Core Clinical Rotations

MEDC 307.50
Year 3

COURSE SYLLABUS
2017/18 (CLASS OF 2019)
COURSE DESCRIPTION

The clinical clerkship allows students to apply their basic knowledge and skills acquired in the first 2 years of medical school, in the clinical setting.

Students will work under the supervision of clinical faculty and other health care providers to care for patients.

All students will experience a broad range of clinical exposure, including a mandatory minimum of four weeks of clinical training in a rural community.

Students will be assigned to clinical units participating in the care of patients and will care for patients in the office, clinic, or hospitals under the direct supervision of faculty and residents.

Students will have the opportunity to take graduated responsibility for patient care in a supportive setting where a balance will be established between time for service and learning.

Students will have the chance to follow patients over time, and in different settings, thus experiencing relationship and responsibility of care.

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

OVERALL COURSE OBJECTIVES

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

Medical Expert

1. Distinguish between normal and abnormal human development, structure, and function.
2. Utilize evidence-informed principles to screen and monitor the healthy and at-risk individuals.
3. Actively participate in patient encounters for health promotion/screening.
4. Develop care strategies for patients at risk.
5. Discuss the pathophysiology, epidemiology, natural history, clinical presentation and prognosis of common and/or important acute and chronic diseases.
6. Conduct patient-centered interviews to elicit information effectively.
7. Perform an appropriate and focused physical examination, or mental status exam that minimizes patient discomfort and allows for the detection and interpretation of positive and negative findings.

8. Develop initial working diagnostic hypotheses based upon history and physical examination findings.

9. Develop a differential diagnosis and final presumptive diagnosis through clinical reasoning and integration of clinical information.

10. Select and interpret appropriate diagnostic tests (laboratory, imaging, electrophysiologic and other modalities) using evidence-informed decision-making principles, patient and family preferences and risk tolerance.

11. Revise and re-evaluate a presumptive diagnosis and/or management plan based on new information and/or response to treatment.

12. Perform basic procedural skills relevant to clinical care.

13. Develop and apply an appropriate patient-centered and evidence-informed management plan, including (where appropriate) pharmacologic and/or non-pharmacologic strategies, multidisciplinary care, patient self-management, and ensuring adequate follow up.

14. Develop and apply appropriate skills for triage and immediate intervention in acute and life-threatening situations.

15. Develop and apply appropriate skills to prevent harm in patients (e.g. correct ID, allergies, etc.).

16. Demonstrate continuity of care by following patients through time, and in different clinical settings.

Communicator

1. Demonstrate the skills and attitudes necessary to communicate with patients and families in a respectful, culturally-competent and sensitive manner.

2. Share patient information with other providers in a manner that ensures relevancy, timeliness, and security.

3. Compose clear, accurate, and appropriate records of clinical encounters.

Collaborator

1. Participate effectively and appropriately as part of a multi-professional healthcare team.

2. Recognize and respect the diversity of roles and responsibilities of other healthcare professionals involved in the care of patients.

3. Enlist appropriate assistance and/or ensure transfer of care to an appropriate caregiver according to relevant ethical principles and policies.
Leader
1. Utilize best practice and appropriate resources when making healthcare decisions.
2. Utilize appropriate information technology to improve the care of patients.
3. Manage workload effectively.

Health Advocate
1. Demonstrate an awareness of cultural and socio-economic issues that impact patient and population health.
2. Recognize and advocate for the needs of patients, families, communities, and populations in all areas that affect health and well-being.
3. Using ethical principles, assist patients in their understanding of the risks and benefits of accepting or refusing suggested therapeutic interventions.

Scholar
1. Utilize appropriate research appraisal strategies to aid in evidence-informed clinical decision making.
2. Demonstrate self-directed learning by implementing an effective personal learning strategy to obtain the requisite medical expert knowledge necessary to provide patient care.
3. Identify the principles of quality improvement and relate these to patient care and safety.
4. Provide education to others, including colleagues, patients, families, and other members of the health care team.

Professional
1. Demonstrate professional behaviors through punctuality, appropriate attire, and respectful attitudes to patients, families, and other health care providers.
2. Recognize and be sensitive to personal biases.
3. Protect patient confidentiality, privacy and autonomy.
4. Participate in obtaining informed consent.
5. Participate in the care of patients in a culturally safe and respectful manner.
6. Recognize gender and cultural biases that exist personally, in others, and in the health care system.
7. Maintain written records securely, with the understanding that these are legal documents.

