives Coordinator)

Email: [kimD.gilbert@rqhealth.ca](mailto:kimD.gilbert@rqhealth.ca)

#### **PRINCE ALBERT SITE**

Nicole Toutant (Electives Coordinator)

Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)

Phone: (306) 765-6787

### **DESCRIPTION**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in anesthesia. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common anesthetic disorders/presentations (Medical Expert, Communicator).
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common anesthetic disorders/presentations (Medical Expert).
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (Communicator, Collaborator).
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities (Advocate).
5. Manage workload effectively (Leader).
6. Demonstrate self-directed learning utilizing the appropriate resources (Scholar).
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy (Professional).

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered anesthesia situations which may include but are not limited to: pre-operative evaluation and optimization, intraoperative anesthesia management and monitoring, and post-operative care including recovery room, intensive care unit and pain management, vascular access and airway management.

## Clinical Ultrasound

### CONTACT

Dr. Paul Olszynski (Director, Clinical Ultrasonography)

Email: [p.olszynski@usask.ca](mailto:p.olszynski@usask.ca)

### APPLICATION TIMELINE

Between August 1 – 31, 2017

### APPLICATION REQUIREMENTS

Their requests should include a CV, including relevant logbook, highlighting their efforts in developing their clinical ultrasonography skills during their undergraduate medical education. Students will be accepted on merit basis and at minimum must be in good standing with the College of Medicine.

**Minimum Length:** Elective only available from February 5 – February 19, 2018

### DESCRIPTION

Clinical Ultrasound is focused ultrasonography performed and interpreted at the patient's bedside by a health care provider in conjunction with his or her clinical examination. It is distinct from the physical examination, adding anatomic, functional and physiologic information to the management and care decisions of the patient.

The Clinical Ultrasound Elective in Clerkship (CUSEC) comprises of two components (with the first qualifying students for the second as a pre-requisite).

The prerequisite is a longitudinal apprenticeship during the first year of clerkship. This is undertaken by students upon successful completion of their Clinical Skills IV course. Students record supervised and unsupervised scans in a logbook or preferably in the EchoLog app (available on iTunes). Students should complete several scans before the beginning of their 4th year of clerkship to be eligible for CUSEC.

The elective is an intensive 2-week clinical ultrasonography training experience (taking place in the 2nd year of clerkship) in Saskatoon, SK. The first week of the CUSEC is non-service in nature. It comprises of a 5 day "finishing school" where skills will be honed on standardized as well as real patients, pathology cases and video libraries reviewed, and competency assessed.

#### **Longitudinal apprenticeship component (pre-requisite)**

The apprenticeship is focused on image generation skill development. This will require a combination of directly and in-directly supervised scans (in the form of saved images)

Scan requirements for the longitudinal clinical ultrasound apprenticeship.

Clinical Application	# of supervised scans (approx.)	# of unsupervised recorded scans
Scan for pericardial effusion	25	25
Scan for pleural effusion/hemothorax	15	15
Scan for free fluid in the abdomen/ hemoperitoneum	25	25
Scan for hydronephrosis (moderate and severe)	15	15
Scan for bladder volume	5	10

### Clinical Ultrasonography Elective in Clerkship in 4<sup>th</sup> Year

During the 2-week-long elective in clinical ultrasonography, trainees will spend time with instructors polishing their skills (both on real and standardized patients), reviewing cases, and completing a competency assessment. During this intensive elective in clinical ultrasonography, we will also introduce 2 new applications: scanning the lung (pneumothorax and interstitial lung syndrome) and AAA. The students will then spend the 2<sup>nd</sup> week on clinical rotation employing their new skills.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Review of U/S concepts and introduce AAA and Thoracic U/S	Scanning in hospital	Case presentations (1/trainee)	Problem based learning	Competency Assessment (visual, clinical integration)
Afternoon	Scanning in CLRC (pathology included)	Video/case review Literature review	Scanning in CLRC	Final Review	Competency Assessment (skills)

A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common point of care ultrasound disorders/presentations. (*Medical Expert, Communicator*) (when applicable)
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common point of care ultrasound disorders/presentations. (*Medical Expert*) (when applicable)
3. Apply basic ultrasound physics, machine controls and transducers in acquiring ultrasound images on patients. (*Medical Expert*)
4. Achieve comfort in generating quality ultrasound images across different organ systems in a patient. (*Medical Expert*)
5. Describe the limitations of ultrasound technology: its user-dependence, common imaging artifacts and imaging pitfalls. (*Medical Expert*)
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)

7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
8. Manage workload effectively. (*Leader*)
9. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered point of care ultrasound situations which may include but are not limited to: pleural effusion/hemothorax, ascites/hemoperitoneum, pericardial effusion, hydronephrosis, bladder volume, thoracic ultrasound, and abdominal aortic aneurysm.

