Clinical Integration I

MEDC 114.4

YEAR 1 TERM 1

COURSE SYLLABUS

2016/2017

UNIVERSITY OF SASKATCHEWAN
College of Medicine
MEDICINE.USASK.CA

Clinical Integration I - Course Overview

COURSE DESCRIPTION

Working in small groups, students will learn to integrate their knowledge and clinical reasoning skills from courses offered during the first term of the program. Students will focus on addressing issues raised in cases related to the care of patients, families, communities and populations. Major vertical themes, as well as legal and ethical reasoning and information literacy, will be emphasized.

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 Clinical Integration I course, students will be expected to:

1. Collect necessary clinical data (i.e. history and physical exam findings). (Scholar, Medical Expert)
2. Begin to generate a differential diagnosis. (Scholar, Medical Expert)
3. Recognize the importance of health promotion and illness prevention for patients, families, communities and populations. (Health Advocate, Leader)
4. Identify and analyze the medical, legal and ethical issues presented in case discussions. (Professional, Scholar, Leader)
5. Apply principles of interprofessional collaboration as it relates to patient care. (Communicator, Collaborator, Professional, Health Advocate, Medical Expert)
6. Begin to use clinical reasoning skills. (Scholar, Medical Expert)
7. Demonstrate professional and ethical behavior. (Professional, Leader, Collaborator)
8. Demonstrate effective patient communication, integrating the patient-centered clinical method. (Communicator, Collaborator, Professional)
9. Demonstrate effective information literacy. (Scholar, Medical Expert)

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

COURSE CONTACTS

Course Director: Dr. Andrea Symon – andrea.symon@usask.ca – (306) 374-2404
Clinical Integration Courses Chair: Dr. Deirdre Andres – d.andres@usask.ca – (306) 655-4200
Course Administrative Coordinator: Sara Dzaman – sara.dzaman@usask.ca - (306) 966-6946
Course Administrative Assistant: TBD - (306) 966-7202

COURSE SCHEDULE

Please check One45 **DAILY** to ensure that you have the most current schedule information. The latest a change can be made to a session (unless it is a true emergency) is 48 hours in advance of the scheduled sessions. If changes are made to a session which has already been scheduled in One45, affected students will be notified directly via email by the course administrators.

Date	Time	Topic	Instructor/Lead
Wednesday, August 24, 2016	3:30 – 4:20	**Course Introduction and Clinical Reasoning Exercise**	A. Symon
Wednesday, September 07, 2016	1:30 – 3:20	**Information Literacy:** Academic Honesty, Using ICMJE Style; Scholarly Publishing Process and Trends	E. Watson
	3:30 – 4:20	**Ethics:** Introduction; Theory of Ethics; Confidentiality and Informed Consent	S. Hayton
Wednesday, September 21, 2016	1:30 - 4:20	**Ethics:** Autonomy, Capacity and Substitute Decision Making	S. Hayton
Wednesday, September 28, 2016	1:30 - 4:20	**Ethics:** Truth-telling; Research Ethics; Medical Professionalism; Conflict of Interest	H. Aftab
Wednesday, October 19, 2016	1:30 – 4:20	**Introduction to Clinical Reasoning, Differential Diagnoses, Bias, and Industry Influence**	D. Andres/A. Symon
Wednesday, October 26, 2016	2:30 - 4:20	**iPBL:** Student Stress & Resilience	N. McKee
Wednesday, November 02, 2016	2:30 - 4:20	**iPBL:** Student Stress & Resilience	N. McKee

Wednesday, November 16, 2016	1:30-2:20	**Integrated Cases Introduction**	G. Malin
	2:30-4:20	**Clinical Reasoning Case**	A. Symon/D. Andres
Monday, November 28, 2016	10:30 - 12:20	**Information Literacy:** Patient education web sites—criteria for evaluation, healthy literacy, useful patient web sites	E. Watson
Monday, November 28, 2016	1:30-4:20	**Integrative Medicine:** Stress Physiology and Mind Body Medicine; Aging and Inflammation; Integrative Medicine	M. Epstein
Tuesday, November 29, 2016	9:30 – 12:20	**Integrated Cases**	A. Symon
Tuesday, November 29, 2016	1:30 – 4:20	**Integrated Cases**	A. Symon
Friday, December 9, 2016	9:00 – 12:00	**Final Exam**	