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

Administrative Coordinators
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Administrative Assistants
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Website:  http://medicine.usask.ca/department/clinical/anesthesiology.php

COURSE SCHEDULE
The course consists of 7 6-week blocks (Anesthesia & Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, and Surgery).

INDEPENDENT LEARNING
Please note, students are encouraged and expected to enhance and expand their knowledge of core rotation objectives through self-directed learning, consistent with your Pre-Clerkship Self-Directed Learning. 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 core rotations, and seeking out feedback from their peers and instructors regarding their knew 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
- Simulation sessions

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.

The Core Rotations course is a practical course designed to develop and refine clinical skills. Feedback comes through a variety of sources, and in numerous ways, both formal and informal. Preceptors, residents and other members of the health care team should be providing regular formative feedback to students to help them improve their skills. In rotations of four weeks or more, students will also receive formative feedback through formal mid-rotation feedback.
Students should also pro-actively seek out feedback, and be constantly reflecting, setting targets, and developing action plans for improvement and integration of feedback. Every interaction in this course is an opportunity for growth, and students are expected to thoughtfully reflect on feedback and use it constructively to improve their performance.

Summative feedback will be provided at the end of rotation and through formal oral, written and OSCE exams.

**MONITORING OF TIME SPENT IN CLINICAL ACTIVITIES**

The students are asked to familiarize themselves with the Clerkship Work Hours and Call Policy. [http://medicine.usask.ca/policies/clerkship-work-hours-and-call-policy.php](http://medicine.usask.ca/policies/clerkship-work-hours-and-call-policy.php)

Students should notify administrative staff, rotation coordinators, or the Year Chair if their rotation schedule is in violation of this policy is being violated. In addition, students can access the Curriculum Feedback Tool to submit a “ticket” in an anonymous fashion, should they wish instead. This will then be addressed by the Rotation Coordinator and Year Chair.

**COURSE MATERIAL ACCESS**

Course materials are available on MEdiC in One45. The syllabus, forms, and other useful documents will be posted there. In some modules, BBlearn (Blackboard) will be used for the submission of assignments.

**RECOMMENDED MEDICAL INSTRUMENTS**

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

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

**RESOURCES**

See each module for resources.

[http://www.choosingwiselycanada.org/recommendations/](http://www.choosingwiselycanada.org/recommendations/)

**COURSE ASSESSMENT OVERVIEW**

<table>
<thead>
<tr>
<th>Component</th>
<th>Component Requirement</th>
<th>Weighting in Final Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia/Emergency</td>
<td>70%</td>
<td>11%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>70%</td>
<td>11%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>70%</td>
<td>11%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>70%</td>
<td>11%</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>70%</td>
<td>11%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>70%</td>
<td>11%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>70%</td>
<td>11%</td>
</tr>
<tr>
<td>OSCE 1</td>
<td>Pass</td>
<td>Formative only (non graded)</td>
</tr>
<tr>
<td>OSCE 2</td>
<td>Pass</td>
<td>23%</td>
</tr>
<tr>
<td>Total Course Mark</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
OSCEs

There are two OSCEs in Year 3. OSCE 1 will be held in the winter of Year 3 and is purely formative. OSCE 2 will be held in the summer of Year 3 and is worth 23% of the overall grade. The OSCE pass mark will be set using an approved standard setting method as indicated by the College of Medicine’s Assessment Policy. The standard setting method will reflect the specific difficulties of items in this test form and pass marks may vary from assessment to assessment. The cut score thus determined will be adjusted to a pass mark of 70%.

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 Rotation Coordinator or Departmental Administrative Coordinator. The student, if submitting a late assignment that is deemed to be at or above the pass mark for that assignment will 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 rotation component, which will result in an incomplete rotation. 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 Year Chair and Rotation Coordinator and copied to the relevant Administrative Coordinator. The Year Chair, in consultation appropriate 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 AND REMEDIATION

For successful course completion for the purposes of promotion, students must achieve the passing requirements of each rotation. In addition, students must also achieve a “pass” on the Summative OSCE. Students who are not promoted on the basis of being unsuccessful in the course, will receive a grade of “F” on their transcript.

[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.
A student’s grade for each rotation will be determined at the end of the rotation and is based on the weighted cumulative average of all graded assessments within each individual rotation.

The requirements for successful completion of the Core Rotations Course are listed below. Please note that students must meet the overall Year 3 promotion standards in order to be promoted to Year 4 (see Student Information Guide).

