



Selective Clinical Rotations

MEDC 309.8

Year 3 (Terms 5 and 6)

 **COURSE SYLLABUS**
2017-2018 (CLASS OF 2019)



UNIVERSITY OF SASKATCHEWAN

College of Medicine

MEDICINE.USASK.CA

COURSE DESCRIPTION

This course is designed to allow medical students to pursue their own interests in the areas of internal medicine and surgery in keeping with their individual goals. The Selective Clinical Rotations course is a six week course in which the student will select to study subspecialties in both Internal Medicine and Surgery. The student will choose one surgical subspecialty over a two-week period, and two medical subspecialties over a four-week period comprising the full six weeks.

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

OVERALL COURSE OBJECTIVES

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

1. Recognize the role of the sub-specialist surgeon/internist in the delivery of healthcare to the population (Medical Expert).
2. Demonstrate professional behavior through punctuality, appropriate attire, and respectful attitudes to patients, families, and other health care providers (Professional).
3. Recognize and advocate for addressing the needs of patients, families, communities, and populations in all areas that affect health and well-being (Health Advocate).
4. Perform a patient-centered history and physical examination that pertains to the patient's presenting problem (Medical Expert).
5. Develop initial working diagnostic hypotheses based upon history and physical examination findings (Medical Expert).
6. Select and interpret appropriate and resource-conscious diagnostic tests, including laboratory, imaging, electrophysiologic and other modalities, to complement your clinical diagnosis. (Medical Expert, Health Advocate)
7. Integrate clinical information to arrive at a working diagnosis to guide patient care (Medical Expert).
8. Develop an initial management plan with the patient addressing their presenting problem, including pharmaceutical, non-pharmaceutical and surgical approaches (Medical Expert, Communicator).
9. Discuss primary and secondary strategies to prevent the development of illness and disease (Medical Expert, Communicator)
10. Work in and appreciate the role of intra/inter-professional teams, by collaborating together on improving patient care, including through effective consultation (Collaborator, Communicator, Leader).
11. Perform procedural skills appropriate for the subspecialty (see objectives of each sub-specialty rotation for detailed objectives) (Medical Expert).
12. Develop effective communication skills to include maintaining clear, accurate, and appropriate records of clinical encounters and/or communicating in a language easily understood by patients and family members (Communicator).

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

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COURSE SCHEDULE

This course is a 6 week rotation consisting of 4 weeks of medicine subspecialties and 2 weeks of surgery subspecialties

Each rotation must be of a minimum of 2 weeks in duration.

INDEPENDENT LEARNING (IF APPLICABLE)

Please note, students are encouraged and expected to enhance and expand their knowledge of selective rotation objectives through self-directed learning, consistent with your Pre-Clerkship Self-Directed Learning activity. This can be done through an identification, analysis and synthesis of credible information sources, a sharing of knowledge with peers and/or instructors, an application of new knowledge within the selective rotations, and seeking out feedback from their peers and instructors regarding their new knowledge and skills.

COURSE DELIVERY

Students will learn through a variety of methods including:

- Interactive small group learning sessions
- Independent self-directed reading and exercises
- In-patient and out-patient exposures

COURSE MATERIAL ACCESS

Course information will be posted to one45.

RECOMMENDED MEDICAL INSTRUMENTS (IF APPLICABLE)

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

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

RESOURCES

A general medical text should be consulted for reference in reading around patient problems, such as:

Longo, Dan et al. *Harrison's Principles of Internal Medicine*. 18th ed. New York: McGraw-Hill Education, 2011.

Lee Goldman and Andrew I. Schafer. *Goldman-Cecil Medicine*. 25th ed. Philadelphia: Saunders, 2015.

The following textbooks are recommended:

- ✦ Lawrence PF: *Essentials of General Surgery* (5th ed.). Baltimore, MD: Lippincott Williams & Wilkins, 2012.
- ✦ 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.

COURSE ASSESSMENT OVERVIEW

Each of the 2 week rotations will have the following assessment components:

1. Clinical performance as measured by clinical evaluations (ITERS) filled out by attending physicians (60% of final grade). The following criteria are required to pass.
 - A grade of 70% or greater for all clinical evaluations.
 - Not more than two (2) "Below Expectations" in two or more areas of any clinical evaluation.
 - Assessments of professionalism must be at a minimum "Meets Expectations" for all evaluations.
2. Oral case presentation (20% of final grade) to preceptor. A 'pass' mark is required for successful completion.
3. Directly observed history and physical exam (20% of final grade) by preceptor. A 'pass' mark is required for successful completion.