COURSE DELIVERY

Sessions vary in length and are scheduled throughout the term. Students will learn through a variety of methods, including: small group with facilitators, large group sessions, and independent self-directed learning. Students will also be oriented to working in cooperative small groups for Integrated Cases. These cases are designed to help students develop a general approach to common clinical problems. The complexity of the problems increases as student progress through the four Clinical Integration courses. Learning is student-directed and students assign themselves roles to help facilitate the case discussion. A clinician facilitator helps to guide students through the case (e.g. answering questions for clarification, redirecting them if they get off track, etc). Objectives and pre-reading (if required) will be posted prior to each case. Information about each case is released sequentially during the case discussion and debriefing notes will be posted after each case.

COURSE MATERIAL ACCESS

Marks for assignments will be posted in **One45**. Relevant handouts will be visible in **Blackboard**.
Cases will be released on Blackboard at the start of the Integrated Case session.

COURSE ASSESSMENT OVERVIEW

Formative Assessment - Working through the cases gives you the opportunity to apply your knowledge from multiple courses including Clinical Skills, Medicine & Society, and Principles of Biomedical Sciences. This process provides formative feedback about your medical knowledge and reasoning and helps you to prepare for assessments in other courses.

Summative Assessment – In addition to the assignments as outlined above, there will be a number of questions within the Integrated Cases that will utilize standard-based assessment (in-group peer marking, according to predetermined criteria).

Module Assignments/Assessments **60%**

- Ethics 15%
- Information Literacy 7.5%
- Clinical Reasoning 7.5%
- iPBLs 7.5%
- Integrative Medicine 7.5%
- Integrated Cases 15%

Final Examination **40%**
Case based

EVALUATION COMPONENTS

Assignment 1: Ethics Written Assignment
Value: **10%** of final grade
Due Date: Wednesday, October 12, 2016 at 16:30hrs
Description: The required written assignment will be a discussion of ***one*** of several cases in a short essay – approximately TWO pages in length (double-spaced, Times New Roman 12 font, *maximum 500 words in length). NOTE: There will also be several ethics based questions within the Integrated Cases, which will be worth **5%** of the final grade.

Assignment 2-4: Information Literacy Assignments
Value: **0.5%** of final grade
Due Date: Wednesday, September 7, 2016 (in class)

Description: Short in class quiz on Academic Honesty and Referencing (materials covered in module in Success in Medicine)

Value: **3.0%** of final grade
Due Date: Wednesday, September 7, 2016 (in class)
Description: Short in class assignment on assessing quality of medical journals.

Value: **4.0%** of final grade
Due Date: Friday, December 2, 2016 at 16:30hrs
Description: Evaluate a patient education web site based on a clinical case from the November 29, 2016 Integrated Case sessions.

Assignment 5: Clinical Reasoning Assignment
Value: **7.5%** of final grade
Due Date: Completed within cases.
Description: Questions found within the Integrated/Clinical Reasoning Cases and will be peer marked during the session.

Assignment 6: Integrative Medicine Assignment
Value: **5%** of final grade
Due Date: Monday, November 28, 2016 (in class)
Description: The assignment will be an in class written reflection on one of three Integrative Medicine topics. NOTE: There will also be several Integrative Medicine based questions within the Integrated Cases, which will be worth 2.5% of the final grade.

Assignment 7: Integrated Case Assignment
Value: **15%** of final grade
Due Date: Completed within cases.
Description: Questions found within the Integrated/Clinical Reasoning Cases and will be peer marked during the session.

Assignment 8: iPBL Written Assignment
Value: **7.5%** of final grade
Due Date: Will be communicated to the students by the Course/Module Directors
Description: A written assignment using the student's experience in their interprofessional group. Questions will be related to the competencies from the CIHC competency framework & their key elements.
Detailed description will be posted on **Blackboard**.