A) For successful course completion for the purposes of promotion, students must achieve the passing requirements of each rotation. In addition, students must also achieve a “pass” on the Summative OSCE. Students who are not promoted on the basis of being unsuccessful in the course, will receive a grade of “F” on their transcript.

B) Students who have not met the passing requirements of any of the seven rotations, or who failed the Summative OSCE, will be deemed to be experiencing academic difficulty. The severity of academic difficulty will be based on a weighted grade deficit assessment (see Table 1 for grade deficit point allocation rubric). Students accumulating 0.5 or more deficit points at any point in the course will be required to meet with a course sub-committee of at least 3 people (made up of Course Chairs(s); relevant Rotation Director(s); Year Chair or designates) to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Affairs representative present if desired. With any further accrual of deficit points, the student will be required to meet with the sub-committee again. If these grade deficits are not identified until the end of term, then a sub-committee meeting may not be held, but the academic outcomes will be determined by the promotions committee.

C) Students who are identified as being in academic difficulty as defined in (B) above may be offered remediation for the rotation and/or OSCE for which they did not achieve the standard. The Rotation Director/Course Director retain the right to determine the specific type of remediation needed for each individual student, targeted to the areas of academic weakness. This remediation may be in the form of additional rotational weeks, supplemental assignments, and/or supplemental examinations as determined by the rotation director and/or course chair(s).

D) A student who has accrued 3 or more grade deficit points in Core Rotations Course or who has failed remediation of a course component (rotation or Summative OSCE) will be considered to have been unsuccessful in the Core Rotations Course and will NOT be offered further supplemental assignments and/or examinations as per usual course policy. Further decisions regarding academic outcomes will be adjudicated by the Clerkship Promotions Committee and the Student Academic Management Committee.

E) Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course (70% for a Rotation and the adjusted standard-set “pass” score for OSCE). Remediation will take place by the end of the first 6 weeks of Year 4 during the electives time. Thus, the student will be required to forego elective time in order to complete remediation. Students may also request to use vacation time to remediate; this will be considered on a case-by-case basis. It is expected that all remediation will occur within the first 6 weeks of Year 4.

F) Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the rotation. 6.2 log must be completed within one (1) week of the end of the rotation.

Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

G) A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.
## Table I: Grade Deficit Point Allocation

<table>
<thead>
<tr>
<th></th>
<th>Less than 70% on Rotation or “Fail” OSCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>0.5</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1.0</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>1.5</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1.5</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1.5</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>1.5</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1.5</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1.5</td>
</tr>
<tr>
<td>Summative OSCE</td>
<td>1.0</td>
</tr>
</tbody>
</table>

### NBME

National Board of Medical Examiners (NBME) examinations are used as written assessments of clinical knowledge in five of the rotations (Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry).

NBME exams are in a web-based format. NBME exams will be centrally administered by the UGME offices at all 3 sites with support from departmental administrators. NBME exams will be scheduled on the last week of the rotation (i.e. the Thursday or Friday of week 6).

The Clerkship and departmental administrative support staff will act as Chief Proctors for examinations at each site on a rotating basis. In addition, bathroom/monitoring proctors are required to accompany students one at a time on all personal breaks. Supplemental examinations (due to failure, illness, personal or family emergencies, etc.) will be scheduled for the third week of the next rotation. Students must let their preceptors and departments know that they will be away from clinic if they are writing an NBME on the supplemental date.

Students may NOT take vacation on the day an NBME Exam is scheduled. Students may NOT be on call the night before an NBME exam (after 1700).

The pass mark on the NBME is set at a 60%; NO exceptions. As all other pass marks within rotations are set at 70%, a student’s actual NBME mark will be adjusted upon successful completion of the NBME to reflect the 70% pass condition specified within the rotation. This adjustment will be made in order to allow the NBME to count towards the rotations grade. Should a student be unsuccessful on their first attempt, they will be offered a second attempt three weeks later.

### NBME Deferral

Any request for deferral of an NBME write (first attempt or remediation) must go through the appropriate channels in accordance with the College's Deferred Exam Policy. [http://medicine.usask.ca/policies/deferred-exams.php](http://medicine.usask.ca/policies/deferred-exams.php)

A written (email) request must be sent to the Year Chair or Year Site Coordinator with a copy to the Clerkship Administrator at the appropriate site, and the Rotation Coordinator for the rotation in question. Any exams not requested in this manner will be held on the usual set date. If a student does not show up on that date, and a request for deferral has not been sent, the student will receive a failing grade and be required to take a rewrite.
NBME Remediation

A student who fails his or her first attempt should meet with the Rotation Director/Coordinator to discuss what his or her areas of weakness are and how/what the student is studying/preparing.

