



Clinical Skills III

MEDC 213.8

YEAR 2 TERM 1

📌 COURSE SYLLABUS 2017-2018



UNIVERSITY OF SASKATCHEWAN

College of Medicine

MEDICINE.USASK.CA

COURSE DESCRIPTION

Learning in Clinical Skills III (Year 2 - Term 1) will enable students to improve their patient-centered communication and physical examination skills. These skills will be improved upon through a combination of assessment of 'real-life' patients and structured learning sessions. Students will continue to develop clinical reasoning skills focusing on the development of differential diagnoses.

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

The course will include the following components: Communication Skills (formerly Advanced Communication Skills), Clinical Scenarios/Simulations, Focused Interview and Physical Examination and Review Sessions, Discipline-specific patient Encounter Sessions in Neurology, Family Medicine, Nephrology, Urology, Physical Medicine and Rehabilitation, Orthopedics and Ophthalmology. When possible, Clinical Skills sessions will be organized around content students are learning in other courses.

Completion of this course will help students attain elements of their overall undergraduate [program objectives](#) (MD Program Objectives).

Prerequisites: Successful completion of Clinical Skills I and II.

OVERALL COURSE OBJECTIVES

By the completion of Clinical Skills III course, students will be able to:

1. Establish ethical relationships with patients characterized by understanding, trust and empathy. (*Professional, Communicator*)
2. Conduct patient-centered interviews that:
 - explore and apply the four dimensions of illness – “FIFE” (feelings, ideas, impact on function, expectations);
 - explore the disease process and relevant past history;
 - explore relevant social and family context with the patient;
 - reach agreement with patients on the nature of their problems, appropriate goals of treatment, and roles of patient and doctor (and others, as appropriate) in management. (*Communicator, Medical Expert, Collaborator*)
3. Perform a physical examination relevant to a patient’s presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort. (*Medical Expert, Professional*)
4. Exhibit clinical reasoning; including tailoring the interview content and physical examination to assist with the development of a provisional differential diagnosis. (*Medical Expert*)
5. Present a concise verbal summary of the patient’s disease and illness experience, potential differential diagnoses, provide a brief assessment and management plan, and record the information obtained in an appropriate format. (*Communicator, Medical Expert*)
6. Solve or suggest solutions to clinical problems and challenges suitable for level of training including advocating for the patient as necessary. (*Medical Expert, Health Advocate*)
7. Record, in an appropriate written format, a concise summary of the patient’s disease and illness experience, potential differential diagnoses, and a brief management plan. (*Communicator, Medical Expert*)
8. Demonstrate skill in procedures taught in Clinical Skills III. (*Medical Expert*)
9. Demonstrate competence in personal time management, such that competing demands are prioritized, requirements are completed as described, and deadlines are met. (*Manager, Professional*)
10. Demonstrate skills in using appropriate evidence-based resources to develop differential diagnoses, investigative and management plans. (*Scholar*)

11. Exhibit professional behaviour consistently including: integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments. (*Professional, Collaborator*)

COURSE CONTACTS

Course Director: Dr. Joanna Smith – joanna.smith@usask.ca

Preclerkship Coordinator: Ashley McNabb - ashley.mcnabb@usask.ca - (306) 966-7202

Administrative Assistant: Kimberly Basque – medicine.year2saskatoon@usask.ca – (306) 966-6151

COURSE SCHEDULE

The Clinical Skills III Course consists of a variety of activities (including lectures, CLRC sessions, department-based sessions, simulations, and ½ day skills specific learning). Your schedule will be posted on One45.

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 that has already been scheduled in One45, affected students will be notified directly via email by the departmental undergraduate administrators.

INDEPENDENT LEARNING

During the course, protected time for independent learning has been set aside to allow and encourage students to prepare, and practice skills learned as they monitor their own progress towards meeting the broad objectives for the medical program. Some sessions require prior preparation, and it is your responsibility as an adult learner to adequately prepare for your sessions. Lack of preparation may result in you being unable to effectively participate in learning activities, and may influence your assessment.

COURSE DELIVERY

Students will learn through a variety of methods, including:

- Facilitated small group learning sessions with simulated patients
- Discipline-specific patient encounter sessions
- Simulations
- ½ day specific skills training
- Large group sessions
- Independent self-directed learning

COURSE MATERIAL ACCESS

Course materials, including the syllabus, sessions, objectives, required reading, forms, and other useful documents are posted on One45.

- If you are having difficulty accessing your account please contact Student Central 306-966-1212 or contact IT Services Help Desk 306-966-4817

RESOURCES

READINGS/TEXTBOOKS

- Required Textbook: Bates Guide to Physical Examination and History Taking 11th Edition, Lippincott Williams & Wilkins, 2013.
- Bates' Visual Guide to Physical Examination. Available online under Health Sciences Library at: <http://library.usask.ca/hsl>
- Clinical Skills 1 Syllabus contains a model write up and review of the history and physical, as well as details of more advanced physical examination tests used in Clinical Skills II
- The Edmonton Manual: Approach to the OSCE 4th Edition, University of Alberta Medical Students' Association

REQUIRED MEDICAL INSTRUMENTS

These required medical instruments must be purchased before the commencement of the school year:

- Stethoscope
- reflex hammer (Queen's Square preferred)*
- centimeter ruler
- pen light
- flexible tape measure
- watch with second hand
- lab coat*

Lab coats can be purchased at:

- U of S Main Bookstore, Marquis Hall
- Uniform Choice at: 7A 3110 8th St. E. (306-651-0388) Saskatoon

RECOMMENDED MEDICAL INSTRUMENTS

While the above medical instruments are required, it is strongly recommended that you have the following instruments for personal use.

- ophthalmoscope/otoscope
- aneroid blood pressure cuff
- tuning fork(s) (128 cps +/- 512 cps)

LEARNING CENTERS

Saskatoon Site:

The CLRC (2nd floor, E wing, Health Sciences Building) is where several small group sessions are held. The CLRC is available for students to practice clinical skills outside of class time when space is available. You will need to request practice time in advance by emailing: clrc_scheduling@usask.ca or through a Super User.

Regina Site:

Regina small group learning sessions are held in the Learning Centre

The learning centre is available after hours to the students. They need to use their RQHR id badges to access the space. Four exam rooms are open in the evenings to use. During the day, study and practice space is available, but must be booked through one of the UGME staff.

The simulation centre is also available to students after they do an individual orientation session with the simulation staff. Once that orientation is complete, the student's id badge will allow them access to the space.

FEEDBACK ON STUDENT PERFORMANCE

Student feedback is information regarding student performance that is offered with the express purpose of improving their learning and future performance. It is considered one of the most powerful influences on learning and achievement (Hattie & Timperley, 2007).

Clinical Skills courses are the practice arenas to develop and hone your medical skills. Feedback in these courses is constant and comes through a variety of sources and in numerous ways. Informal, formal, self, and peer feedback are all part of this course. Course tutors will provide you with a variety of formal and informal, verbal and written feedback

throughout your clinical sessions. You will be asked to give and receive peer feedback during sessions and will be taught how to do this in a specific and objective fashion. You should also be constantly reflecting, setting targets, and developing action plans for improvement and integration of feedback in constructive ways. Every interaction in this course is an opportunity for growth – you will receive formal and informal feedback throughout each module, but do not discount the value of oral feedback and comments.