## Community Health & Epidemiology – Clinical Quality Improvement

### CONTACT

Dr. Anne Leis

Phone: (306) 966-7878

Email: [anne.leis@usask.ca](mailto:anne.leis@usask.ca)

### APPLICATION TIMELINE

1 month prior to elective start date

### APPLICATION REQUIREMENTS

**Minimum Length:** 2 weeks

### DESCRIPTION

This elective will allow the student to work closely with a clinician-scientist actively engaged in both clinical work and clinical quality improvement research. Working closely with the clinician-scientist the student will be exposed to both the research and clinical aspects of such a career option. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. Students will be assessed on the following guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in community health and epidemiology. (*Medical Expert, Communicator*) (when applicable)
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in community health and epidemiology. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

## Emergency Medicine

### CONTACTS

#### SASKATOON SITE

Leah Chomyshen (Electives Coordinator)

Email: [leah.chomyshen@saskatoonhealthregion.ca](mailto:leah.chomyshen@saskatoonhealthregion.ca)

Phone: (306) 655-1466

#### REGINA SITE

Ann Finch (Electives Coordinator)

Email: [ann.finch@rqhealth.ca](mailto:ann.finch@rqhealth.ca)

Phone: (306) 766-3706

#### PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)

Phone: (306) 765-6787

### APPLICATION TIMELINE

1 month prior to elective start date

### APPLICATION REQUIREMENTS

**Minimum Length:** 1 week

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in emergency medicine. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in emergency medicine. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in emergency medicine. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered emergency medicine disorders/presentation which may include but are not limited to: abdominal pain, bone/joint pain, chest pain, syncope/vertigo, fever, headache, dyspnea/cough, respiratory distress, nausea/vomiting, intoxication/agitation, altered level of consciousness/seizures, back/flank pain, poisoning/overdose, vaginal bleeding in the first trimester, acute pain, cardiac arrest, anaphylaxis/airway obstruction, burns, injury related to temperature extremes, trauma, shock, stroke.

## Family Medicine

### CONTACTS

#### SASKATOON SITE

Jaime Provo (Electives Coordinator)

Email: [Dafm.ugme.saskatoon@usask.ca](mailto:Dafm.ugme.saskatoon@usask.ca)

#### REGINA SITE

Kristen Fuchs (Electives Coordinator)

Email: [kristen.fuchs@usask.ca](mailto:kristen.fuchs@usask.ca)

Phone: (306) 766-0449

#### PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)

Phone: (306) 765-6787

*Please contact the coordinator for your home site when coordinating rural family medicine electives.*

### APPLICATION TIMELINE

2 months prior to elective start date

### APPLICATION REQUIREMENTS

**Minimum Length:** 1 week for urban electives; 2 weeks for rural electives

**Urban Locations:** Saskatoon, Regina, Prince Albert

**Rural Locations:** Moose Jaw, Athabasca, Swift Current, Ile a la Crosse, Melfort, La Ronge, Lloydminster, Meadow Lake, North Battleford, Rosthern, Humboldt, Weyburn, Estevan, Yorkton, Melville, Wynyard

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in family medicine. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in family medicine. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in family medicine. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

Because family physicians' commitment is to the person and not to an organ system, age group, or technique, they must be skilled in accepting responsibility for the full scope of care of patients in health and illness at all stages of the life cycle.

## Internal Medicine

### CONTACTS

#### SASKATOON SITE

Roberta Dobson (Electives Coordinator)  
Email: [roberta.dobson@usask.ca](mailto:roberta.dobson@usask.ca)

Jodie Doucette (Electives Coordinator)  
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Phone: (306) 844-1153

#### REGINA SITE

Kim Gilbert (Electives Coordinator)  
Email: [kimD.gilbert@rqhealth.ca](mailto:kimD.gilbert@rqhealth.ca)  
Phone: (306) 766-3703

#### PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)  
Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)  
Phone: (306) 765-6787

*Please contact the coordinator for your home site when coordinating rural family medicine electives.*

### APPLICATION TIMELINE

2 – 3 months prior to elective start date

### APPLICATION REQUIREMENTS

**Minimum Length:** 2 weeks (Saskatoon); 1 week (Regina)

### DESCRIPTION

	Saskatoon	Regina
Cardiology	•	•
Dermatology		•
Endocrinology	•	•
Gastroenterology	•	•
Geriatrics	•	
Hematology	•	
ICU	•	

	Saskatoon	Regina
Infectious Diseases	•	•
Nephrology	•	•
Neurology	•	•
Oncology		•
Respirology	•	•
Rheumatology	•	•

*Prince Albert only offers a general internal medicine elective.*



## Cardiology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in cardiology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical exam on a patient presenting with a core cardiology presentation such as: chest pain. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core cardiology disorder/presentation such as: chest pain. *(Medical Expert)*
3. Interpret an ECG. *(Medical Expert)*
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
6. Manage workload effectively. *(Leader)*
7. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## Dermatology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in dermatology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core dermatologic presentation. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common dermatologic disorders/presentations encountered in dermatology. *(Medical Expert)*
3. Discuss epidemiology, risk factors and management of common squamous cell carcinoma, basal cell carcinoma and malignant melanoma. *(Medical Expert)*
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
6. Manage workload effectively. *(Leader)*
7. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## Endocrinology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in endocrinology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core endocrinology presentation. (*Medical Expert, Communicator*)
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in endocrinology. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered Endocrine disorders/presentation which may include but are not limited to: diabetes mellitus, adrenal insufficiency, secondary hypertension, thyroid disorders/presentation, calcium and phosphate abnormalities.