If a student fails his or her second attempt, they will accrue a 1.0 grade deficit point. A sub-committee will meet consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline to determine a course of action, which may include either (1) remediation and additional supplemental NBME, or (2) a FAILED rotation(accruing an additional 0.5 deficit point for a total deficit of 1.5 points) secondary to additional deficits identified in the rotation which may include, but are not limited to, clinical performance or professionalism. The student will be invited to attend this meeting, and is encouraged to invite a Student Affairs representative present if desired.

Please note: The block 8 NBME will be held two weeks earlier, with the second attempt at the end of the rotation in order to have this completed prior to Year 4.

ATTENDANCE EXPECTATIONS

All academic sessions in Clerkship are mandatory.

Unexplained absences will be treated very seriously and considered unprofessional conduct. These absences may be reflected in the final grade and may constitute grounds for failure of the rotation, even if the student has passed other assessments. Students should contact the rotation coordinator or departmental administrative assistant for that particular rotation as soon as possible if an absence is necessary.

Please note that the maximum amount of time from a Rotation, regardless of the reason (education leave, vacation, illness, etc.) is 5 working days. Should a student exceed this number they may be at risk of failing the rotation, and may be required to remediate. There may be differences to this maximum in rotations less than 6 weeks. Please see the rotations sections for specifics.

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

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COURSE EVALUATIONS QUALITY IMPROVEMENT

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

An on-line Inter-professional Collaboration Module has been added that will run over the whole course.

The changes have been made to the following rotations:

Emergency Medicine –An online module focusing on interpretive skills has been added. This will be a mandatory, formative component.

Family Medicine – Family Medicine will now offer a second option for the rural rotation project and both urban/rural projects require a student to identify and describe health disparities within the community.
Additionally, all students are required to complete a family medicine exam which will be held the last Friday of the entire rotation and students may be granted travel time to write this exam at their home site.

Internal Medicine – A formative critical appraisal assignment of a research article relevant to the clinical practice of Internal Medicine has been added.

Obstetrics and Gynecology – Simulation time has increased

Pediatrics – Outpatients has increased to 2 weeks, and there is one interdisciplinary simulation session per rotation.

Psychiatry – An all-day orientation day has been added to the start of the rotation. 2 half-day experiences at specialty clinics have been added. A formative critical appraisal assignment of a research article relevant to the practice of Psychiatry has been added.
COURSE MODULES

INTER-PROFESSIONAL COLLABORATION

The goal of this module is to prepare you for learning opportunities designed to enhance your ability to practice collaboratively. This is a longitudinal module which will run throughout the Year 3. It will consist of 7 online video seminars.

Module Objectives

By the end of the module the student will be expected to:

1. Articulate unique factors that influence inter-professional communication. (Inter-professional Communication)
2. Describe key elements of patient-centred care including the patient’s family & community. (Patient-Centred Care)
3. Describe your own role & consider the roles of others in determining your own professional & interprofessional roles. (Role Clarification)
4. Describe group processes which improve inter-professional team functioning. (Team Functioning)
5. Describe steps & strategies for conflict resolution within interpersonal groups. (Inter-professional Conflict Resolution)
6. Articulate key principles of collaborative leadership which contribute to group effectiveness. (Collaborative Leadership)

STUDENT ASSESSMENT

Students will be required to work through 7 online modules covering a variety of topics in inter-professional collaboration. Each of the “IPC on the Run” modules will take approximately 30 minutes to complete – students may complete the modules on their own time but 30 minutes will be provided within each of 7 different Core Rotations. Once each module is complete, students will be required to print off certificates of completion (accessible from the website) & submit them to the appropriate UGME Administrative Coordinator.

A final certificate of the entire module will need to be submitted to the UGME office no later than 3 weeks prior to the end of Year 3. Failure to do so will be considered unprofessional and may result in an incomplete course component.

Inter-professional Collaboration will be further assessed within the rotation ITERs as well as part of the two OSCEs.
ANESTHESIA AND EMERGENCY MEDICINE

This module will be divided 65% EM and 35% Anesthesia for weight of assessment based on the split of the rotations – 4 weeks EM, 2 weeks Anesthesia. You are required to pass both rotations with a minimum of 70% to be considered successful on completion of the module.