Items 2 and 3 may be and ideally performed on the same patient and setting.

Each 2-week rotation mark will be calculated as follows:

| Assessment Type | Weight |
|----------------------------------|--------|
| 1. ITER | 60% |
| 2. Oral Case Presentation | 20% |
| 3. Observed History and Physical | 20% |
| Total | 100% |

Final grade will be determined by the average of each of the three 2-week rotation marks.

UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY

N/A

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 AND REMEDIATION

In order to successfully complete this course for the purposes of promotion, a student must achieve:

- Within each 2 week rotation, 70% or greater on each of the three ITER's, and a pass on each of the three oral case presentation and observed history and physical.

Students who are not promoted on the basis of failing this course will receive an "F" on their transcript for the relevant course.

REMEDIATION

Requirements for remediation include:

Students who do not achieve the minimum standard in any of the ITERs will be required to meet with the course director to develop a remediation plan including supplemental assessment. The Module or Course Director retains the right to determine the specific type of remediation needed for each individual student. Students who pass remediation will receive a 70% in that 2 week rotation. Students who are not successful after remediation will receive a fail for the course.

Students who do not pass either the oral case presentation and/or the directly observed history and physical exam will be required to repeat these components. If unsuccessful on the second attempt, a third attempt will not be granted and a fail of the course will result. If successful on the second attempt a 'pass' will be applied to the specific components.

The implications of failing to successfully complete the course will be adjudicated at the Year 3 Promotions Committee and a final decision on academic outcomes will be determined by the Student Academic Management Committee.

ATTENDANCE EXPECTATIONS

See Policies page of the UGME Website and the Clerkship Student Guide for MD Program Clerkship Attendance and Absence policy.

RECORDING OF THE LECTURES

There are no lectures in this course, therefore this is not applicable.

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COURSE EVALUATIONS QUALITY IMPROVEMENT

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

None. In the past year the selective rotation was met with positive feedback from the students; as a result we have not proposed changes at this time.

Course Modules

1. Surgical Module

- a. Subspecialties offered include:
 - i. Cardiovascular Surgery
 - ii. Otolaryngology and head and Neck Surgery (ENT)
 - iii. Neurosurgery
 - iv. Pediatric Surgery
 - v. Plastic Surgery
 - vi. Thoracic Surgery
 - vii. Urology
 - viii. Vascular Surgery

2. Medicine Module

- a. Subspecialties offered include:
 - i. Cardiology
 - ii. Dermatology
 - iii. Endocrinology
 - iv. Gastroenterology
 - v. Geriatrics
 - vi. Hematology
 - vii. Infectious Disease
 - viii. Nephrology
 - ix. Neurology
 - x. Occupational Health & Safety
 - xi. Oncology
 - xii. Respiriology
 - xiii. Rheumatology

MODULE OBJECTIVES

SPECIFIC SUBSPECIALITY SURGERY OBJECTIVES

CV Surgery

1. Perform a focused patient-centered history and physical examination in a patient with cardiovascular disease (specifically coronary artery disease, valvular diseases and heart conduction abnormalities). *(Medical Expert, Communicator, Professional)*
2. List the indications and investigative tools to evaluate cardiovascular disease. *(Medical Expert)*
3. Appreciate the role of medical and physical supports for circulation, including: inotropes, vasopressors, afterload reducers, intra-aortic balloon pumping (IABP), and ventricular assist devices (VAD). *(Medical Expert, Scholar)*
4. Recognize early and intermediate complications of cardiac procedures. *(Medical Expert)*
5. Discuss the indications for and expected benefits of surgical management of cardiovascular disease, including cardiac device implantation (pacemakers/ICD's), and the pertinent ethical considerations thereof. *(Medical Expert, Communicator)*

ENT

Core ENT Presentations: Ear Pain, Hearing Loss, Tinnitus, Otorrhea, Vertigo, Nasal Obstruction, Rhinorrhea, Sore Throat, Oropharyngeal Dysphagia, Hoarseness, Neck Mass, Mouth Lesion