COURSE ASSESSMENT OVERVIEW

| MODULE | SESSIONS | COMPONENTS | SUCCESSFUL COMPLETION |
|--|--|---|---|
| Review | Review Sessions | Formative assessment during session | Meets expectations in professionalism |
| Focused Interview and Physical Exam (FIPE) (12% of course mark) | Neurology | Formative assessment during session Written Assignment/quiz (15% module mark) Mini-OSCE session (35% module mark) | Meets expectations in professionalism Pass 70% Pass 70% |
| | MSK | Formative assessment during session Mini-OSCE session (35% module mark) | Meets expectations in professionalism Pass 70% |
| | Ultrasound Enhanced Clinical Exam | Formative assessment during session Written Assignment/quiz(Due 7 days after session) (15% module mark) | Meets expectations in professionalism Pass 70% |
| Clinical Scenarios (4% of course mark) | Clinical Scenario Cases 7-10 | Formative feedback in session Direct Performance Assessment (70% module mark) Written Assignment(s) (Due after MSK session on BBLearn)* (30% module mark) | Meets expectations in professionalism Pass 70% Pass 70% |
| | Simulation Sessions | Formative assessment during session | Meets expectations in professionalism |

*changed on Oct 24 – approval from Dr. Smith to change from ‘due after Neuro’ to ‘due after MSK’

| | | | |
|--|--|---|---|
| Communication Skills III (12% of course mark) | Communication Skills III Sessions 1-3 | Formative assessment during session Feedback assignment (Due 7 days after 1 st session) (5% module mark) Video assignment (Due 7 days after uploaded to BBLearn – approx.. 5-7 business days) (25% module mark) Direct Performance Assessment after each session(average of 2 best marks of 3). (70% module mark) | Meets expectations in professionalism Pass 70% Pass 70% Pass 70% |
| Discipline-Specific Patient Encounter (DSPE) (12% of course mark) | Family Medicine (30% module mark) | Formative feedback in session Written assignments (due 7 days after 2nd session) SOAP note (25% discipline mark) Clinical Question(25% discipline mark) Summative tutor assessment form(50% discipline mark) | Meets expectations in professionalism Pass 70% Pass 70% Pass 70% |
| | Internal Medicine Nephrology | Formative assessment during session | Meets expectations in professionalism |
| | Internal Medicine Neurology (15% module mark) | Formative assessment during session Direct performance assessment at end of each session (Averaged equally) | Meets expectations in professionalism Pass 70% |
| | Pediatrics (15% module mark) | Formative assessment during each session. Direct performance assessment at the end of each session (Review 20%, Dev 40% Neuro40%) Formative Case Write Up after Review session | Meets expectations in professionalism Pass 70% Pass 70% |
| | Surgery Ophthalmology | Formative assessment during session | Meets expectations in professionalism |
| | Surgery Urology | Formative in session assessment | Meets expectations in professionalism |
| | Sensitive Teaching Associates: Male | Formative in session assessment | Meets expectations in professionalism |
| | Surgery Orthopedics (15% module mark) | Formative assessment during session Webinar based x-ray assignment (50% discipline mark) | Meets expectations in professionalism Pass 70% |

| | | | |
|---|---|--|---|
| | Physical Medicine and Rehabilitation (25% module mark) | Formative in session assessment Written assignments (2) Direct performance assessment (Written assignments and direct performance assessment all weighted equally) | Meets expectations in professionalism Pass 70% Pass 70% |
| Objective Structured Clinical Examination (OSCE) (40% course mark) | Summative OSCE Drawn from ANY of the modules and disciplines | Summative OSCE that can cover ALL/ANY components of Clinical Skills III | Pass mark determined by UGME approved standard setting procedure. |
| Written Final Exam (20% course mark) | Written questions from ANY of the modules and disciplines. | Multiple choice, multiple answer, fill in the blank and possibly short answer questions based on all content (all DSPE teaching included) | Must achieve a minimum mark of 70% on the exam. |

*The OSCE is considered a special form of examination and as such copies of the OSCE are not available for review by students. Performance review of the OSCE for students who are unsuccessful will be available.

MARKS WILL BE ALLOCATED AS FOLLOWS:

Modules 40% (Module mark is weighted according to the following formula: FIPE 30%; Clinical Scenarios 10%; DSPE 30%, Communication Skills III 30%)

OSCE 40 %

Written Final Exam 20%

WRITTEN COURSE ASSESSMENT COMPONENTS

Course components including a written assessment component (Case write-up, Reflective Journaling Assignment) or formative assessment forms are due **7 consecutive calendar days following the clinical encounter**. Respect for due dates is a component of professionalism and is assessed as such.

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^[1].

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 student, if submitting a late assignment that is deemed to be at or above the pass mark for that assignment will

^[1] 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.

receive the pass mark for the assignment. If it is assessed as below the pass mark, the student will receive the actual grade assigned for the assignment.

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 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

COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION

In order to successfully complete the course for the purposes of promotion, students must pass the final exam (if applicable), pass the OSCE, pass all course modules, and fail no more than 2 individual course assessments. If required, one individual course component may be remediated once under the conditions stated below in order to complete the course requirements for passing.

The four course components required for successful completion are as follows:

1. Written End of Term Exam: Successful completion of the written end of term exam, if applicable. Students must achieve a pass mark of 70% on the written end of term exam.
2. OSCE: Successful completion of the OSCE achieving a pass as determined by criterion referenced standard setting.
3. Course Modules: Successful completion of all course modules as outlined in the assessment overview. Students must achieve a pass mark of 70% in each course module (FIPE, Clinical Scenarios, Communication Skills and DSPE).
4. In-Module Assessments: In the event that a student fails 3 or more individual in-module assessments, this will be treated as equivalent to a failure of a course component. Assessments contributing to an already failed course module do not contribute towards this total.

Professionalism:

Students can be deemed as unsuccessful on any course assessment for not achieving course expectations of professionalism. This would include, but is not limited to, any unapproved absences from a mandatory session and/or submission of late assignments. Students failing to meet the standard of professionalism required in a course should also expect to meet regarding expectations for professionalism, with associated documentation. For further information on professionalism please see the UGME Procedure for Concerns with Medical Student Professional Behaviour.

Remediation:

1. In the event of a failure of any one of the above course components a student may be offered remediation and supplemental assessment. Failure of more than one course component will result in an automatic failure of the course, with no remediation offered.
2. Upon identification of failure of a course component, students will meet with the Module/Course Director and/or Year Chair to devise a learning plan if remediation is being offered. The Module Director/Course Director retains the right to determine the specific type of remediation needed for each individual student. This remediation may be in the form of additional assignments, assigned readings, and meetings with the Module Director and/or other mentors.
3. After completion of remediation a supplemental assessment will be offered at the end of the term. The Module Director/Course Director retains the right to determine the specific type of supplemental assessment, which may be in a different format than the original assessment.
4. Failure of a supplemental assessment will be deemed as a failure of a second course component resulting in automatic failure of the course.
5. A maximum of 1 course component remediation and supplemental assessment will be offered for the course. Where the in-module assessment component (course component #4) needs to be remediated, this will require remediation of each assignment/assessment separately, but still shall be considered the remediation of one course component for the purposes this policy. Successful completion of remediation and supplemental assessment will result in a grade a minimum pass grade for that component.

ATTENDANCE

See [Student Information Guide](#) for the general policy.

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

How is attendance documented?

At the completion of every session your preceptor will log into One45 and review/complete the session checklist with you which tracks attendance and ensures all material from the session was completed. For the Saskatoon Surgery DSPE sessions, attendance and formative assessment will be tracked with paper forms that need to be handed into the Undergraduate Surgery Office (B413 HSB), faxed to 306-966-2288 or scanned and emailed to surgery.preclerkship@usask.ca within **ONE** week of the completed session.

Who should you contact in case of an absence?

Illness or family emergencies or compassionate reasons – Prior to the absence, or as soon as possible after the absence, a student must notify (1) Year 2 Admin Coordinator – Absence Request to (ashley.mcnabb@usask.ca) or in person (B526, Health Sciences Building), or phone (306) 966-5354; and (2) his/her preceptor for the clinical or small group session. For Regina students contact Christa Kaytor via email (Christa.Kaytor@rqhealth.ca), (306) 766-3157 with reasons for each missed session. Such notification should occur before the session in question, whenever circumstances permit.

Unexplained absences and/or other unprofessional conduct can be expected to result in a meeting to discuss Professionalism and could result in failure of the course.

What are the implications of being absent?