ANESTHESIA

MODULE CONTACTS

Rotation Director/Coordinators

SASKATOON SITE
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Regina RGH

PRINCE ALBERT SITE
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Prince Albert VGH

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Fax: (306) 765-6783
Prince Albert VGH 420

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

ROTATION DESCRIPTION

Duration: 2 weeks
Call: N/A

Vacation/Educational Leave: Vacation is not permitted on this rotation. Educational leave totaling one (1) day may be allowed with permission from the College of Medicine and the rotation director.

This is a compulsory rotation for clerks with the terminal objective that the graduating students possess technical experience with vascular access and airway management, including bag-mask ventilation, as well as the knowledge required of a family practitioner to prepare and counsel patients for anesthesia and surgery at a basic level. By the end of the rotation clerks will be expected to demonstrate an understanding of pre-operative evaluation and optimization, intraoperative anesthesia management and monitoring, and post-operative care including recovery room, intensive care and pain management. Interactive seminars will cover related material.

ROTATION OBJECTIVES
By the end of the rotation clerks will be expected to:

Medical Expert
1. Perform an appropriate observed, family and patient-centered history on a patient. (Medical Expert, Communicator)
2. Perform an appropriate observed and focused physical examination. (Medical Expert)
3. Perform a thorough assessment of the airway. (Medical Expert)
4. Interpret results of appropriate and evidence-informed diagnostic tests in the evaluation of patients such as: CBC, Electrolytes, Blood Gas, ECG, Chest X-Ray. (Medical Expert)
5. Present a focused problem list and assign an appropriate ASA physical status based on the patient assessment. (Medical Expert, Communicator)
6. Determine which medications to continue or to hold preoperatively (e.g. antihypertensives, antiarrhythmics; anticoagulants, oral antihyperglycemics). (Medical Expert)
7. List the recommended preoperative fasting guidelines and risk factors for perioperative aspiration. (Medical Expert)
8. Counsel a patient regarding smoking cessation and its benefits within the perioperative context. (Medical Expert, Communicator, Health Advocate)
9. Develop an anesthetic plan from suitable options for a given patient (e.g. General anesthetic, neuraxial anesthetic, regional anesthetic, MAC). (Medical Expert, Communicator)
10. Describe the anatomic and physiologic changes of pregnancy and its impact on anesthetic management. (Medical Expert)
11. Outline the anesthetic considerations in the pediatric patient and describe their impact on anesthetic management. (Medical Expert)
12. Illustrate the main therapeutic properties and side effects of the following drug classes. (Medical Expert) Examples in parentheses.
   i. Benzodiazepines (lorazepam, diazepam, midazolam)
   ii. Opioids (Fentanyl, sufentanil, morphine, hydromorphone)
   iii. Intravenous anesthetic agents (Propofol, Ketamine)
   iv. Inhalational anesthetic agents (Sevoflurane, desflurane)
   v. Muscle relaxants (Succinylcholine, rocuronium)
   vi. Local anesthetic agents (Lidocaine, bupivacaine, ropivicaine)
   vii. NSAIDS (Ibuprofen, celecoxib)
   viii. Vasoactive agents (Phenylephrine, ephedrine)
   ix. Antiemetic agents (Dexamethasone, ondansetron, metoclopramide)
13. Explain equianalgesic dosing of opioids and apply an appropriate dosing strategy of opioids in the perioperative period. (Medical Expert)
14. Demonstrate and interpret twitch monitoring in a patient with neuromuscular blockade. (Medical Expert)
15. Summarize the differences between amide and ester local anesthetics and list the maximum recommended dosages of common local anesthetics (Lidocaine and Bupivacaine). (Medical Expert)
16. Describe the signs and symptoms of local anesthetic toxicity and outline the initial management. *(Medical Expert)*

17. Demonstrate an appropriate preoperative fluid status assessment based on combined history, physical examination, and laboratory investigations. *(Medical Expert)*

18. Describe the physiologic and pathophysiologic routes of fluid loss in the perioperative setting. *(Medical Expert)*

19. Successfully insert a peripheral intravenous catheter. *(Medical Expert)*

20. List the major components of the commonly-used crystalloid fluid solutions. *(Medical Expert)*

21. Select an appropriate fluid and electrolyte replacement strategy based on anticipated and realized patient fluid and electrolyte deficits, ongoing losses, and maintenance requirements. *(Medical Expert)*