## Gastroenterology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in gastroenterology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core gastroenterology presentation. (*Medical Expert, Communicator*)
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core gastroenterology presentation. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered Gastroenterology disorders/presentation which may include but are not limited to: liver abnormalities including ascites, abnormal liver enzymes/function, jaundice, bowel disorders/presentation including irritable bowel syndrome, inflammatory bowel disease, constipation, diarrhea, hematemesis and melena, nausea, vomiting, weight gain and loss.

## Geriatrics

This elective is aimed at broadening the clerk's knowledge base and clinical skills in geriatrics. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core geriatric presentation. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core geriatric presentation. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## Hematology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in hematology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core hematologic presentation. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core hematologic presentation. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## **Intensive Care Unit (ICU)**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in intensive care unit. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core presentation encountered in the ICU. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core presentation encountered in the ICU. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## **Infectious Diseases**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in infectious disease. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core Infectious Disease presentation. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Infectious Disease presentation. *(Medical Expert)*
3. Discuss the epidemiology and risk factors of patients with HIV and Hepatitis B and C. *(Medical Expert)*
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
6. Manage workload effectively. *(Leader)*
7. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered infectious disease disorders/presentation which may include but are not limited to: fever, infections of bodily systems, HIV, hepatitis B and C.

## **Nephrology**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in nephrology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination in a patient who presents with a core nephrology presentation such as: acute kidney injury. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Nephrology presentation such as: acute kidney injury, chronic kidney injury and electrolyte abnormalities. *(Medical Expert)*
3. Discuss the complications of patients with a reduced GFR. *(Medical Expert)*
4. Discuss the indications and potential complications for acute dialysis. *(Medical Expert)*
5. Interpret an arterial blood gas. *(Medical Expert, Scholar)*
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
8. Manage workload effectively. *(Leader)*
9. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered nephrology disorders/presentations which may include but are not limited to: acute kidney injury, chronic kidney injury, electrolyte abnormalities, need for acute dialysis.

## **Neurology**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in neurology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Determine the neuroanatomical location of the patient's symptoms/finding. *(Medical Expert, Scholar)*
2. Obtain a patient-centered history and physical examination on a patient presenting with common neurology disorders/presentations. *(Medical Expert, Communicator)*
3. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common neurology disorders/presentations. *(Medical Expert)*
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
6. Manage workload effectively. *(Leader)*
7. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurological disorders/presentation which may include but are not limited to: diplopia/visual abnormalities, dizziness/vertigo, ataxia, headache, weakness/paralysis, sensory abnormalities (numbness/tingling), aphasia and speech disorders/presentation, altered mental state/coma, seizure, delirium/dementia.

## **Oncology**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in oncology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common oncologic disorders/presentations. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common oncologic disorders/presentations. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## **Respirology**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in respirology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core respirology presentation. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core respirology presentation. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurological disorders/presentation which may include but are not limited to: cough/hemoptysis, dysnea/wheezing, hypoxia/hypercapnia, pneumonia, thromboembolic disease, pleural effusion, asthma/COPD.

## Rheumatology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in rheumatology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core rheumatologic presentation. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core rheumatologic presentation. *(Medical Expert)*
3. Discuss the indications and complications of joint aspiration. *(Medical Expert)*
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
6. Manage workload effectively. *(Leader)*
7. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered emergency medicine disorders/presentation which may include but are not limited to: joint pain (oligo, polyarthralgia), musculoskeletal pain, arthritis (crystal induced, osteoarthritis, inflammatory), connective tissue disorders/presentation.

## Medical Imaging

### CONTACTS

#### SASKATOON SITE

Prachi Bandivadekar (Electives Coordinator)

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#### REGINA SITE

Francine Kurk (Electives Coordinator)

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Phone: (306) 766-3708

### APPLICATION TIMELINE

1 month prior to elective start date

### APPLICATION REQUIREMENTS

**Minimum Length:** 1 week

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in diagnostic radiology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination when applicable. (*Medical Expert, Communicator*) (When applicable)
2. Develop a differential diagnosis, clinical approach and initial management based on radiographical findings. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)



## Obstetrics & Gynecology

### CONTACTS

#### SASKATOON SITE

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#### PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

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Phone: (306) 765-6787

### APPLICATION TIMELINE

### APPLICATION REQUIREMENTS

#### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in obstetrics and gynecology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common obstetrical and gynecological disorders/presentations. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common obstetrical and gynecological disorders/presentations. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader, Manager)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered obstetrical and gynecological disorders/presentation which may include but are not limited to:

Obstetrical Issues - uncomplicated pregnancy including prenatal screening, medical diseases complicating pregnancy – hypertension, diabetes, heart disease, renal disease, multiple gestation, ectopic pregnancy, spontaneous abortion, ante-partum hemorrhage, isoimmunization including Rh disease, pre- term/post-term

labour, pre-labour rupture of membranes, chorioamnionitis, polyhydramnios/oligohydramnios, intrauterine growth restriction, intrauterine fetal death, uncomplicated delivery, complicated delivery – prolonged labour, breech, malpresentation, forceps and/or vacuum assisted, caesarian, non-reassuring fetal heart rate, uncomplicated post-partum care

Gynecological Issues - abdominal pain, hirsutism and virilization, endometriosis, abnormal bleeding – amenorrhea, dysmenorrhea, dysfunctional uterine bleeding, urinary incontinence, vaginal discharge, fertility issues, delayed menarche, premenstrual syndrome, menopause, contraception, ovarian tumors – benign and malignant, uterine cancer, cervical cancer, vulvar conditions – benign, pre-malignant, malignant.

## Occupational Health

### CONTACTS

#### SASKATOON SITE

Dr. Niels Koehncke

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Phone: (306) 966-2387

### APPLICATION TIMELINE

3 Month before elective start date

### MINIMUM LENGTH

2 weeks

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in occupational and agricultural medicine. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. Development of articles or a small resource for rural workers on an occupational health topic, seminar presentation, and/or participation in occupational site visits and may be required. Students will gain experience and exposure to occupational medicine issues from a clinical, administrative, regulatory, and consulting perspective as opportunities present. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in occupational medicine. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in occupational medicine. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

Please be advised that there is possible travel to rural site locations for site visits that are usually done with the preceptor.

## Ophthalmology

### CONTACTS

#### SASKATOON SITE

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#### REGINA SITE

Francine Kurk (Electives Coordinator)

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#### PRINCE ALBERT SITE

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### APPLICATION TIMELINE

4 Month before elective start date

### MINIMUM LENGTH

4 weeks

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in ophthalmology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common ophthalmologic disorders/presentations. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common ophthalmologic disorders/presentations. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## Palliative Care

### CONTACTS

#### SASKATOON SITE

Vivian Walker (Electives Coordinator)

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#### REGINA SITE

Francine Kurk (Electives Coordinator)

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#### PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

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### APPLICATION TIMELINE

### MINIMUM LENGTH

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in palliative care. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with symptom management at the end of life. (*Medical Expert, Communicator*)
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with symptom management at the end of life. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered palliative care issues which may include but are not limited to: pain management, nausea/vomiting/bowel obstruction, dyspnea, delirium in a terminally ill patient.

## Pathology

### CONTACTS

#### SASKATOON SITE

Deb Quirion (Electives Coordinator)

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#### REGINA SITE

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#### PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

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### APPLICATION TIMELINE

### MINIMUM LENGTH

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in pathology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in pathology. (*Medical Expert*)
2. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
3. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
4. Manage workload effectively. (*Leader*)
5. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
6. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

## Pediatrics

### CONTACTS

#### SASKATOON SITE

Betty Lalach (Electives Coordinator)

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#### REGINA SITE

Tracey Murray (Electives Coordinator)

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#### PRINCE ALBERT SITE

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### APPLICATION TIMELINE

6 weeks prior to elective start date

### MINIMUM LENGTH

1 week

### DESCRIPTION

	Saskatoon	Regina	Prince Albert
Allergy Pediatrics		•	
Community Pediatrics		•	•
Developmental Pediatrics	•	•	
General Pediatrics	•	•	•
Inpatient Pediatrics		•	
Neonatology		•	
Outpatient Cardiology		•	
Pediatric Cardiology	•		

	Saskatoon	Regina	Prince Albert
Pediatric Emergency Medicine	•		
Pediatric Gastroenterology	•		
Pediatric Hematology/Oncology	•		
Pediatric Infectious Diseases	•		
Pediatric Nephrology	•		
Pediatric Neurology	•		
Pediatric Respiriology	•		
Social and Community Pediatrics	•		

This elective is aimed at broadening the clerk's knowledge base and clinical skills in pediatric and adolescent medicine. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. If on the wards, Clerks are expected to take responsibility, under supervision, of the day-to-day care of their assigned patients. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common pediatric and adolescent disorders/presentations. (*Medical Expert, Communicator*)
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common pediatric and adolescent disorders/presentations. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered pediatric and adolescent medicine disorders/presentation which may include but are not limited to: pallor (anemia), bruising and bleeding, lymphadenopathy, respiratory symptoms – cough, wheeze, stridor, acute respiratory distress, fever, heart murmur, dehydration, head and neck symptoms – otalgia, pharyngitis, rash, GI symptoms – vomiting, abdominal pain, diarrhea, constipation, headache, acute CNS symptoms – altered level of consciousness, seizures, meningitis, sepsis, osteomyelitis/septic arthritis, failure to thrive, obesity, GU symptoms – polyuria/nocturia, dysuria, hematuria, frequency/urgency, limp, child with a chronic illness.