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

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

RECORDING OF THE LECTURES

Some 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 to enhance understanding of the concepts. Any student recording of sessions should be with the permission of the individual instructor.

COPYRIGHT

Students are expected to respect the University of Saskatchewan Copyright Policy outlined at www.usask.ca/copyright/

“Class recordings are normally the intellectual property of the person who has made the presentation in the class. Ordinarily, this person would be the instructor. Copyright provides presenters with the legal right to control the use of their own creations. Class recordings may not be copied, reproduced, redistributed, or edited by anyone without permission of the presenter except as allowed under law.” (1)

WHAT TO DO IF YOUR TUTOR DOES NOT ARRIVE FOR A SCHEDULED SESSION

If your tutor does not arrive for a scheduled session after verifying session details on one45, then as quickly as possible:

In Regina please contact Christa Kaytor. If unavailable, contact any UGME Administrative staff member.

In Saskatoon, please contact the Pre-Clerkship Coordinator, Ashley McNabb, who will contact the Module Director and Administrative Assistant for the relevant module. If the session is scheduled in the CLRC, please also advise the CLRC staff, as they may also be able to assist in contacting the tutor.

They will attempt to contact the scheduled tutor or an alternate, and, if unable to make arrangements, the session will be rescheduled. Rescheduling is difficult, due to very full schedules, so every attempt will be made to deliver the session as scheduled.

*Please do remember to check one45 for updates, as last minute changes are occasionally necessary.

Course Evaluations Quality Improvement

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

1. Increased Neurologic ward teaching on wards
2. New video on expectations of Neurologic History and Physical Exam
3. New video-taped communication skills session.
4. New Communication Skills assignments.
5. New clinically based quizzes in Ultrasound, Neurology and Orthopedics.
6. New orthopedics webinar on x-ray reading.
7. New Orthopedics assessment and feedback.

COURSE MODULES

The modules are designed to allow skill development by systems. By the end of this course, you will begin to integrate the information learned in each separate module into a comprehensive patient assessment.

Review

Review Sessions

Module Director: Dr. Joanna Smith jds114@mail.usask.ca

Administrative Coordinator: Sara Dzaman – sara.dzaman@usask.ca – (306) 966-6946

Administrative Coordinator (Regina): Alexis Robb – alexis.Robb@rqhealth.ca - (306) 766-0556

Administrative Assistant: Kimberly Basque – medicine.year2saskatoon@usask.ca – (306) 966-6151

Description: During this session, students will review content from Clinical Skills II. History taking and physical exam skills relevant to Cardiovascular, Respiratory and Gastrointestinal systems. Students will work in small groups with a clinician and simulated patient. Students must come to this session having reviews history and physical exam taking for the relevant systems.

Location: CLRC/LC

Duration: 1 Session, 3 hours

Objectives: Students working with simulated patients will be expected to:

1. Demonstrate an appropriate patient centered focused history for the Respiratory, Cardiovascular and Gastrointestinal systems. (Medical Expert, Communicator).
2. Demonstrate specific physical examination techniques relevant to the Respiratory, Cardiovascular and Gastrointestinal systems (Medical Expert).
3. Identify history and physical exam findings that might be expected in common presentations of Respiratory, Cardiovascular and Gastrointestinal diseases (Medical Expert).
4. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)

Formative Assessment: Will occur throughout the session during SP encounters and debriefing.

Focused Interview and Physical Exam (FIPE)

Focused Interview and Physical Exam Sessions

Module Director: Dr. Joanna Smith jds114@mail.usask.ca

Administrative Coordinator: Sara Dzaman – sara.dzaman@usask.ca – (306) 966-6946

Administrative Coordinator (Regina): Alexis Robb – alexis.robbs@rqhealth.ca – (306) 766-0556

Administrative Assistant: Kimberly Basque – medicine.year2saskatoon@usask.ca – (306) 966-6151

Description: Students will discuss and practice history taking and physical examination relevant for the system that they are studying in the Foundations course. Students will work with a physician and simulated patient to identify key components in history taking and physical examination relevant to common presentations.

Location: CLRC/LC

Objectives: By the end of module students will be able to:

1. Demonstrate and report an appropriate patient centered focused Neurologic and Musculoskeletal history (Medical Expert, Communicator)
2. Demonstrate physical examination techniques relevant to Neurology and Musculoskeletal (Medical Expert).
3. Identify aspects of the history and physical exam findings that might be expected in common Neurology, Musculoskeletal, and Nephrology/Urology presentations.(Medical Expert)
4. Reflect on experience of receiving and providing feedback in a clinical setting.(Communicator, professional)
5. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)

****SPECIFIC SESSION OBJECTIVES CAN BE FOUND ON ONE45 PRIOR TO SESSION**

Formative Assessment:

This will occur on an ongoing basis throughout the sessions, and additionally will be provided at the end of sessions 4 via the Student Assessment Checklists, which are to be completed on-line on One45, and also serve to document attendance. Student Assessment Checklists are designed to be used for formative feedback and to inform the final summative assessment.

Summative Assessment: There are four summative assessment components. Each is to be completed online on One45:

1. Students will complete a written assignment/quiz after the Neurology FIPE session **Pass 70%**
2. Students will be observed by the tutor while performing a mini-OSCE with an SP after neurology **Pass 70%**
3. Students will be observed by the tutor while performing a mini-OSCE with and SP after MSK session **Pass 70%**

Ultrasound-Enhanced Clinical Exam

Section Lead: Dr. Paul Olszynski – pao292@mail.usask.ca

Administrative Coordinator: Sara Dzaman – sara.dzaman@usask.ca – (306) 966-6946

Administrative Coordinator (Regina): Alexis Robb – alexis.Robb@rqhealth.ca – (306) 766-0556

Administrative Assistant: Kimberly Basque – medicine.year2saskatoon@usask.ca – (306) 966-6151

Description:

Location: CLRC/ Dilawri Simulation Centre

Duration: 1 session, 2 hours

Objectives: Longitudinal Objective: All sessions will address and re-enforce test performance, operator dependence, safety and limitations of each indication.

1. Demonstrate basic probe handling and early sonographic skill development (Medical Expert)
2. Demonstrate basic understanding of probe and ultrasound physics (Medical Expert)
3. Exhibit professional behaviors as outlined in module objectives (Professional, Communicator).
4. Describe test performance, operator dependence, safety and limitations of each indication (Medical Expert)

Assessment for Obstructive Uropathy

Objectives: By the completion of the ultrasound session, students will be able to:

1. Review pertinent anatomy in the abdomen and pelvis.
2. Identify the anatomic landmark used to orient ultrasound assessment of the kidney and bladder
3. Identify the sonographic landmark used to visualize the area of interest during ultrasound assessment of the kidney and bladder.
4. Briefly describe the technique used during ultrasound assessment of the kidneys and bladder
5. Describe two major indications for bedside ultrasound assessment of the renal system.
6. Recognize other commonly used acoustic windows applied during ultrasound assessment of the kidneys
7. Describe the appearance of hydronephrosis ranging from mild-severe.
8. Estimate bladder volume based on sonographic measurement
9. Interpret images of the renal system and recognize normal from abnormal findings
10. Briefly review a scenario demonstrating clinical application of bedside renal ultrasound.

Formative Assessment: Formative verbal individual and group feedback will be given throughout the session.

Summative Assessment:

- 1) Achieve the standard of MEETS EXPECTATIONS for professionalism.
- 2) Student quiz/assignment Pass 70%

Successful Completion of FIPE module:

The student module mark is established by combining the marks from the Neurology assignment 10%, Ultrasound assignment 10%, Neurology mini-OSCE 30, Musculoskeletal mini-OSCE 30%, and the averaged FIPE Neurology Direct Performance Assessment forms 20%.

Students must:

1. Achieve at least the standard of MEETS EXPECTATIONS for professionalism during FIPE sessions as well as Ultrasound SkillsSessions.
2. Achieve a cumulative mark of 70% in module assessments as per above weighting.