22. Define the indications and complications of the various blood products (PRBCs, FFP, Platelets). *(Medical Expert)*

23. Discuss the considerations when deciding to transfuse a blood product. *(Medical Expert, Communicator, Health Advocate)*

24. Explain multimodal analgesia. *(Medical Expert)*

25. Describe the advantages and limitations of commonly used pain modalities: Patient-controlled analgesia (PCA), epidural analgesia, peripheral nerve block. *(Medical Expert)*

26. Evaluate a patient's pain status using recognized assessment tools. *(Medical Expert, Communicator, Health Advocate)*

27. Observe the insertion of an epidural. *(Medical Expert)*

28. Participate in the placement of a spinal block. *(Medical Expert)*

29. Discuss tailored analgesia strategies in the chronic pain patient presenting for surgery. *(Medical Expert, Communicator, Health Advocate)*

30. Utilize the predictors of difficulty in execution of each of the following: Bag-mask ventilation, LMA placement, direct laryngoscopy and intubation. *(Medical Expert, Communicator)*

31. Successfully bag-mask ventilate an unconscious patient. *(Medical Expert)*

32. Recognize the signs of upper airway obstruction and demonstrate the appropriate corrective maneuvers: Placement of oral and nasal airways, head repositioning, jaw thrust and chin lift maneuvers. *(Medical Expert)*

33. Successfully insert and confirm correct placement of an LMA under direct supervision. *(Medical Expert)*

34. Independently prepare the appropriate equipment for intubation. *(Medical Expert)*

35. Successfully intubate an anesthetized patient under direct supervision. *(Medical Expert)*

36. Independently recognize the signs of unsuccessful endotracheal intubation. *(Medical Expert)*

37. Identify the indications for endotracheal intubation and associated short-term and long-term complications. *(Medical Expert)*
38. Participate in the resuscitative effort in a supportive role under the direction of the supervising anesthetist. (Communicator, Collaborator)

39. Demonstrate knowledge of proper patient assessment during an emergency using an ABC approach. (Medical Expert)

40. Apply ECG leads and BP cuff to the patient with minimal required supervision. (Medical Expert)

Communicator
1. Maintain clear, accurate, and appropriate records of clinical encounters. (Communicator)

2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.

3. Communicate in a language easily understood by patients and family members. (Communicator)

4. Communicate in a culturally competent and sensitive manner. (Communicator, Professional)

5. Participate in obtaining informed consent. (Communicator, Medical Expert)

Collaborator
1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. (Collaborator)

2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. (Collaborator)

Leader
1. Manage workload effectively. (Leader)

2. Identify and address potential barriers to efficient and safe workflow. (Leader)

Health advocate
1. Recognize cultural and socio-economic issues that impact patient and population health. (Health Advocate)

2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. (Health advocate)

Scholar
1. Practice evidence informed medicine. (Scholar)

2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning. (Scholar)

3. Participate in the education of patients, family members and other health care team members in a respectful manner. (Scholar, Professional)

4. Describe the principles of quality improvement and how they relate to patient care and safety. (Scholar)
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. (Scholar, Professional)

Professional

1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. (Professional)

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy. (Professional, Health Advocate, Communicator)

3. Provide culturally safe and respectful care to all patients, including Indigenous populations. (Professional)

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. (Professional)

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. (Professional)

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care. (Professional)

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. (Professional, Leader)

STRUCTURE OF THE ROTATION

Saskatoon: Royal University Hospital, St. Paul’s Hospital, and Saskatoon City Hospital are involved in the Anesthesia clerk program in Saskatoon. Each clerk will be assigned to a hospital at the discretion of the Rotation Director/Coordinator. Each clerk, before their rotation in the Department of Anesthesia, will receive a letter from the clerk coordinator advising them of the time and location of their rotation.

Regina: Clerks will be notified of their schedule by email from Kim Gilbert one week prior to the start of the rotation. Clerks will spend time at Regina General Hospital, Pasqua Hospital, the pre-admission clinic at Regina Crossing, and the Labour and Birthing Unit at RGH. Timing and allotment will be left to the discretion of the departmental clerk coordinator. Clerks are expected to notify their preceptor to arrange a topic for discussion and to determine a location to meet on a daily basis.

Prince Albert: On the first day of your rotation please present to the OR dictation room at 7:30am and look for Dr. Ishwarlall.