1. Perform a focused patient-centered history on a patient with a core ENT presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient with a core ENT presentation, including demonstrating the skills of otoscopy, tuning fork hearing testing, nasal exam, throat tongue depressor exam and neck palpation. *(Medical Expert, Professional)*
3. Generate a differential diagnosis in a patient with a core ENT presentation. *(Medical Expert)*
4. Based on the differential, determine initial management, including ordering of appropriate investigations. *(Medical Expert)*
5. Discuss the epidemiology, risk factors, primary and secondary prevention strategies, key symptomatic findings, initial investigations (including appropriate staging studies), and treatment options for patients presenting with head and neck cancers. *(Medical Expert, Communicator)*
6. Appreciate the role of community resources available for patients presenting with ENT problems, including audiologists, speech language pathologists and vestibular rehabilitation therapists. *(Medical Expert, Collaborator, Health Advocate)*
7. Demonstrate the proper technique for nasal packing in epistaxis. *(Medical Expert)*

Neurosurgery

Core Neurosurgical Presentations/Conditions: Altered Level of Consciousness, Low Back Pain, Brain Mass.

1. Perform a focused, patient-centered history and physical examination on a neurosurgery patient. *(Medical Expert, Communicator, Professional)*
2. Discuss the clinical presentation and management of common neurosurgical conditions, such as traumatic brain injury (subdural hematoma, epidural hematoma, subarachnoid hemorrhage, diffuse axonal injury), low back pain, cauda equina syndrome, cerebral aneurysm, brain tumors and hydrocephalus. *(Medical Expert, Scholar)*
3. Describe the mechanism of action of the following drugs commonly used in neurosurgery: Mannitol, Dilantin, Decadron. *(Medical Expert, Scholar)*
4. Recognize basic imaging patterns seen on x-ray, CT, and MRI that aid in the diagnosis of a patient with a neurosurgical problem. *(Medical Expert)*
5. Generate a differential diagnosis on a patient presenting with a core neurosurgical presentation. *(Medical Expert)*
6. Based on the differential, determine initial management, including ordering of appropriate investigations. *(Medical Expert)*

Plastic Surgery

1. Perform a focused, patient-centered history and physical examination (including detailed hand and face examination) on a plastic surgery patient. *(Medical Expert, Communicator, Professional)*
2. Discuss the processes that occur during each phase of wound healing. *(Medical Expert)*
3. Describe the different options available for wound closure. *(Medical Expert)*

4. Discuss common hand disorders and basic treatment approaches to these disorders (including carpal tunnel syndrome, trigger finger, common hand fractures, common soft tissue injuries of the hand (tendons, ligaments etc), hand infections and common hand tumours). *(Medical Expert)*
5. Apply a splint on the hand. *(Medical Expert)*
6. Identify common facial fractures on clinical examination and imaging modalities. *(Medical Expert)*
7. Discuss the initial assessment and management of a patient presenting with a burn (thermal, electrical, chemical). *(Medical Expert)*
8. Identify the features of common skin malignancies (basal cell carcinoma, squamous cell carcinoma, melanoma) and premalignant skin lesions (actinic keratosis). *(Medical Expert, Scholar)*
9. List options for breast reconstruction following mastectomy. *(Medical Expert)*

Pediatric Surgery

Core Pediatric Surgery Presentations/Conditions: Incarcerated Inguinal Hernia in the Neonate, Aspirated and Ingested Foreign Bodies, Acute Abdomen in the Neonate or Infant or Older Child, Acute Gastrointestinal Bleeding, Blunt Abdominal and Thoracic Trauma, Scrotal Pain and Mass, Bilious and Non-Bilious Vomiting