Clinical Scenarios

Clinical Scenarios Sessions

Module Director: Dr. Joanna Smith - jds114@mail.usask.ca

Preclerkship Coordinator: Ashley McNabb – ashley.mcnabb@usask.ca – (306) 966-7202

Administrative Coordinator (Regina): Kayla Trevena - Kayla.Trevena@rqhealth.ca – (306) 766-0632

Administrative Assistant: Kimberly Basque – medicine.year2saskatoon@usask.ca – (306) 966-6151

Description:

Students will be given opportunity to perform an appropriate interview and physical examination of a simulated patient. Following the experience, students will be expected to develop a differential diagnosis and if relevant, a management plan. Each clinical scenario will focus on demonstration of specific interviewing and physical examination skill sets. Sessions will emphasize feedback on clinical reasoning skills at a level appropriate for the learner. Preceptors for these sessions may be from a wide variety of disciplines.

Location: CLRC/LC

Objectives: By the completion of Clinical Scenario Sessions, students will be able to:

1. Perform a patient-centered interview relevant to common presenting neurologic and musculoskeletal complaints, including exploring the illness experience (“FIFE”: feelings, ideas, impacts on function, expectations). (Medical Expert, Communicator)
2. Effectively and sensitively perform physical examinations relevant to common presenting neurologic and musculoskeletal complaints. (Medical Expert, Professional)
3. Compare and contrast possible differential diagnoses for common presenting complaints, based on concurrent and/or previous course material. (Medical Expert)
4. Generate preliminary differential diagnoses for common neurologic and musculoskeletal clinical presentations. (Medical Expert)
5. Propose preliminary management plans, including any appropriate initial investigations and/or treatment for common clinical presentations. (Medical Expert, Manager)
6. Explain, using appropriate terminology, the preliminary differential diagnoses and management plans to patients, colleagues and preceptor (Communicator)
7. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)

****SPECIFIC SESSION OBJECTIVES CAN BE FOUND ON ONE45 PRIOR TO SESSION**

Formative Assessment: will occur throughout the module during SP encounters and debriefing, and will additionally be provided by the Formative Assessment form completed following each clinical scenario session by tutor.

Summative Assessment:

1. Students will be assessed after each session using the Summative Assessment form which is to be completed online on One45. Pass 70%.
2. Written Assignment Pass 70%

Simulation Sessions

Session Co-Coordinator: Dr. Kawchuk – joann.kawchuk@usask.ca Dr. Koshinsky – Justina.koshinsky@usask.ca
(306)655-1183

Preclerkship Coordinator: Ashley McNabb – ashley.mcnabb@usask.ca – (306)-966-7202

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@rqhealth.ca – (306) 766-0556

Administrative Assistant: Kimberly Basque – medicine.year2saskatoon@usask.ca – (306) 966-6151

Students are exposed to simulated clinical cases delivered in a setting with mannequins, real time vital sign monitoring, and video capture. In the session, students will encounter a focused case presentation followed by a structured debrief with the preceptor.

Location: CLRC - Simulation Rooms; Dilawri Simulation Centre

Duration: 1 Session, 2 hours

Objectives: By the completion of the simulation sessions, students will be able to:

1. Conduct a focused history and perform relevant physical examination to the presentation (Medical Expert, Communicator).
2. Request relevant investigations (Medical Expert, Manager).
3. Synthesize the results of relevant investigations (Medical Expert).
4. Identify clinical problems (Medical Expert).
5. Prioritize a differential diagnosis (Medical Expert).
6. Propose appropriate management plans (Medical Expert).
7. Describe the physiological and pharmacology principles that relate to the presenting clinical scenario (Scholar)
8. Demonstrate principles of problem solving, leadership and communication in acute clinical situations (Medical Expert, Communicator).
9. Exhibit professional behaviours as outlined in module objectives (Professional, Collaborator).

Formative Assessment: Formative verbal group feedback and key learning points will be given at the structured debrief following each clinical vignette.

Summative Assessment: None.

Note: Key teaching points highlighted in the simulation sessions appear in the multiple choice written questions and OSCE stations.

Successful Completion of Clinical Scenarios Module:

The module mark is established by averaging the Direct Performance assessments completed by tutors after each session weighted at 70% module mark and written assignment 30% module mark.

1. Students must and achieve the standard of MEETS EXPECTATIONS for professionalism in Clinical Scenarios sessions and Simulation Sessions.
2. Achieve a cumulative mark of 70% in module assessments as per above weighting.

Communication Skills III

Module Director: Dr. Susan Wagner – susan.wagner@usask.ca – (306) 370-8383

Preclerkship Coordinator: Ashley McNabb – ashley.mcnabb@usask.ca – (306)-966-7202

Administrative Coordinator (Regina): Kayla Trevena - Kayla.Trevena@rqhealth.ca – (306) 766-0632

Administrative Assistant: Kimberly Basque – medicine.year2saskatoon@usask.ca – (306) 966-6151

Description: In a practical, hands-on setting, this module will provide the students with the opportunity to develop more advanced and more challenging communication skills needed for patient-centered care in situations involving intra-professional communication, disclosing medical error, communicating issues around abuse, and discussing advance directives and level of care.

Location: Student sessions will be posted on one45

Objectives:

Module Objectives:

By the completion of the Communication Skills module, students will be able to:

1. Conduct effective patient centered interviews (Communicator)
2. Demonstrate skills in specific and more challenging communication situations including:
 - Advance directives/level of care
 - Performing a sexual history
 - Issues around abuse
 - Disclosing medical errors
3. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)

Large Group Session: Lecture #1 Gender and Sexual History Acquisition

- ☐ explain gender identity, gender expression, biological sex, and sexual orientation.
- ☐ discuss the lived experiences of LGBTQ2+ people
- ☐ describe how homophobia and transphobia impact the lives of LGBTQ2+ people
- ☐ build the necessary skills for developing an inclusive practice through assessing best practices LGBTQ2+ inclusive healthcare systems
- ☐ acquire a patient centered sexual history

Large Group Session: Lecture #2 Medical Error

- ☐ identify why disclosure of error and adverse events is important
- ☐ define relevant terms
- ☐ identify key communication skills when talking with patients/families about medical error and adverse events
- ☐ become familiar with an approach to disclosure

Large Group Session: Lecture #3 Abuse

- identify ways of screening for domestic abuse, and to consider when to do so
- prepare for how you will respond to a patient revealing domestic abuse or child abuse

Large Group Session: Lecture #4 Level of Care

- identify situations when discussions of level of care and resuscitation wishes should occur
- identify communication skills that can be helpful when discussing level of care and resuscitation wishes with patient/ families
- discuss how to document patient/ family wishes regarding level of care and resuscitation

Large Group Session: Lecture #5 Cultural Humility

- describe a six staged model of cultural proficiency most commonly used in the health care setting
- explain the ways in which cultural sensitivity and cultural safety articulate within this model
- discuss implications of cultural safety in clinical practice

3 Small Group Session Objectives:

1. Conduct effective patient centered interviews.
2. Utilize and adapt communication strategies appropriately tailored to interview context.
3. Provide appropriate and effective feedback to peers on interviewing performance.
4. Displays professional behavior towards patients, colleagues and preceptors.

Formative Assessment: Will occur on an ongoing basis throughout the sessions and will be provided formally in ONE45.

Summative Assessment:

1. Student Performance Assessment completed after each small group by tutors. Pass 70%
2. Student feedback assignment: Pass 70%
3. Student video assignment Pass 70%

Successful Completion of Communication Skills module:

In module, students will complete three interviews. After each interview, the Direct Performance Assessment form will be completed. The student's interview mark will be derived by averaging the two best interviews weighted at 70% of the module mark. The student feedback assignment will be weighted at 5%. The student video assignment will be weighted at 25%.

1. Students must achieve the standard of **MEET EXPECTATIONS** for professionalism.
2. Achieve a cumulative mark of 70% in module assessments as per above weighting.