## Physical Medicine & Rehabilitation (PM&R)

### CONTACTS

#### SASKATOON SITE

Julie Otto (Electives Coordinator)

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Phone: (306) 655-8669

### APPLICATION TIMELINE

4 weeks prior to elective start date

### MINIMUM LENGTH

1 week (maximum of 4 weeks)

### DESCRIPTION

Physical Medicine and Rehabilitation focuses on restoring physical function and improving physical independence. Physiatrists (specialists in PM&R) treat conditions of the bones, muscles, joints, brain, nerves and spinal cord, which can affect other systems of the body and limit a person's ability to function.

An elective in Physiatry can involve a variety of clinical experiences including acute care consults, inpatient rehabilitation ward exposure, and outpatient clinics. Neuromuscular assessment and diagnosis is also provided by some faculty members, allowing the student exposure to nerve conduction studies (NCS) and needle electromyography (EMG). A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common PM&R disorders/presentations. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common PM&R disorders/presentations. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered PM&R disorders/presentation which may include but are not limited to: acquired brain injury, stroke rehabilitation, spinal cord injury, multiple sclerosis, prosthetics and orthotics.

## Psychiatry

**Sub-Specialties:** Child, Forensic & General Adult

**Elective Site:** Saskatoon

### CONTACTS

#### SASKATOON SITE

Holly Maas (Electives Coordinator)

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#### REGINA SITE

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#### PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

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### APPLICATION TIMELINE

3 months prior to elective start date

### MINIMUM LENGTH

2 weeks

### DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in psychiatry. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common psychiatric disorders/presentations. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common psychiatric disorders/presentations. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered psychiatric disorders/presentation which may include but are not limited to: alcohol/substance use disorders/presentation, anxiety disorders/presentation, bipolar disorders/presentation, schizophrenia and/or other psychotic disorders/presentation, depressive disorders/presentation, disorders/presentation usually diagnosed in childhood/adolescence, personality disorders/presentation.

## Research

### CONTACTS

#### SASKATOON SITE

Vivian Ramsden (Research Coordinator)

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Phone: (306) 655-4214

### APPLICATION TIMELINE

1 month prior to elective start date

### MINIMUM LENGTH

2 weeks

### DESCRIPTION

Is an opportunity for students to build a knowledge base in the scientific approach to research design and testing. The overarching aim is to provide the student the opportunity to see whether they would like to pursue a career in academic medicine. This is also an opportunity for the student to enhance their portfolio.

Project objectives and deliverables must be submitted as part of the elective application to the UGME office. Elective supervisors must sign off on the elective application confirming the project's intent and timeline. The supervisor will be responsible for ensuring appropriate attendance of the student during the elective itself. It is also expected there will be regular meetings between the student and supervisor.

A comprehensive approach will be assessed through these guiding objectives:

1. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
2. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
3. Manage workload effectively. (*Leader*)
4. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
5. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

## Surgery

### CONTACTS

#### SASKATOON SITE

Marilyn Baniak (Electives Coordinator)

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#### PRINCE ALBERT SITE

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Phone: (306) 765-6787

### APPLICATION TIMELINE

1 month prior to elective start date

### MINIMUM LENGTH

2 weeks

### DESCRIPTION

	Saskatoon	Regina	Prince Albert
Cardio Thoracic	•	•	
ENT	•	•	
General Surgery	•	•	•
Neurosurgery	•	•	
Ophthalmology		•	
Orthopedic Surgery	•	•	

	Saskatoon	Regina	Prince Albert
Otolaryngology Surgery	•		
Pediatric Surgery	•	•	
Plastic Surgery	•	•	
Urology	•	•	
Vascular Surgery	•	•	

## **Cardio Thoracic**

### **Cardiovascular Surgery**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in cardiovascular surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a focused patient-centered history and physical examination in a patient with cardiovascular disease. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in cardiovascular surgery. *(Medical Expert)*
3. Identify the physical, physiologic, and coagulation related considerations of cardiopulmonary bypass. *(Medical Expert)*
4. Discuss the benefits and limitations of cardiovascular surgical procedures. *(Medical Expert, Communicator)*
5. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
7. Manage workload effectively. *(Leader)*
8. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

### **Thoracic Surgery**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in thoracic surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in thoracic surgery. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in thoracic surgery. *(Medical Expert)*
3. List the stages of lung cancer. *(Medical Expert)*
4. Discuss the difference between an exudative and transudative effusion, list examples. *(Medical Expert)*
5. Observe proper technique for chest tube insertion. *(Medical Expert)*
6. Interpret a CXR and CT chest image. *(Medical Expert, Scholar)*
7. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*

9. Manage workload effectively. (*Leader*)
10. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered thoracic surgery disorders/presentations which may include but are not limited to: solitary pulmonary nodule, unilateral pleural effusion, dysphagia, gastroesophageal reflux disease, Barrett's esophagus, hiatus hernia