1. Demonstrate the unique communication skills necessary to obtain thorough, focused pediatric histories from children, parents or other caregivers. *(Communicator)*
2. Perform a focused physical examination in a pediatric surgery patient, including employing strategies used to elicit key physical signs despite potential poor compliance. *(Medical Expert, Professional)*
3. Discuss the unique natural history of surgical diseases in children. *(Medical Expert)*
4. Discuss the heat regulation problems in infants and the need for careful environmental control during evaluation and management. *(Medical Expert)*
5. Recognize the need to individualize drug dosage and fluid administration on the basis of weight, and be able to calculate expediently fluid and electrolyte requirements using standard formulas. *(Medical Expert)*
6. Recognize and accommodate for the altered physiological systems (such as immature hepatic and renal function) that affect drug and anesthetic administration. *(Medical Expert)*
7. Provide a differential diagnosis for each of the core pediatric surgery presentations. *(Medical Expert)*
8. Construct an initial management plan for the core pediatric presentation, recognizing that while ideally managed in a special pediatric facility, management may need to be provided elsewhere based on urgency or distance. *(Medical Expert)*
9. List and initiate treatment common post-operative complications in children. *(Medical Expert)*
10. Apply pediatric trauma principles in the initial resuscitation and management of traumatized children. *(Medical Expert)*
11. Recognize the unique emotional and ethical issues surrounding the care of a sick child and the need to involve parents, children's advocates and other health care-givers in these situations. *(Communicator, Professional)*

Urology

Core Urological Presentations: Acute Testicular Pain (including testicular torsion), Testicular Mass and/or Swelling (including testicular cancer), Microscopic and Gross Hematuria, Urinary Retention, Urinary Incontinence, Lower Urinary Tract Symptoms (LUTS) (including benign prostatic hyperplasia), Acute Flank Pain (including renal colic), Male Sexual Dysfunction

1. Perform a focused patient-centered history and physical examination in a patient with a core urological presentation. *(Medical Expert, Communicator, Professional)*
2. Generate a differential diagnosis in a patient with a core urological presentation. *(Medical Expert)*
3. Based on the differential, determine initial management, including ordering of appropriate investigations. *(Medical Expert)*
4. Discuss the epidemiology, risk factors, key symptomatic findings, initial investigation (including appropriate staging studies), and treatment options for patients presenting with cancer of the prostate, bladder and kidney. *(Medical Expert, Communicator)*
5. List the indications and potential complications of urethral catheterization. *(Medical Expert, Scholar)*
6. Perform a male and female urethral catheterization using proper technique. *(Medical Expert, Professional)*
7. Identify the important landmarks on a KUB (Kidney/Ureter/Bladder) x-ray, including recognizing the presence of calculi. *(Medical Expert, Scholar)*

Thoracic Surgery

Core Thoracic Surgery Presentations/Conditions: Solitary Pulmonary Nodule, Pleural Effusion, Dysphagia

1. Perform a focused patient-centered history and physical on a patient with a core thoracic surgery presentation/condition. *(Medical Expert, Professional)*
2. Discuss the investigations required for a patient presenting with a core thoracic surgery presentation/condition. *(Medical Expert)*
3. Generate a differential diagnosis for the thoracic surgery core presentations/conditions. *(Medical Expert)*
4. Formulate a management plan for patients presenting with a core thoracic surgery presentation/condition. *(Medical Expert)*
5. Describe key features of the history, physical and cardiorespiratory testing when assessing a patient's suitability for pulmonary resection. *(Medical Expert)*
6. Discuss the important elements of lung cancer and esophageal cancer staging, treatment and prognosis. *(Medical Expert)*
7. Discuss the differences between an exudative and transudative effusion and list examples of each. *(Medical Expert)*
8. Participate in common thoracic surgical procedures and post-operative care. *(Medical Expert, Scholar, Professional)*
9. Observe proper technique for chest tube insertion. *(Medical Expert)*
10. Discuss gastroesophageal reflux disease, its management and the clinical importance of Barrett's esophagus. *(Medical Expert)*
11. Discuss the various types of hiatus hernia and their management. *(Medical Expert)*
12. Interpret a chest x-ray and CT chest image. *(Medical Expert, Scholar)*

Vascular Surgery

Core Vascular Surgery Presentations/Conditions: Known aortic aneurysmal disease, peripheral arterial occlusive disease, acute limb ischemia, varicose veins and diabetic foot.