Final Exam
Value: **40%** of final grade
Date: Friday, December 9, 2016 at 9:00 AM – Noon
Length: 3 hours
Type: Comprehensive and case-based
Description: Case-based questions similar to those found within the Clinical Reasoning Case and Integrated Cases. Will incorporate all course modules, with the exception of iPBL.

LATE ASSIGNMENTS

An assignment will be considered late if it is not submitted by the listed due date at 16:30hrs, at which point blackboard will close. If no assignment is submitted by the due date, the student should anticipate receiving a breach of professionalism by the Course Director or Module Director.

A late assignment may be submitted up to **three consecutive calendar days** from the original deadline. Late assignments must be submitted to the Year 1 Administrative Coordinator. Submission deadline will be 16:30 on the third day. The maximum mark that a student may receive on a late assignment will be the minimum pass mark for the assignment. The student may also receive a mark lower than the pass mark if warranted. Any late assignments not submitted by the third day will receive a mark of zero.

In order to complete the course, even assignments that will ultimately receive a zero must be submitted or the student will be deemed to be missing a component of the course.

If deferral of an assignment is being requested **all requests are expected to be received a minimum of 72 hours PRIOR** to the deadline. In the event of catastrophic personal or family emergency, requests will be considered beyond the 72 hour deadline.

All requests must be sent to the Course Director and copied to the relevant Administrative Coordinator and Year Chair, or alternatively may be made through the relevant Student Affairs Office. The course director in consultation with the year chair and appropriate module directors and section leads will make a final decision and notify the student of the outcome within 48 hours of the request.

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

COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION

In order to successfully complete the Clinical Integration Course for the purpose of promotion, students are to obtain a cumulative mark of at least 70% on all the course assignments **AND** achieve a mark of at least 70% on the final exam. Failure of either component indicates a student to be in academic difficulty.

Students are also expected to complete all assignments within the course as indicated in the Late Assignment Policy.

Students who are experiencing academic difficulty during the term (e.g. failing two or more assignments) will meet with the Course Director and/or Course Chair to identify areas of weakness and develop a learning plan. Students who are identified as being in academic difficulty upon completion of the course (as indicated above) will be required to meet with the Course Director and/or Course Chair to identify areas of weakness and develop a structured remediation, learning plan, and complete a supplemental examination.

Remediation

A maximum of one remediation attempt may be provided for each failed component (below 70% mark on all assignments or below 70% mark on the final exam). Failure of a remediation/supplemental exam will result in a course failure.

After the final examination period, the implications of failing to successfully complete course components will be adjudicated at the Term 3 Promotions Committee and a final decision to grant remediation/supplemental work will be determined by the Student Academic Management Committee.

ATTENDANCE EXPECTATIONS

See Student Information Guide for MD Program Attendance and Absence policy.

What are Expectations for attendance in Clinical Integration I?

See the Attendance Policy for expectations. It is expected that students will attend all sessions unless absence is unavoidable. Attendance at small group sessions is mandatory. Unexplained absences should expect to receive a Breach of Professionalism report which may include academic consequences.

How is attendance documented?

Attendance will be taken during your session.

RECORDING OF THE 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/

COURSE EVALUATIONS QUALITY IMPROVEMENT

As a result of feedback from previous student course evaluations, the following changes have been made:

1. The addition of formal Clinical Reasoning Teaching.
2. Use of Integrated Cases to reinforce Clinical Integration Content and content of other course.
3. Multiple changes to make course content more clinically relevant to students (including use of integrated cases, changed assignments/lecture format/lecture content for some modules, and introduction of a family, which students will care for throughout Clinical Integration terms 1-4.

IMPORTANT AND RELEVANT STUDENT INFORMATION

The following information is extremely important for your success in medical school. To avoid duplication and ensure clarity, please refer to the UGME Policies page and the Student Information Guide for the following policies:

- UGME CONTACT INFORMATION
- MD PROGRAM ATTENDANCE POLICY
- ETHICS AND PROFESSIONALISM
- ACCOMMODATION OF STUDENTS WITH DISABILITIES
- OFFICE OF STUDENT AFFAIRS
- EMAIL COMMUNICATIONS
- GUIDELINES FOR PROVIDING FEEDBACK\
- PROGRAM EVALUATIONS
- APPEALS PROCEEDURES

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) 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)
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

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 , or contact DSS at 966-7273 or 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.