## **Ear, Nose and Throat (ENT)**

### **APPLICATION TIMELINE**

4 months prior to elective start date

### **MINIMUM LENGTH**

2 weeks

### **DESCRIPTION**

This elective is aimed at broadening the clerk's knowledge base and clinical skills in ENT. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in ENT. (*Medical Expert, Communicator*)
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in ENT. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

## General Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in general surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in general surgery. (*Medical Expert, Communicator*)
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in general surgery. (*Medical Expert*)
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. (*Communicator, Collaborator*)
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. (*Advocate*)
5. Manage workload effectively. (*Leader*)
6. Demonstrate self-directed learning utilizing the appropriate resources. (*Scholar*)
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. (*Professional*)

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered general surgery disorders/presentations which may include but are not limited to:

Mass:	neck/ thyroid mass, breast lump (including nipple discharge), abdominal mass (intra-abdominal and abdominal wall, including groin), scrotal mass, rectal/prostatic mass, lymphadenopathy
Pain:	(acute and chronic) abdominal pain and/or distension, scrotal pain, joint pain, upper and lower limb pain
Blood:	epistaxis, hemoptysis, upper and/or lower gastrointestinal bleed, hematuria
Trauma:	head, chest, abdominal, pelvic, and limb injury, burns
Other:	dysphagia/odynophagia, jaundice, urinary obstruction, shock
ENT:	foreign body of nose or ear, tonsillitis, epistaxis, serous otitis, thyroid cancer/mass
Breast:	benign masses (fibroadenoma, fibrocystic changes, abscess), malignant masses
Respiratory:	solitary pulmonary nodule, pleural effusion (malignant and empyema), pneumothorax (spontaneous, traumatic, iatrogenic)
Vascular:	aortic dissection, aortic aneurysm, varicose veins, occlusive peripheral vascular disease
Gastrointestinal:	acute abdomen (including appendicitis/diverticulitis/GI tract perforation), bowel obstruction, esophageal obstruction, GERD/gastritis/peptic ulcer disease, duodenal ulcer, mesenteric ischemia, biliary colic/cholelithiasis/cholecystitis/cholangitis, liver masses (benign vs. malignant), pancreatitis, colorectal carcinoma, colitis (including toxic megacolon), inflammatory bowel disease, anorectal diseases (anal fissure, anorectal abscess/fistula, hemorrhoids), pilonidal disease, hernias (inguinal, femoral, umbilical, incisional)
Skin/Soft Tissue:	necrotizing soft tissue infections, skin cancer, benign skin lesions (nevus, verrucae, epidermal inclusion cysts, lipoma)

- Genitourinary: hematuria (benign and malignant causes), BPH, renal colic, prostate cancer, UTI, scrotal masses (hydrocele, spermatocele, varicocele), scrotal pain (torsion, epididymitis/orchitis)
- Musculoskeletal: fractures (open and closed), dislocations, subluxations, compartment syndrome, septic joint, osteoarthritis
- Neurological: cerebral neoplasms, CNS infections (meningitis and abscess), primary impact injury (concussion to profound coma), epidural hematoma, subdural hematoma, subarachnoid hemorrhage, spinal cord injury, peripheral nerve injury/entrapment (carpal tunnel syndrome)

## Neurosurgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in neurosurgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in neurosurgery. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in neurosurgery. *(Medical Expert)*
3. Describe the pharmacology of drugs commonly used in neurosurgery, such as Mannitol, Dilantin, Decadron. *(Medical Expert, Scholar)*
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
6. Manage workload effectively. *(Leader)*
7. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurosurgery disorders/presentations which may include but are not limited to: altered level of consciousness, low back pain, traumatic brain injury (subdural hematoma, epidural hematoma, subarachnoid hemorrhage, diffuse axonal injury), cauda equine syndrome, cerebral aneurysm, astrocytoma, brain metastasis, meningioma, hydrocephalus.



## Ophthalmology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in ophthalmology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common ophthalmologic disorders/presentations. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common ophthalmologic disorders/presentations. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## Orthopedic Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in orthopedic surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in orthopedic surgery. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in orthopedic surgery. *(Medical Expert)*
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
5. Manage workload effectively. *(Leader)*
6. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

## Pediatric Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in pediatric surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in pediatric surgery. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in pediatric surgery. *(Medical Expert)*
3. Review human anatomy, embryology, and normal physiology involving the head & neck, chest, abdomen, and inguinal region. *(Scholar)*
4. Discuss infant heat regulation and its relation to environmental controls. *(Medical Expert)*
5. Demonstrate the calculation of individualized drug dosages, and fluid and electrolyte requirements using standard formulas. *(Medical Expert)*
6. Identify common post-operative complications in children. *(Medical Expert)*
7. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
9. Manage workload effectively. *(Leader)*
10. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered pediatric surgery disorders/presentations which may include but are not limited to: Incarcerated inguinal hernia in the neonate, aspirated and ingested foreign bodies, acute abdomen in the neonate or infant or older child, acute gastrointestinal bleeding, blunt abdominal and thoracic trauma, torsion of testis & appendix testis, epididymitis, bilious vomiting, non-bilious vomiting.