1. Perform a focused patient-centered history on a patient presenting with a core vascular surgery presentation/condition. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a vascular surgery patient, including the assessment of pulses and the circulation with the ankle-brachial index and hand held Doppler device. *(Medical Expert, Professional)*
3. Discuss the key symptomatic findings and initial investigations and management for patients presenting with a core vascular surgery presentation/condition. *(Medical Expert)*
4. Review the anatomy of the arterial and superficial and deep venous system of the lower extremity. *(Medical Expert, Scholar)*
5. Discuss the pathophysiology of superficial venous hypertension. *(Medical Expert)*
6. Describe the unique anatomic and pathophysiologic changes that occur in diabetes which predispose to foot complications. *(Medical Expert)*

7. List the types of aortic aneurysms. *(Medical Expert)*
8. List the potential complications and indications for elective repair of abdominal aortic aneurysms. *(Medical Expert)*
9. Discuss the epidemiology, risk factors, primary and secondary prevention strategies for the core vascular surgery presentations/conditions. *(Medical Expert)*
10. Recognize the roles of community resources available for patients presenting with vascular surgery problems. *(Communicator, Collaborator, Health Advocate)*

SUBSPECIALTY MEDICINE OBJECTIVES

The following objectives apply to all medical subspecialties:

1. Appreciate the role of the medical subspecialist in the delivery of health care to the population. *(Medical Expert)*
2. Develop the knowledge, attitudes and skills in each medical subspecialty to improve the delivery of primary health care and/or quality of specialist referral for patients presenting with clinical problems relating to that subspecialty. *(Medical Expert)*
3. Collaborate with the health care team to ensure adequate patient care. *(Collaborator)*
4. Develop effective communication skills to include maintaining clear, accurate, and appropriate records of clinical encounters and/or communicating in a language easily understood by patients and family members. *(Communicator)*
5. Demonstrates professional behavior with patients and their families, fellow students and residents, interdisciplinary team members and faculty. *(Professional)*

Cardiology

1. Perform a focused patient-centered history on a patient with chest pain. *(Medical Expert, Communicator)*
2. Generate a differential diagnosis for a patient who presents with chest pain. *(Medical Expert)*
3. Perform a physical exam focusing on the cardio-respiratory system. *(Medical Expert, Professional)*

4. Interpret an ECG. *(Medical Expert)*
5. Assess a patient with a history of congestive heart failure, focusing on specific aspects of the history and physical exam. *(Medical Expert)*
6. Formulate a management plan for a patient with congestive heart failure. *(Medical Expert)*
7. Discuss the indications and potential complications for left heart catheterization. *(Medical Expert)*
8. Discuss the epidemiology and risk factors for patients with coronary artery disease and congestive heart failure. *(Medical Expert)*
9. Determine investigations useful for patients with a primary cardiac pathology, based on the history and physical. *(Medical Expert)*

Dermatology

1. Discuss epidemiology, risk factors and management of common squamous cell carcinoma, basal cell carcinoma and malignant melanoma. *(Medical Expert)*
2. Perform a focused dermatological physical exam. *(Medical Expert, Professional)*
3. Discuss the indications and complications of cryotherapy. *(Medical Expert)*

Endocrinology

Core Endocrinology Presentations: Diabetes Mellitus, Adrenal Insufficiency, Secondary Hypertension, Thyroid Disorders, Calcium and Phosphate Abnormalities

1. Perform a patient-focused history on a patient presenting with a core endocrinology presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient presenting with a core endocrinology presentation. *(Medical Expert, Professional)*
3. Based on the history and physical, generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core endocrinology presentation. *(Medical Expert)*
4. Discuss the indications and complications for ultrasound-guided biopsy of a thyroid nodule. *(Medical Expert)*

Gastroenterology

Core Gastroenterology Presentations: Liver Abnormalities including Ascites, Abnormal Liver Enzymes/Function, Jaundice, Bowel Disorders including Irritable Bowel Syndrome, Inflammatory Bowel Disease, Constipation, Diarrhea, Hematemesis and Melena, Nausea, Vomiting, Weight Gain and Loss

1. Perform a patient-focused history on a patient presenting with a patient with a core gastroenterology presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient presenting with a core gastroenterology presentation. *(Medical Expert, Professional)*
3. Generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core gastroenterology presentation. *(Medical Expert)*
4. Discuss the indications and complications of gastroscopy and colonoscopy. *(Medical Expert)*

5. Outline and participate in the management for a patient with acute GI bleeding. *(Medical Expert, Communicator, Collaborator)*

Geriatrics

Core Geriatrics Presentations: Falls, Frailty, Urinary incontinence, Failure to Thrive