STUDENT SUPPORTS

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 or 306-966-4751.

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/.

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/

COURSE MODULES

This course is composed of the following modules: Ethics; Information Literacy; Clinical Reasoning; Integrative Medicine; Interdisciplinary Problem Based Learning (iPBL); and Integrated Cases. The modules are designed to focus on various aspects of medical education suited to the level of the student within this term. By the end of this course, you will begin to integrate the information learned in each separate module into a comprehensive application of information learned throughout the term.

Ethics

Module Director: Dr. Susan Hayton – **susan.hayton@usask.ca**

Description: This module is designed to introduce students to methods of identifying, analyzing, and dealing appropriately with ethical problems that may be encountered during medical practice.

Objectives: By the end of the module, students will be expected to:

1. Identify the major ethical issues (e.g. value conflicts) portrayed in cases discussed in small-group sessions.
2. Apply a basic case-analysis methodology to a case discussion, demonstrating an understanding of the analytic process.
3. Describe basic ethical theories and principles.
4. Apply basic ethical theories and principles to the analysis of an ethical problem as depicted in a healthcare case description.
5. Recognize and explain the impact of personal morals, beliefs, and values upon the argument being proposed or the position being defended.
6. Begin to have an understanding of communication strategies to discuss these issues – this process will continue into Advanced Communication Skills

Assessment: Satisfactory completion of this module will be based on the student's participation in small group sessions and satisfactory completion of a written assignment (worth 10% of the final grade). The required written assignment will be a discussion of ***one*** of several cases in a short essay – approximately **TWO** pages in length (double-spaced, Times New Roman 12 font, *maximum **500** words in length). The written assignment is due October 12, 2016. There will also be several ethics based questions within the Integrated Cases, which will be worth 5% of the final grade.

Information Literacy

Module Director: Erin Watson – **e.watson@usask.ca** - 306-966-7327

Description: This module reinforces and expands upon students' existing information literacy (IL) knowledge and skills to develop IL knowledge and skills specifically for the medical context.

Objectives: By the end of the module, students will be expected to:

1. Understand the importance of proper attribution of others' work and demonstrate correct usage of International Committee of Medical Journal Editors' style to write citations.
2. Distinguish between good quality scholarly publications and non-scholarly, or poor quality, ones.
3. Find patient education web sites, list characteristics of high-quality patient education web sites, and evaluate web sites for their appropriateness for use by patients.

Assessment: Satisfactory completion of this module will be based on several written assignments (worth 7.5% of the final grade). There will be an in class quiz September 7, 2016 (worth 0.5% of the final grade) on Academic Honesty and Referencing (materials covered in module in Success in Medicine). There will also be an in class assignment September 7, 2016 (worth 3% of the final grade) on assessing quality of medical journals. The final assignment (worth 4% of the final grade) will involve evaluating a patient education web site based on a clinical case from the November 29, 2016 Integrated Case sessions. The assignment will be due December 2, 2016.

Clinical Reasoning

Module Director: Dr. Andrea Symon – **andrea.symon@usask.ca** - 306-374-2404

Description: This module introduces students to the concept of clinical reasoning and its components and introduces an approach to differential diagnosis. The concept of bias and its effect on patient care will be introduced. Students will also be introduced to industry influence and its effect on clinical decisions and patient care. Basic clinical reasoning skills will be reinforced through the use of cases.

Objectives: By the end of the module, students will be expected to:

1. Define clinical reasoning.
2. Identify components of critical reasoning/thinking.
3. Use a systematic approach to the generation of a differential diagnosis.
4. Identify bias in the clinical reasoning process.
5. Apply basic clinical reasoning skills in the case setting.
6. Recognize how industry can impact clinical care and develop strategies to mitigate this influence.

Assessment: Satisfactory completion of this module will be based on questions found within the Clinical Reasoning and Integrated Cases, worth 7.5% of the final grade.