## Plastic Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in plastic surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in plastic surgery ie. focused hand examination, facial exam in the setting of trauma. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in plastic surgery. *(Medical Expert)*
3. Discuss each specific phase of wound healing. *(Medical Expert, Communicator, Scholar)*
4. Describe the options for wound closure. *(Medical Expert)*
5. Perform the application of common splints of the hand. *(Medical Expert)*
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
8. Manage workload effectively. *(Leader)*
9. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered plastic surgery disorders/presentations which may include but are not limited to: hand disorders/presentation (including carpal tunnel syndrome, trigger finger), facial fractures, hand fractures, burns (thermal, electrical, chemical), soft tissue injuries of the hand (tendons, ligaments etc), hand infections, hand tumors, skin malignancies (basal cell carcinoma, squamous cell carcinoma, melanoma), premalignant skin lesions (actinic keratosis), breast reconstruction (post mastectomy).

## Urology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in urology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common urologic disorders/presentations. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common urologic disorders/presentations. *(Medical Expert)*
3. List the indications and complications of urethral catheterization. *(Medical Expert, Scholar)*
4. Demonstrate a male and female urethral catheterization using proper technique. *(Medical Expert, Professional)*
5. Identify the important landmarks on a KUB (Kidney/Ureter/Bladder) X-ray, including recognizing the presence of calculi. *(Medical Expert, Scholar)*
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
8. Manage workload effectively. *(Leader)*
9. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered urologic disorders/presentations which may include but are not limited to: acute testicular pain (including testicular torsion), testicular mass and/or swelling (including testicular cancer), microscopic and gross hematuria, urinary retention, urinary incontinence, lower urinary tract symptoms (LUTS) (including benign prostatic hyperplasia), acute flank pain (including renal colic), male sexual dysfunction, cancer of the prostate/bladder/kidney.

## Vascular Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in vascular surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in vascular surgery. *(Medical Expert, Communicator)*
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in vascular surgery. *(Medical Expert)*
3. Review the anatomy and physiology of the arterial and superficial/deep venous system of the lower extremity. *(Medical Expert, Scholar)*
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc. *(Communicator, Collaborator)*
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities. *(Advocate)*
6. Manage workload effectively. *(Leader)*
7. Demonstrate self-directed learning utilizing the appropriate resources. *(Scholar)*
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy. *(Professional)*

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered vascular surgery disorders/presentations which may include but are not limited to: diabetes including foot complications, aortic aneurysmal disease, peripheral vascular disease, varicose veins, acute ischemic limb.

## **RECORDING OF LECTURES**

Lectures will be recorded and posted to the course Blackboard site under Course Materials. The lecture recordings are not intended to be a replacement for attending the session, but rather to enhance understanding of the concepts.

## **COPYRIGHT**

Students are expected to respect the University of Saskatchewan Copyright Policy outlined at [www.usask.ca/copyright/](http://www.usask.ca/copyright/)

## **IMPORTANT AND RELEVANT STUDENT INFORMATION**

The following information is extremely important for your success in medical school. Please refer to the [UGME Policies](#) page and the [Student Information Guide](#) for the following policies:

### **UGME CONTACT INFORMATION**

### **EMAIL COMMUNICATIONS**

### **ETHICS AND PROFESSIONALISM**

### **PROGRAM EVALUATION**

### **GUIDELINES FOR PROVIDING FEEDBACK**

### **EMERGENCY PROCEDURES**

### **MD PROGRAM ATTENDANCE POLICY**

### **ASSESSMENT POLICY**

### **PROMOTION STANDARDS**

### **CONFLICT OF INTEREST**

### **NON-INVOLVEMENT OF HEALTH CARE PROVIDERS IN STUDENT ASSESSMENT**

### **APPEALS PROCEDURES**

### **STUDENT DISCRIMINATION, HARRASSMENT, AND MISTREATMENT PROCEDURE**

### **ACCOMMODATION OF STUDENTS WITH DISABILITIES**

### **OFFICE OF STUDENT AFFAIRS**

Where a specific College of Medicine policy or procedure does not exist, the College refers to the U of S Academic Courses Policy at <http://policies.usask.ca/policies/academic-affairs/academic-courses.php>

## **ACCESSIBILITY & ACCOMMODATION OF STUDENTS WITH DISABILITIES**

The College of Medicine, University of Saskatchewan is committed to supporting applicants and students with disabilities through the use of appropriate accommodations. While a disability should not preclude a student from consideration for admission, the disability must not prevent the student from communicating with patients and colleagues, from making observations and analyzing clinical data, and from making the medical judgments expected of a physician who has completed the educational program leading to the M.D. degree at this University.

Students with disabilities are encouraged to contact the Disability Services for Students Office (DSS – 966-7273) with any questions regarding accommodation for their disabilities at the pre-medicine level. Any applicants to the College of Medicine who feel they will require accommodation in order to complete the multiple mini interview (MMI) process should make those needs known to the Admissions Office ([med.admissions@usask.ca](mailto:med.admissions@usask.ca)) as soon as possible.