1. Perform a patient-focused history on a patient presenting with a core Geriatrics presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient presenting with a core Geriatrics presentation. *(Medical Expert, Professional)*
3. Based on the history and physical, generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core Geriatrics presentation. *(Medical Expert)*
4. Assist patients and families to mitigate the risks of polypharmacy, including the risks of cross-reaction to self- or other- prescribed drugs, over-the-counter medications, and herbal, “natural” or nutraceutical products. *(Communicator, Collaborator, Health Advocate, Professional)*
5. Work in interprofessional teams to collaborate on patient care. *(Collaborator, Health Advocate)*

Hematology

Core Hematology Presentation: Coagulation Disorders, Abnormalities of the Complete Blood Count including Thrombocytopenia/Thrombocytosis, Leukopenia/Leukocytosis, Anemia/Polycythemia

1. Perform a patient-focused history on a patient presenting with a core Hematology presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient presenting with a core Hematology presentation. *(Medical Expert, Professional)*
3. Based on the history and physical, generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core Hematology presentation. *(Medical Expert)*
4. Discuss the indications and complications of bone marrow aspirate and biopsy. *(Medical Expert)*

Infectious Disease

Core Infectious Disease Presentations: Fever, Infections of Bodily systems, HIV, Hepatitis B and C

1. Perform a patient-focused history on a patient presenting with a core Infectious Disease presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient presenting with a core Infectious Disease presentation. *(Medical Expert, Professional)*
3. Generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core Infectious Disease presentation. *(Medical Expert)*
4. Discuss the epidemiology and risk factors of patients with HIV and Hepatitis B and C. *(Medical Expert)*
5. Discuss common bacterial pathogens that are responsible for infections of bodily systems and recommended antibiotic treatment. *(Medical Expert)*

Nephrology

1. Perform a patient-centered history in a patient who presents with acute kidney injury. *(Medical Expert, Communicator)*
2. Perform a physical examination in a patient who presents with acute kidney injury. *(Medical Expert, Professional)*
3. Differentiate the different categories of acute kidney injury. *(Medical Expert)*
4. Develop a differential diagnosis of a patient with acute kidney injury. *(Medical Expert)*
5. List key investigations for patients presenting with acute kidney injury. *(Medical Expert)*
6. Formulate a management plan for a patient with acute kidney injury. *(Medical Expert)*
7. Discuss the indications and potential complications for acute dialysis. *(Medical Expert)*
8. Interpret an arterial blood gas. *(Medical Expert, Scholar)*
9. Discuss the epidemiology and risk factors for patients with chronic kidney disease. *(Medical Expert)*
10. Discuss and list the complications of patients with a reduced GFR. *(Medical Expert)*
11. Generate a clinical approach, differential diagnosis and management plan for patients with electrolyte abnormalities. *(Medical Expert)*

Neurology

Core Neurological Presentations: Diplopia/Visual Abnormalities, Dizziness/Vertigo, Ataxia, Headache, Weakness/Paralysis, Sensory Abnormalities (numbness/tingling), Aphasia and Speech Disorders, Altered Mental State/Coma, Seizure, Delirium/Dementia

1. Perform a focused patient-centered neurological history. *(Medical Expert, Communicator)*
2. Perform a thorough and complete neurological physical exam. *(Medical Expert, Professional)*
3. Based on the history and physical exam findings, determine the neuroanatomical location of the patient's symptoms/finding. *(Medical Expert, Scholar)*
4. Develop a differential diagnosis of patient's symptoms/findings. *(Medical Expert)*
5. Develop a management plan for patients with common and uncommon neurological disease. *(Medical Expert)*
6. Based on the history and physical exam findings, determine appropriate investigations for a patient who presents with common and uncommon neurological diseases. *(Medical Expert)*

Occupational Health & Safety

1. Conduct histories and physical examinations of patients presenting to the Occupational Medicine clinic under supervision. This includes taking a thorough occupational history and relevant physical examination, suggesting investigations, and if possible participating in follow-up and management of patients including communications with referring physicians. *(Medical Expert, Communicator, Professional)*
2. Select and complete a short written article on a selected occupational medical topic for publication in the Rural Health Extension Program newsletter, written for the lay public. *(Medical Expert, Scholar)*
3. If the schedule permits, students will present at the CCHSA Tuesday seminar series on a selected occupational medicine health topic (35-40 minutes). This topic can be the same as the selected topic for the newsletter article if the student wishes. *(Medical Expert, Scholar)*