Discipline Specific Patient Encounter Modules (DSPE)

Description: During these sessions, students will participate in clinical assessment of real patients in a variety of clinical settings (Family Medicine, Pediatrics, Internal Medicine, Orthopedics, Ophthalmology and Urology). This will include obtaining an accurate and relevant history and physical examination, presenting a differential diagnosis, formulating a plan for diagnostic interventions and beginning to formulate a management plan. Students will work in small groups with a clinician preceptor. Objectives related to patient-centeredness and professionalism apply to all sessions as outlined in the course objectives.

Location: See One45 for your specific schedule. Times and locations will vary. Check regularly for changes as changes can occur up to 48 hours in advance of the session. If changes are made within 48 hours of the session, you will be contacted directly by the module coordinator or administrative assistant.

Dress Code: All sessions require professional attire for clinic.

See [Attendance Policy](#) regarding unanticipated or planned absences.

If a Preceptor is absent: see page 9 of this syllabus

Objectives: By the completion of their Discipline-Specific Patient Encounter sessions, students be able to:

1. Conduct patient-centred interviews relevant to patients' presenting concerns and the clinical setting (Communicator, Medical Expert, Collaborator).
2. Perform physical examinations relevant to patients' presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort (Medical Expert, Professional)
3. Practice clinical reasoning, including tailoring the interview content and physical examination to assist with the development of a provisional differential diagnosis (Medical Expert)
4. Suggest appropriate preliminary diagnostic investigations and management plan (Medical Expert, Manager)
5. Present a concise verbal summary of the patient's disease and illness experience, potential differential diagnoses, attempt to provide a brief assessment and management plan, and record the information obtained in an appropriate format as required (Communicator, Medical Expert)
6. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)

Family Medicine

Family Medicine

Section Co-Leads: Dr. Rae Waslak (rae.waslak@usask.ca), Dr. Carla Holinaty (carla.holinaty@usask.ca) Office phone: 306-655-4200 (West Winds)

Administrative Assistant: Jaime Provo – dafm.ugme.saskatoon@usask.ca - (306) 655-4211

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@rqhealth.ca – (306) 766-0556

Description: Each student will spend 3 hours on two separate occasions with the Family Medicine preceptor(s), in the preceptor's office or clinic. The student will conduct supervised focused histories and physical exams. The preceptor will discuss and manage the patient, with the students present. If time permits, student input into management may be solicited.

Location: please check your One45 schedule

Duration: 2 Sessions, 3 hours each.

Groups: Students attend sessions in groups of 2. Please check your One45 schedule.

Module Objectives: The following objectives are based on the four principles of family medicine. All objectives are based on information contained in the document “National Undergraduate Family Medicine Learning Goals and Objectives” published by the College of Family Physicians of Canada.

By the completion of the Family Medicine small group sessions, the students will be able to:

1. Conduct a patient centred interview.
2. Elicit the patient’s experience of illness (FIFE)
3. Define shared decision making
4. Acquire skill in finding common ground in a physician-patient relationship
5. Consider a patient’s personal history and context.
6. Demonstrate the appropriate use of open and closed ended questions
7. Demonstrate communication skills of active listening, paraphrasing and use of non-verbal indicators
8. Define non-biological determinants of health (housing, SES, social network, education, work, culture, environment).
9. Acquire a history of non-biological determinants of health from a patient.
10. Perform a focused physical exam
11. Acquire a full set of vital signs
12. Assess vital signs and how they affect a differential diagnosis
13. Create a problem list after conducting a history and physical exam.
14. Define preventive measures (screening or intervention, primary or secondary).
15. Identify areas where preventive measures could benefit the patient.
16. Use appropriate record keeping when caring for patients –prepare a SOAP note
17. Demonstrate evidence-based decision making to aid patients and physician with clinical decisions
18. identify evidence-based resources, ability to appraise a variety of resources critically, synthesis of relevant resources/information to help make a clinical decision
19. Formulate a clinical question using the PICO format
20. Formulate a written and/or verbal patient care plan.
21. Reflect honestly on their development as a physician and identify their personal learning needs

Session Objectives: The session objectives will be the same for both sessions. It is possible that not all objectives are covered at each session

1. Conduct a patient-centred interview
2. Acquire and assess a full set of vital signs
3. Perform a focused physical exam where indicated by the presenting problem(s)
4. Demonstrate clinical reasoning skills in developing a differential diagnosis, working diagnosis, and patient-centred management plan
5. Discuss preventive measures
6. Discuss non-biologic determinants of health
7. Demonstrate effective communication skills

Formative Assessment: This will occur on an ongoing basis throughout the sessions.

Summative Assessment: Will consist of the following four items:

1. 2 Student Performance Assessments (completed by tutor) Pass 70%
2. Completion of a Clinical Question (submitted by student, marked by tutor) Pass 70%
3. Completion of a SOAP note (submitted by student, marked by tutor) Pass 70%
4. See Blackboard and/or One45 for further instructions on assignments Pass 70%

Section Mark will be allocated as following:

The student section mark is established by combining the two tutor performance assessments (50%), the clinical question (25%), and the SOAP note (25%).

- There will **ALSO** be a self-assessment questionnaire. This will **NOT** be considered when calculating the final grade on this module but must be completed in order to successfully complete the module.

Internal Medicine

Section Lead: Dr. Nassrein Hussein (nhussein@ualberta.ca)

Administrative Assistant: TBA

Administrative Coordinator (Regina): Megan Sapp – megan.sapp@rqhealth.ca – (306) 766-0552

Description: During these three hour sessions, students will refine their clinical skills and become increasingly proficient at establishing diagnoses and planning therapeutic intervention. Because of the degree of student/patient interaction during this module, the values and attitudes pertaining to the physician/patient relationship will also be stressed.

NEPHROLOGY

Location: Student sessions will be posted on one45

Objectives: Given a patient with possible renal disease, the learner will be able to:

1. Define nephrotic syndrome and nephritic syndrome (Medical Expert)
2. Obtain a patient centred, nephrologic history. (Medical Expert, Communicator)
 - SPECIFIC THINGS TO CONSIDER INCLUDE:
 - a) Constitutional symptoms (fevers, weight loss etc.)
 - b) familial GN history, congenital deafness
 - c) Drugs
 - d) Recent diagnosis of hypertension
 - e) Recent infections (i.e. throat)
 - f) Diagnosis of malignancy
 - g) Edema formation (face, hands, extremities)
 - h) Arthritis/myalgias
 - i) Gross hematuria, frothyurine
 - j) Rashes, Raynaud's, epistaxis, jaw claudication
3. Demonstrate, by physical examination, assessment for volume including (Medical Expert)
 - a) Assessment of JVP
 - b) Presence of edema
 - c) Auscultation of lungs
 - d) Auscultation of heart for S3 or S4
 - e) Assessment of mucous membranes and skin turgor
 - f) Presence of ascites
 - g) Interpret relevant findings on physical examination
4. Provide a differential diagnosis and initial investigation plan in light of history and examination findings
5. Exhibit professional behavior consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments if applicable

NEUROLOGY:

Location: Student sessions will be posted on One45

Objectives: Given a patient with possible neurological disease, the learner will be able to:

- 1) Obtain a patient centered neurologic history that would help to differentiate common etiologies such as:
 - a) Alterations of consciousness
 - b) Seizures
 - c) Headaches
 - d) Visual disturbances
 - e) Dizziness
 - f) Changes in speech
 - g) Difficulty swallowing
 - h) Weakness
 - i) Numbness
 - j) Difficulty with coordination or gait
- 2) Demonstrate by physical examination, assessment of neurological status including:
 - a) Mental status
 - b) Cranial nerves
 - c) Motor examination
 - d) Sensory examination
 - e) Reflex examination
 - f) Assessment of coordination (including cerebellar function)
 - g) Assessment of gait
- 3) Use the information from history and physical exam to answer the following questions:
 - a) Where is the lesion? (UMN vs LMN; Cortex vs brainstem vs cerebellum; left vs right)
 - b) What is the lesion? (infarct, hemorrhage, tumor, infection, other)
 - c) What are you going to do about it? (see objective #4)
- 4) Provide a differential diagnosis and initial investigation / management plan in light of the information elicited from objectives 1-3. (Medical Expert, Communicator, Collaborator)
- 5) Exhibit professional behavior consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments if applicable

Formative Assessment: Completed in session

Summative Assessment:

1. Direct Performance Assessment after each session Pass 70%

Section Mark will be allocated as following:

Direct performance assessments will be averaged equally.