CLERK DUTIES/EXPECTATIONS

Saskatoon Site: Clerks will be assigned to various clinical anesthesiologists during the two-week rotation. Clerks may be scheduled in the same OR as an anesthesia resident. Clerks are expected to be present in the OR by 7:30 AM each day. Attendance at weekly grand rounds in encouraged and occurs on Fridays at 7:15 AM September-June.
Regina Site: Clerks will be assigned to various clinical anesthesiologists in the OR, and in addition, will complete one half day in the Surgical Assessment Centre doing preoperative consults and one day on the Labour and Birth Unit for obstetrical anesthesia. Clerks are expected to present themselves to the Day Surgery unit daily at 7:00 AM to obtain experience in starting IVs and to perform a history and physical examination on their first patient. Clerks will then be present in the OR at 7:30 AM.

Prince Albert Site: Clerks will be assigned to various clinical anesthesiologists during the two-week rotation. Clerks are expected to be present in the OR by 7:30 AM each day.

TEACHING SESSIONS
Mandatory 3-hour teaching sessions will be provided throughout the rotation on a weekly basis. Attendance is mandatory and any absences will need to be justified. Session topics as well as notes will be available on One45. Students will each be assigned to present on a given topic related to anesthesia while on rotation; assigned topics will be provided to students in advance of their rotation.

RESOURCES
Primary Reference Textbook
- Ottawa Anesthesia Primer, Patrick Sullivan
  - This book is available in the Department of Anesthesia Library and may be borrowed while on this rotation.

Supplemental Reference Textbooks
- Oxford Handbook of Anaesthesia, Keith Allman
  - This book is available online through the University of Saskatchewan library portal.

- Understanding Anesthesia: A Learner’s Guide, Karen Raymer
  - This book is available for free in the iTunes bookstore. It is also available for free in PDF format at [http://www.understandinganesthesiology.com](http://www.understandinganesthesiology.com).

STUDENT ASSESSMENT
The final evaluation and pass criteria for Anesthesia includes all of the following:

1. Clinical performance as measured by clinical evaluations filled out by resident or attending physicians. The following criteria are required to pass:
   - Assessments of professionalism must be at a minimum “Meets Expectations” for all evaluations in the latter half of the rotation.
   - The assessments will be compiled to complete an ITER (In Training Evaluation Report). This will contribute to 50% of the mark.
   - The student must have a minimum of “Meets Expectations” on all categories for the final ITER (assessment form) to pass the clinical portion.

2. Attendance at weekly anesthesia teaching sessions.
   - Unexcused absences will not be tolerated and will be considered as a reflection of a student’s professionalism on rotation.

• Mark of at least 70%
• If the initial mark is less than 70%, the student is permitted to re-write. A mark of at least 70% on
  the remedial exam is required to pass.

4. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the
   rotation. 6.2 log must be completed within one (1) week of the end of the rotation.

5. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk
   coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will
   be expected to complete the alternative experiences within a reasonable time frame.

6. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a
   supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site
   departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine
   a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

Final clerk grades will not be released until 6.2 logs have been completed.

The breakdown for marks will be as follows:

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ITER</td>
<td>50%</td>
</tr>
<tr>
<td>2. Written examination</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Note:** The student must pass all assessment types to pass the rotation.
# EMERGENCY MEDICINE

## MODULE CONTACTS

<table>
<thead>
<tr>
<th>Rotation Director/Coordinators</th>
<th>Rotation Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SASKATOON SITE</strong></td>
<td></td>
</tr>
<tr>
<td>Dr. Schaana Van De Kamp (Provincial Director)</td>
<td>Leah Chomyschen</td>
</tr>
<tr>
<td>Email: <a href="mailto:schaana.v@usask.ca">schaana.v@usask.ca</a></td>
<td>Email: <a href="mailto:leah.chomyschen@usask.ca">leah.chomyschen@usask.ca</a></td>
</tr>
<tr>
<td>Phone: (306) 655-1446</td>
<td>Phone: (306) 655-1446</td>
</tr>
<tr>
<td>Saskatoon RUH 2685</td>
<td>Fax: (306) 655-6320</td>
</tr>
</tbody>
</table>

Please contact Cathy Fulcher for scheduling questions/leave requests at c.f@usask.ca.