4. List the fundamental rights of workers under Saskatchewan occupational health and safety legislation. *(Medical Expert)*
5. Explain briefly a physician's role and expectations under WCB legislation if a patient presents to clinic with a work-related illness or injury. *(Medical Expert, Collaborator, Health Advocate)*
6. Attend worksite walkthroughs or visits with Faculty of workplaces in or around Saskatoon, and discuss with Faculty health and safety issues and hazards that they witnessed during the walkthrough. *(Scholar)*

Oncology

1. Perform a focused and concise history of cancer patients who are being treated with curative and palliative intentions. *(Medical Expert, Communicator)*
2. Perform a concise patient-centered physical examination on a patient with a common cancer and their complications: *(Medical Expert, Professional)*
 - a. Lymphatic system examination
 - b. Skin examination for neoplastic, paraneoplastic and treatment related complications
 - c. Breast examination
 - d. Gastro-intestinal tract examination including for ascites, bowel obstruction, bowel perforation, and liver dysfunction
 - e. Cardio-pulmonary examination including for pleural effusion, cardiac tamponade, and superior vena cava obstruction
 - f. CNS examination including for spinal cord compression, neuropathy and CNS metastases
 - g. Vascular examination including for deep venous thrombosis & limb ischemia
 - h. Musculoskeletal examination including for bone metastases & myopathy
3. Use the Eastern Cooperative Oncology Group (ECOG) performance status scale. *(Medical Expert, Scholar)*
4. Discuss histology and its role in diagnosis and treatment of malignancy. *(Medical Expert, Scholar)*
5. Discuss tissue diagnosis of cancer and its role in identifying malignant cell of origin and primary site of the disease, and also in detecting various prognostic and predictive markers to tailor systemic treatment. *(Medical Expert)*
6. Discuss the balance of risks and benefits of treatment as a key consideration in making treatment decisions. *(Medical Expert, Communicator, Health Advocate)*
7. Interpret and synthesize patient's data to perform a structured and concise presentation. *(Medical Expert)*
8. Observe the diagnostic or therapeutic procedures that are done on outpatient basis at the Cancer Centre. *(Medical Expert, Professional)*
9. Recognize the concept of primary prevention and its application in oncology. *(Medical Expert, Health Advocate)*
10. Demonstrate knowledge of current guidelines for cancer screening. *(Medical Expert, Scholar)*
11. Recognize the role and structure of palliative and supportive care in the multidisciplinary management of advanced cancer including: *(Medical Expert, Communicator, Collaborator, Health Advocate, Professional)*
 - a. Optimal Pain Control

- b. Nutritional Support
- c. Psychosocial Support

Respirology

Core Respirology Presentations: Cough/Hemoptysis, Dysnea/Wheezing, Hypoxia/Hypercapnia, Pneumonia, Thromboembolic Disease, Pleural Effusion, Asthma/COPD

1. Perform a patient-focused history on a patient presenting with a core Respirology presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient presenting with a core Respirology presentation. *(Medical Expert, Professional)*
3. Generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core Respirology presentation. *(Medical Expert)*
4. Discuss the epidemiology, risk factors, symptoms, physical exam findings, investigations and treatment options for patients with tuberculosis. *(Medical Expert)*
5. Discuss the indications and complications of bronchoscopy. *(Medical Expert)*

Rheumatology

Core Rheumatology Presentations: Joint Pain (Oligo, Polyarthralgia), Musculoskeletal Pain, Arthritis (Crystal Induced, oseo-, Inflammatory), Connective Tissue Disorders

1. Perform a patient-focused history on a patient presenting with a core Rheumatology presentation. *(Medical Expert, Communicator)*
2. Perform a focused physical examination on a patient presenting with a core Rheumatology presentation. *(Medical Expert, Professional)*
3. Generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core Rheumatology presentation. *(Medical Expert)*
4. Discuss the indications and complications of joint aspiration. *(Medical Expert)*

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

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

STUDENT LEARNING SERVICES

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

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/

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.