Pediatrics

Section Lead: TBA

Administrative Assistant: Michelle Haley - Michelle.Haley@saskatoonhealthregion.ca

Administrative Coordinator (Regina): Alexis Robb – alexis.robbs@rqhealth.ca – (306) 766-0556

Description: During these sessions, students will participate in the clinical assessment of real patients in a variety of pediatric clinical settings. The students will continue to develop an approach to the pediatric history and physical examination and gain practice integrating information from the history and physical examination in order to generate differential diagnoses and a management plan. Students will complete a formative Case Write Up based on the patient that they assess in Session 1. Students will work in small groups with a clinician preceptor. Students will have further opportunities to refine and enhance their pediatric history and physical examinations, diagnosis and management plan and verbal and written patient presentation skills during sessions in Clinical Skills IV.

Pediatric Review 1 Session

Description: this session is designed to integrate knowledge gained in the prior pediatric encounters into a full pediatric history and physical examination. The history and physical exam is followed by a debriefing session with the facilitator. Patient write-ups are required following the session for formative assessment.

Recommended Reading:

- Clinical Skills II documents on Pediatric History and Physical Exam

Location: student sessions will be posted in one45

Objectives:

- 1) Obtain a relevant history of a patient's presenting illness as well as a full past medical history, developmental history, family history and social history (Medical Expert; Communicator).
- 2) Perform a full physical examination on a pediatric patient (Medical Expert).
- 3) Orally present the patient's history and physical findings and participate in generating a differential diagnosis and treatment plan (Medical Expert).
- 4) Document the patient encounter using language and formatting that befits a medical history and physical database (Communicator)

Pediatric Developmental Session

Description: this session is designed for the student to perform a history and physical targeting a pediatric patient's developmental progression (or regression) and elicit risk factors for developmental delay.

Recommended Reading (available by online access at the University of Saskatchewan Library):

- Campbell, W (2011). Developmental Delay in Children Younger than 6 Years in L Bajaj (5th ed) Berman's Pediatric Decision Making. Philadelphia, PA: Elsevier Mosby
- Developmental Chart

Location: student sessions will be posted on One45

Objectives:

- 1) Describe how the information gathered from the history and the physical examination, contributes to the assessment of the presenting problem for patients with developmental delay including the most likely diagnosis and a differential diagnosis (Medical Expert, Collaborator, Communicator)
- 2) Recognize and describe the developmental milestones of childhood (Medical Expert)
- 3) Perform a patient-centered pediatric history aimed at determining the patient's developmental age and progress (Medical Expert, Communicator)
- 4) Perform elicit the relevant information to assess risk factors and etiologies for developmental delay (Medical Expert, Communicator)
- 5) Perform a full physical examination with a focus on assessing for etiologies of developmental delay (Medical Expert)

Pediatric Neurology Session

Description: this session is designed for the student to perform a pediatric history and physical with a focus on children presenting with neurological issues. At the end of this session, the student will be able to:

Recommended Reading (available by online access at the University of Saskatchewan Library):

- Bernard, TJ (2011). Evaluation of Neurologic Disorders in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 306-311). Philadelphia, PA: Elsevier Mosby
- Collins, A et al (2011). Tics and Tourette Syndrome in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 346-353). Philadelphia, PA: Elsevier Mosby
- Arndt D. et al (2011). Seizure Disorders: Febrile in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 354-357). Philadelphia, PA: Elsevier Mosby
- Arndt D. et al (2011). Seizure Disorders: Nonfebrile in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 358-362). Philadelphia, PA: Elsevier Mosby
- Kedia S et al (2011). Headache in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 322-325). Philadelphia, PA: Elsevier Mosby
- Dooley JM (). Neurological Examination in RB Goldblooms (4th ed) Pediatric Clinical Skills (pp. 186-205). Philadelphia, PA: Elsevier Saunders.

Location: Student sessions will be posted on One45

Objectives:

- 1) Obtain a patient centered pediatric history from a patient presenting with headache, seizures, and tics (Medical Expert, Communicator)
- 2) Demonstrate elements required in a complete pediatric physical examination with emphasis on the Neurologic system (Medical Expert)
- 3) Discuss how the history and the physical examination, contributes to the assessment of the presenting problem for patients with pathology related to the neurology system (Medical Expert)

Formative Assessment: During each session the students will receive verbal formative feedback on their history taking and physical examination skills. The students will also complete a case write up based upon the patient that s/he obtained a history from and performed the physical examination on. The preceptor will review the case write ups and will provide narrative feedback to the students

Summative Assessment:

- Direct performance Assessment form after each session

Section mark will be allocated as following:

Review 20%, Developmental pediatrics 40% and Neurological Pediatrics 40%

Surgery

Section Lead: Dr. Trustin Domes – trustin.domes@usask.ca (306) 966-5668

Administrative Assistant: surgery.preclerkship@usask.ca (306) 966-5668

Administrative Coordinator (Regina): Alexis Robb – alexis.robbs@rqhealth.ca – (306) 766-0556

Description:

Welcome to the Surgery component of Clinical Skills III. This component runs in concert with the Foundations courses in order to integrate important knowledge, skills and attitudes learned there to the principles of assessment and evaluation patients with more surgically-oriented clinical problems. The major surgically-oriented clinical skills sections covered during this course include ophthalmology, orthopedics and urology.

The emphasis of these encounters will be to obtain an accurate history and perform a skilled focused physical examination for specific conditions relating to ophthalmology, orthopedics and urology, this experience will be reinforced through clinical exposures in a variety of simulated and real clinical environments.

Suggested Resources:

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

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

Textbooks:

Please note the following 4 RECOMMENDED REFERENCE TEXTBOOKS

1. Surgery - A Competency Based Companion edited by Barry D. Mann. Saunders-Elsevier publishers. This is a very good, practical, useful book that can be carried in your coat pockets.
2. Principles and Practice of Surgery by Garden, Bradbury et al. Churchill Livingstone-Elsevier publishers. Excellent undergraduate textbook of surgery.
3. Essentials of Surgical Specialties edited by Peter Lawrence. Williams and Wilkins, Publishers.
4. Townsend CM and Beauchamp RD, Evers BM, Mattox KL: Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice (19th Ed.). Philadelphia, PA, Elsevier, 2012. – available as a free e-text via Health Sciences library. The text provides a higher level review of specific surgical conditions

On-line references: Posted on one45 under “handouts”

All students are encouraged to listen to the applicable podcasts in the "Surgery 101" podcasts series. The link to the podcasts is posted in one45 or is as follows: <http://itunes.apple.com/podcast/surgery-101/id293184847>

Additional Resources

The individual subspecialty surgical coordinators will post any further required or recommended resources in one45

Location: Student sessions will be posted on one45.

Ophthalmology

Section Lead: Dr. Rob Pekush – drpekush@sasktel.net

Administrative Assistant: surgery.preclearship@usask.ca – (306) 966-5668

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@rqhealth.ca – (306) 766-0556

Description: An in clinic session designed to expose the student to Ophthalmology and the basics of the ophthalmology history taking and physical examination.