All applicants offered interviews will be asked to attest to their ability to meet the technical standards outlined in the **Essential Skills and Abilities required for the Study of Medicine**. If an applicant will require accommodation in order to meet the technical standards, he/she will be asked to indicate so prior to the MMI. Any applicant who indicates a need for accommodation will be referred to the Office of Student Affairs and an Accommodations Team will review the applicant's specific needs and abilities to determine whether appropriate accommodation can be offered. Such requests are kept independent from a student's admissions file until a student is offered admission.

The declaration of a need for accommodation on the part of applicants is voluntary, but as a significant period of time is generally required to process accommodation requests, early declaration is strongly advised. In the event that an applicant does not indicate the need for accommodation until such time as an offer of admission is made, the College of Medicine reserves the right to defer entrance for one year pending review of the request by the Accommodations Team.

Students with disabilities are encouraged to pursue their studies as long as their continued involvement does not pose a health or safety hazard to themselves or others, and as long as they are able to meet the requirements for a medical degree.

- Disability Services for Students
- Learning Disabilities Association of Saskatchewan
- Canadian Association of Physicians with Disabilities
- College of Physicians and Surgeons of Saskatchewan
- CMA Centre for Physician Health & Well-Being
- CMA Med Student Centre
- CFMS Wellness Program - registration required for most resources
- ePhysician Health

## OFFICE OF STUDENT AFFAIRS

### COLLEGE OF MEDICINE, OFFICE OF STUDENT AFFAIRS

Student Affairs offers confidential support and advocacy at arm's length from the academic offices.

For more information, please contact the COM Student Affairs Coordinator, Edith Conacher at [edith.conacher@usask.ca](mailto:edith.conacher@usask.ca) or 306-966-4751.

In Regina please contact Dr. Nicole Fahlman at [nicole.fahlman@gmail.com](mailto:nicole.fahlman@gmail.com) or (306)209-0142.

In Prince Albert Dr. Dale Ardell can be reached through Nicole Toutant: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca) or (306)765-6787.

### STUDENT LEARNING SERVICES

Student Learning Services (SLS) offers assistance to U of S undergrad and graduate students. For information on specific services, please see the SLS web site [www.usask.ca/ulc/](http://www.usask.ca/ulc/).

## STUDENT AND ENROLMENT SERVICES DIVISION

The Student and Enrolment Services Division (SESD) focuses on providing developmental and support services and programs to students and the university community. For more information, see the SESD web site [www.usask.ca/sesd/](http://www.usask.ca/sesd/)

## APPEALS PROCEDURES

Where a specific College of Medicine policy or procedure does not exist, the College refers to the U of S Academic Courses Policy at <http://policies.usask.ca/policies/academic-affairs/academic-courses.php>

## INTEGRITY DEFINED (FROM THE OFFICE OF THE UNIVERSITY SECRETARY)

The University of Saskatchewan 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 Student Conduct & Appeals section of the University Secretary Website and avoid any behavior that 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.

All students should read and be familiar with the Regulations on Academic Student Misconduct ([www.usask.ca/secretariat/student-conduct-appeals/StudentAcademicMisconduct.pdf](http://www.usask.ca/secretariat/student-conduct-appeals/StudentAcademicMisconduct.pdf)) as well as the Standard of Student Conduct in Non-Academic Matters and Procedures for Resolution of Complaints and Appeals ([www.usask.ca/secretariat/student-conduct-appeals/StudentNon-AcademicMisconduct.pdf](http://www.usask.ca/secretariat/student-conduct-appeals/StudentNon-AcademicMisconduct.pdf))

For more information on what academic integrity means for students see the Student Conduct & Appeals section of the University Secretary Website at: [www.usask.ca/secretariat/student-conduct-appeals/forms/IntegrityDefined.pdf](http://www.usask.ca/secretariat/student-conduct-appeals/forms/IntegrityDefined.pdf)

## EXAMINATIONS WITH DISABILITY SERVICES FOR STUDENTS (DSS)

Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Disability Services for Students (DSS) if they have not already done so. Students who suspect they may have disabilities should contact the Student Affairs Coordinator at the Office of Student Affairs (OSA) for advice and referrals. In order to access DSS programs and supports, students must follow DSS policy and procedures. For more information, check [students.usask.ca/health/centres/disability-services-for-students.php](http://students.usask.ca/health/centres/disability-services-for-students.php), or contact DSS at 966-7273 or [dss@usask.ca](mailto:dss@usask.ca).

Students registered with DSS may request alternative arrangements for mid-term and final examinations.

Students must arrange such accommodations through the Office of Student Affairs (OSA) by the stated deadlines. Instructors shall provide the examinations for students who are being accommodated by the deadlines established by OSA.

*As we gather here today, we acknowledge we are on Treaty Six Territory and the Homeland of the Métis. We pay our respect to the First Nation and Métis ancestors of this place and reaffirm our relationship with one another. We recognize that in the course of your studies you will spend time learning in other traditional territories and Métis homelands. We wish you safe, productive and respectful encounters in these places.*