Integrative Medicine

Module Director: Dr. Michael Epstein – integrative.medicine@usask.ca - 306-966-7935

Description: As defined by the Arizona Center for Integrative medicine, integrative medicine is "...healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies." This module will introduce the primary concepts of integrative medicine and the emergence of integrative medicine as an academic discipline. Primary prevention strategies and the underlying drivers of chronic illness will be explored. The module will then examine how these concepts can be applied to various chronic health conditions.

Objectives: By the end of this module, students will be able to advise patients about:

1. detrimental health effects of chronic stress
2. effective strategies to alleviate chronic stress

Assessment: Satisfactory completion of this module will be based on one written assignment (worth 5% of the final grade). The assignment will be an in class written reflection on one of three Integrative Medicine topics. There will also be several Integrative Medicine based questions within the Integrated Cases, which will be worth 2.5% of the final grade.

Integrated Cases

Module Director: Dr. Andrea Symon – andrea.symon@usask.ca - 306-374-2404

Description: In these small group learning experiences, you will work through a patient "case" in order to have practice applying knowledge from the various courses in this first term and to further develop your clinical reasoning skills.

Objectives: By the end of the module, students will be expected to:

1. Collect necessary clinical data (i.e. history and physical exam findings).
2. Begin to generate a differential diagnosis.
3. Recognize the importance of health promotion and illness prevention for patients, families, communities and populations.
4. Identify and analyze the medical, legal, and ethical issues presented in case discussions.
5. Begin to use clinical reasoning skills.
6. Demonstrate professional and ethical behavior.
7. Demonstrate effective patient communication incorporating the patient-centered clinical method.
8. Demonstrate effective information literacy.

Assessment: Satisfactory completion of this module will be based on the student's participation in the small group sessions and completion of questions within the Integrated Cases (worth 15% of the final grade).

Interprofessional Problem-Based Learning (iPBL)

Module Director: Sean Polreis – sean.polreis@usask.ca - 306-966-1311
Module Admin Coordinator – Doreen Walker – doreen.walker@usask.ca - 306-966-1151

Description: Health professions' students work in teams to gain knowledge and experience in Interprofessional Collaboration. The team (comprised of approximately 10 students from 3 or more health disciplines with a trained tutor) is progressively provided with information on the health problems and social issues of a fictitious patient or client. In two or three 2-hour sessions, each one week apart, the team uses a systematic, participatory, and collaborative approach to develop an evidence-based and patient-centered plan of care for the patient or client.

Students are exposed to interprofessional competencies first as an orientation at the beginning of each case and then throughout the case discussions as needed and finally at the end of each session. Students are guided to consider and discuss their roles, various dynamics that enable or interfere with effective interprofessional team collaboration, concepts of shared leadership, aspects of effective interprofessional communication including conflict resolution, and patient/client/family community-centered care. Thus some of the key components of the National Competency Framework established by the Canadian Interprofessional Health Collaborative (CIHC) are introduced to health professions' students participating in Interprofessional Problem-Based Learning (iPBL) and students have an opportunity to develop knowledge, skills, attitudes and behaviours for effective interprofessional collaborative practice.

Objectives: Upon completion of iPBL module(s) and within the context of specific cases, the student will be able to:

1. Role Clarification
    - Describe his/her professional role.
    - Describe the role of other professionals.
    - Perform your own role in a culturally respectful way.
2. Team Functioning
    - Identify the principles of team work dynamics & group processes that enable effective interprofessional team collaboration.
3. Interprofessional Communication
    - List principles of effective interprofessional communication.
    - Communicate with other group members in a collaborative, respectful, & responsible manner.
4. Collaborative Leadership
    - Describe leadership & decision-making behaviours that are likely to contribute to group effectiveness.
    - Identify resources, including community resources, social service agencies, & government programs that contribute to quality care.
5. Patient/Client/Family/Community-Centred Care
    - Describe the input & engagement of patient/client/ family/community in designing & implementing care/services.
6. Interprofessional Conflict Resolution
    - Identify areas of conflict within interprofessional groups.

Assessment: Satisfactory completion of this module will be based on the student's participation in iPBL sessions and satisfactory completion of a written assignment, worth 7.5% of the final grade.