Location: Student sessions will be posted on one45

Objectives:

By the completion of the Ophthalmology small group sessions, students will be able to:

1. Obtain a focused history of patients presenting with either acute or chronic visual loss (*Medical Expert; Communicator*)
2. Demonstrate the following during the ophthalmological examination of the patient: (*Medical Expert*)
 - measurement of visual acuity

- visual field testing
 - external examination including extra-ocular muscles and pupillary exam
 - measurement of intraocular pressure
 - ophthalmoscope examination of the red reflex and the fundus
3. Present a possible differential diagnosis for a patient with either acute or chronic visual loss (*Medical Expert/Communicator*)
 4. Utilize appropriate questioning and listening skills to establish a basic understanding of a patient's health concern (*Communicator*)

Schedule:

Students will be scheduled for one 3 hour session. Sessions details will be posted on one45

Suggested Resources:

Basic Ophthalmology for Medical Students and Primary Care Providers” CA Bradford, editor, 2010, 9th Edition published by the American Academy of Ophthalmology & available at their website www.aao.org for \$48 US (product no. 0230060) or ISBN 1-56055-363-3. Copies available at the health sciences library.

Assessment:

Formative feedback will be provided during the session.

Professional behaviour is expected and any lapses in professional behaviour will be addressed as per the Professionalism Policy.

Urology

Section Lead: Dr. Trustin Domes– trustin.domes@usask.ca

Administrative Assistant: surgery.preclerkship@usask.ca - (306) 966-5668

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@rqhealth.ca (306) 766-0556

Description: Through a combination of an introductory lecture, core teaching module and urological patient clinical encounters, the medical student will be exposed to and gain knowledge and skills in the following MCCQE clinical competency Areas:

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

The introductory lecture and core teaching module will focusing on relative anatomy, clinical signs and physical examination techniques, and simulation training on mannequins (introducing the digital rectal examination and male genital examination).

In Saskatoon, the urological patient clinical encounters (discipline-specific physical examination session) will be scheduled based on the availability of the urologists to accommodate learners in the clinic, as the number of available clinics fluctuates week to week. An online schedule will be posted and updated as new clinics become available and can be accessed at www.signupgenius.com/go/20f054eada72caafb6-20162. It is the student's responsibility to sign up for a clinic day that suites their schedule (on a first-come, first-serve basis). Available clinics will be on Monday afternoons, Tuesday mornings, Thursday mornings and Friday afternoons, depending on the week. Please check the schedule regularly for updates. **If an available clinic has not been signed up for within ten days of it occurring, we will randomly assign a student to the clinic in order to maximize the schedule, as these clinic spots are limited.**

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

Location: Student sessions will be posted on One45.

Objectives: By the end of the Urology Clinical Skills sessions, students will be expected to:

1. Obtain a focused patient centred urological history of a patient presenting with the following clinical conditions: hematuria, scrotal mass and/or pain, LUTS, upper and lower urinary tract obstruction (Medical Expert, Communicator)
2. List the different lower urinary tract symptoms and describe their clinical significance as they pertain to neurogenic, non-neurogenic and idiopathic causes (frequency, urgency, nocturia, dysuria, weak urinary stream, intermittency, hesitancy, straining and incomplete bladder emptying) (Medical Expert)
3. Demonstrate the physical examination of the abdomen, male genitalia and digital rectal exam on a model and/or patient (Medical Expert, Communicator, Professional)
4. Demonstrate the technique for eliciting costo-vertebral angle tenderness and ballottement of a renal mass (Medical Expert)
5. Describe the anatomic arrangement of the scrotal structures (Medical Expert)
6. Demonstrate the technique and describe the importance of transilluminating a scrotal mass (Medical Expert)
7. Explain the value of examining the man in both the upright and supine position during a genital examination (Medical Expert)
8. Know the varicocele grading system (preclinical, clinical grade 1, 2, 3) and the clinical significance of an isolated right-sided varicocele (Medical Expert)
9. Describe the clinical anatomy of the prostate and list potential findings that could be obtained during the digital rectal examination (Medical Expert)
10. Appreciate the importance of patient sensitivity surrounding sensitive examinations (DRE, genitourinary examination) and develop possible methods to decrease patient anxiety during these examinations (Communicator, Professional)
11. Interpret the results of the urinalysis, in particular the definition of microscopic hematuria and the findings on urinalysis suggestive of a urinary tract infection (Medical Expert)
12. Recognize the prostate-specific antigen (PSA) test and its limitations in the screening for prostate cancer (Medical Expert)
13. Present a brief and well-organized differential diagnosis for a patient presenting with the following clinical conditions: hematuria, scrotal mass and/or pain, LUTS, upper and lower urinary tract obstruction (Medical Expert, Communicator)
14. Demonstrate appropriate professionalism, including: punctuality, proper dress and presentation, honesty, integrity and respect for patients, health team members and colleagues (Professional)

Prior Knowledge and Preparation:

Students are expected to review relevant objectives from the first year Clinical Skills I and II courses, pertaining to the abdominal examination, posted in one45 prior to the urology sessions.

Students should also read the paper by Shirley & Brewster (2011) entitled Expert review: The digital rectal exam from *The Journal of Clinical Examination*, 11, 1-12. Available online at: http://www.thejce.com/journals/11/expert_review-PR_examination.pdf. **Formative Assessment:** Will occur throughout sessions. Feedback will be given during simulation and in office teaching sessions. SPs will give feedback during in session sensitive exam teaching sessions, as part of the SETA program.

Formative Assessment: Will be provided in session as well as narratively on One45

SENSITIVE EXAM TEACHING ASSOCIATES PROGRAM

Section Lead: Dr. Randi Ramunno- randi.ramunno@usask.ca

Administrative Coordinator: Ashley McNabb – ashley.mcnabb@usask.ca – (306) 966-7202

Administrative Coordinator (Regina): Kayla Trevena - Kayla.Trevena@rqhealth.ca – (306) 766-0632

Description: Through a clinical teaching session with a trained Male Urogenital Teaching Associate (MUTA), medical students will learn how to examine the male genitourinary system in a thorough and sensitive manner. Students will also be expected to answer self-reflection and awareness questions as well as provide feedback on the MUTA.

Specific objectives are outlined below.

Location: Sessions will occur in the CLRC with specific student schedules posted on One45 (MEdIC)

Objectives:

By the completion of the Male Urogenital component of the Sensitive Exam Teaching Associates Program, students will be expected to:

1. Obtain verbal consent from the patient to perform a sensitive physical examination (Medical expert, Communicator, Professional)
2. Demonstrate appropriate vernacular and terminology when communicating with the patient during a sensitive physical examination (Medical expert, Communicator, Professional)
3. Employ special techniques to enhance relaxation and decrease patient anxiety during a sensitive examination (Medical expert, Communicator, Professional)
4. Appreciate the importance of patient comfort and sensitivity during sensitive examinations (Communicator, Professional)
5. Exhibit professional behaviors consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for a scent-free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)
6. Demonstrate specific physical examination techniques relevant to the Male Genitourinary System including: (Medical Expert, Professional)
 - a. Retraction of the foreskin and visualization of the glans
 - b. Visual inspection of the anus, penis and scrotum
 - c. Identification of the urethral meatus
 - d. Palpation of the testes
 - e. Palpation of the epididymis and spermatic cord
 - f. Examination and palpation for inguinal hernias
 - g. Performance of a digital rectal examination
7. Teach patient testicular self-examination techniques (Medical Expert, Communicator, Health Advocate, Professional)

Prior Knowledge and Preparation:

Students are expected to review relevant objectives pertaining to the genitourinary examination from the first year Clinical Skills I and II courses, well as the Urology component of the Clinical Skills III module.

Reading/Resources:

Bickley, L. S., & Szilagyi, P.G. Male Genitalia and Hernias, The Anus, Rectum and Prostate. *Bates' Guide to Physical Examination and History Taking* (11th ed.) 2013. Philadelphia, PA: Lippincott, Williams & Wilkins

Shirley A, Brewster S. Expert Review: The Digital Rectal Examination.

The Journal of Clinical Examination. 2011(11):1-12

Available online at: http://quantosis.com/journals/11/expert_review-PR_examination.pdf

Formative Assessment: will occur during the session and will be filled out by the Male Urogenital Teaching Associate. An evaluation of “Meets Expectations” must be achieved for professionalism.

Self-reflection and student feedback: students will fill out a feedback form on the MUTA as well as answer self-reflection and awareness questions.

Physical Exam checklist: A checklist of physical exam skills will be provided to ensure that each student is provided the opportunity to perform each clinical examination technique. It will have sections for MUTA comments.

Summative Assessment: An evaluation of “Meets Expectations” for professionalism, and completion of self-reflection form, student feedback form and the physical exam checklist ensures satisfactory completion of this module.

Orthopedics

Section Lead: Dr. Anne Dzus - anne.dzus@usask.ca

Regina Lead: Dr. Jordan Buchko – jordanbuchko@gmail.com

Administrative Assistant: Judy Classen – ortho.surgery@usask.ca

Administrative Coordinator (Regina): Megan Sapp – megan.sapp@rqhealth.ca – (306) 766-0552

Description: Students will be provided with the opportunity to participate in the clinical assessment of real patients in a variety of clinical settings with orthopedic surgeons. These may be in clinics, cast clinics, ward patients, and emergency room patients with musculoskeletal complaints. Students will have the opportunity to interact with patients with orthopedic injuries and complaints. This may include obtaining an accurate focused and relevant history, and performing the musculoskeletal physical exam, presenting a differential diagnosis, and formulating a plan for diagnostic investigations and beginning to formulate a management plan which may include surgery. Students will work either in groups of 1 or 2 with a clinical preceptor. Objectives related to patient-centeredness and professionalism apply to all sessions as outlined in the course objectives.

Location: Student sessions will be posted on one45

Objectives: By the completion of their Discipline-Specific Patient Encounter sessions, students will be expected to:

1. Conduct patient-centered interviews relevant to the patients’ musculoskeletal presenting concern and the clinical setting (Communicator, Medical Expert, Collaborator)
2. Perform a focused musculoskeletal physical examination relative to the patients’ presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort (Medical Expert, Professional)
3. Practice clinical reasoning, including directing the interview content and physical examination to the patients’ presenting complaint to assist with the development of a provisional differential diagnosis (Medical Expert)
4. Suggest appropriate preliminary diagnostic investigations and management plan (Medical Expert, Manager)
5. Present a concise verbal summary of the patient’s musculoskeletal problem, potential differential diagnoses if appropriate, and attempt to provide a brief assessment and management plan (Communicator, Medical Expert)
6. Exhibit professional behaviours consistently, including integrity; respect for the effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)

Formative Assessment: Will occur during session and a form will be completed by the preceptor.

Summative Assessment: Must MEET EXPECTATIONS in professionalism.

- **Written Webinar based assignment/quiz**

Section mark will be allocated as following:

- Post webinar quiz 100% Pass 70%

Physical Medicine and Rehabilitation Skills Half Day

Section Lead: Dr. Brenda Joyce – brenda.joyce@saskatoonhealthregion.ca

Regina Lead: Dr. Wendy Chrusch - wendy.chrusch@rqhealth.ca

Administrative Assistant: Julie Otto - julie.otto@saskatoonhealthregion.ca (306)-655-8669

Administrative Coordinator (Regina): Kayla Trevena – kayla.trevena@rqhealth.ca - (306) 766-0632

Description: This module is designed to provide an outline of the current state of Physical Medicine and Rehabilitation with particular reference to its philosophy and professional expertise.

All practicing physicians must be able to perform a functional assessment of persons living with significant physical and/or cognitive impairments, set realistic patient-centered functional goals, and provide supportive medical care, including appropriate referral for rehabilitation assistance.

Location: Saskatoon City Hospital (Saskatoon) and Wascana Rehabilitation Centre (Regina)

Dates: Saskatoon September 9 and September 30 (Session #1)

Saskatoon October 21 and November 34 (Session #2)

Regina September 30 and October 28 (Session #1 & #2)

Groups: For patient encounters, 2-3 students/patient. For activities, 5-7 students/activity

Objectives: By the completion of the two Physical Medicine and Rehabilitation Skills Half Days, students will be able to:

1. Demonstrate skill in obtaining a comprehensive functional assessment as part of the history and physical examination for persons living with common medical conditions causing physical and/or cognitive impairments, including: (Medical Expert, Communicator)
 - ☐ Traumatic Brain Injury (TBI)
 - ☐ Stroke
 - ☐ Spinal Cord Injury (SCI)
 - ☐ Limb Amputation
 - ☐ Arthritis
 - ☐ Other disabling neurological and musculoskeletal conditions
2. Present a summary of relevant medical history and current functional status of each person interviewed, focusing on basic and instrumental activities of daily living, safety and support, identifying methods of minimizing activity limitation and participation restriction, including the use of mobility aids and adaptive devices. (Medical Expert)
3. Identify and demonstrate techniques to safely transfer, reposition and mobilize a patient.
 - ☐ Transfer refers to moving a patient from one surface to another.
 - ☐ Reposition refers to moving a patient on the same surface, such as repositioning on a bed.
 - ☐ Safe mobilization may require the prescription of mobility aids and/or equipment (wheelchairs) as well as supervision and/or physical assistance. (Medical Expert)
4. Demonstrate awareness of the experiential challenges experienced by persons living with disability (impairments, activity limitations and participation restrictions) and their family members/caregivers. (Communicator, Professional)
5. Prepare two brief written patient-demographic case reports based on assigned clinical encounters and assigned reading. (Medical Expert, Communicator, Scholar)

6. Apply the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) definition of disability when evaluating the functional status of patients, including: (Medical Expert)
 - ☐ Impairments: problems in body structure or function
 - ☐ Activity Limitations: difficulties encountered by an individual in executing a task or action
 - ☐ Participation Restrictions: problems experienced by an individual in involvement in life situations.
7. Communicate and interact effectively with patients, families, caregivers, peers and the health care team. (Collaborator, Communicator)
8. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, timeliness, dress, honesty, appropriate boundaries, responsibility, integrity and confidentiality. (Professional)

Formative Assessment: Will occur at each individual “station” during the half day.

Summative Assessment:

- ☐ tutor evaluation during patient encounters Pass 70%
- ☐ written assignments based on pre-reading and patient encounters Pass 70%

Section mark will be allocated as following:

Two written assignments and one Direct Observation Assessment form will be averaged equally.

Phlebotomy Skills Day

Session Lead: Dr. Joanna Smith joanna.smith@usask.ca

Administrative Assistant: Ashley McNabb ashley.mcnabb@usask.ca - (306) 966-7202

Description: Students will work with phlebotomists to learn the skills as outlined in the objectives.

Location: see One45

Objectives

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

1. Perform phlebotomy. (medical expert)
2. Explain the risks of phlebotomy and methods to reduce risks to body fluid exposure. (medical expert)
3. Discuss protocols in the event of exposure to body fluids. (medical expert, communicator, scholar)
4. State the potential complications of phlebotomy. (medical expert, scholar)

Successful Completion of DSPE module:

The weighting of marks for each discipline contributing summative evaluations is as outlined above. The weighting of the module marks is as follows: Family Medicine 30%, Physical Medicine and Rehabilitation 25%, Internal Medicine 15%, Surgery 20% and Pediatrics 15%.

1. Students must achieve the standard of **MEET EXPECTATIONS** for professionalism.
2. Achieve a cumulative mark of 70% in module assessments as per above weighting.

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>

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 <https://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. In Regina please contact Dr. Nicole Fahlman at nicole.fahlman@usask.ca - (306) 209-0142 or Dr. Tiann O'Carroll at tiann.ocarroll@usask.ca - (306) 529-0777.

- **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/

REFERENCES

- 1) Hattie J. and Timperley H. The Power of Feedback. Rev Educ Res. 2007 Mar;77(1): 81-112.

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.