| **REGINA SITE** | | |
| Dr. Bijhan Ebrahim | Ann Finch |
| Email: bijhan.ebrahim.usask.ca | Email: ann.finch@rqhealth.ca |
| Phone: (306) 766-3706 | Phone: (306) 766-3706 |
| Regina RGH | Fax: (306) 766-4833 |

| **PRINCE ALBERT SITE** | | |
| Dr. Cobus Van Der Merwe | Nicole Toutant |
| Email: vandermerwe_cobus@yahoo.com | Email: Nicole.toutant@usask.ca |
| Dr. Matthew Parsons | Phone: (306) 765-6787 |
| Email: matthew.d.parsons@gmail.com | |
| Phone: (306) 765-6787 | Phone: (306) 765-6787 |
| Prince Albert VGH | Fax: (306) 765-6783 |

| **WEBSITE:** | | |
| http://medicine.usask.ca/department/clinical/emergency.php | | |

## ROTATION DESCRIPTION

**Duration:** 4 weeks

**Call:** N/A

Vacation/Educational Leave: A maximum of 3 vacation days may be taken. You will not be approved vacation/leave during the first week or the fourth week of the rotation. This includes leave for educational reasons. Requests for vacation/leave must be submitted no later than 6 weeks prior to the first day of the rotation. Requests may not be approved. If you are absent more than 3 days, regardless of reason for absence, you will be required to complete additional shifts within 30 days of the end of the rotation. Failure to do so may result in failure of the rotation.

**Core EM Presentations (List 1)**

**Core EM Presentations (List 2)**
- Cardiac Arrest, Anaphylaxis/Airway Obstruction, Burns, Injury Related to Temperature Extremes, Trauma, Shock, Stroke, Bites, Skin and Soft Tissue Infections.

## ROTATION OBJECTIVES
By the end of the rotation clerks will be expected to:

Medical Expert
1. Perform an appropriate and focused observed history for patients with a core EM presentation (see list 1), using a patient and family-centered approach. *(Medical Expert)*
2. Perform an appropriate and focused observed physical examination for patients with a core EM presentation (see list 1), using a patient and family-centered approach. *(Medical Expert)*
3. Select and interpret relevant diagnostic tests in the evaluation of patients with a core EM presentation (see list 1). *(Medical Expert)*
4. Develop and refine a differential diagnosis based on clinical information and results from investigations for the core EM presentations (see list 1). *(Medical Expert)*
5. Develop and discuss appropriate plans for the management of patients with the core EM conditions (see list 2). *(Medical Expert)*
6. Develop and apply appropriate triage skills in the identification of patients with life-threatening conditions. *(Medical Expert, Leader)*
7. Develop skills to provide appropriate resuscitation to acutely unwell patients and those with immediately life threatening presentations. *(Medical Expert)*
8. Determine appropriate disposition for patients (admit versus discharge), and ensure appropriate disposition plans for discharged patients. *(Health Advocate, Leader)*
9. Discuss advantages and disadvantages of pharmacologic and non-pharmacologic treatment modalities based upon the patient’s context and issues. *(Medical Expert, Collaborator, Health Advocate)*
10. Interpret each of the following: anion gap, osmolar gap, bone/joint x-ray, Chest x-ray, Abdominal x-ray, ECG, VBG or ABG. *(Medical Expert)*
11. Administer appropriate local anaesthetic and perform minor wound closure. *(Medical Expert)*
12. Analyze the process of triage and prioritization of care. *(Medical Expert, Professional, Communicator)*

Communicator
1. Maintain clear, accurate, and appropriate records of clinical encounters. *(Communicator)*
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.
3. Communicate in a language easily understood by patients and family members. *(Communicator)*
4. Communicate in a culturally competent and sensitive manner. *(Communicator, Professional)*
5. Participate in obtaining informed consent. *(Communicator, Medical Expert)*

Collaborator
1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. *(Collaborator)*

2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. *(Collaborator)*

**Leader**

1. Manage workload effectively. *(Leader)*

2. Identify and address potential barriers to efficient and safe workflow. *(Leader)*

**Health Advocate**

1. Recognize cultural and socio-economic issues that impact patient and population health. *(Health Advocate)*

2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. *(Health advocate)*

**Scholar**

1. Practice evidence informed medicine. *(Scholar)*

2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning. *(Scholar)*

3. Participate in the education of patients, family members and other health care team members in a respectful manner. *(Scholar, Professional)*

4. Describe the principles of quality improvement and how they relate to patient care and safety. *(Scholar)*

5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. *(Professional, Scholar)*

**Professional**

1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. *(Professional)*

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy. *(Professional, Health Advocate, Communicator)*

3. Provide culturally safe and respectful care to all patients, including Indigenous populations. *(Professional)*

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. *(Professional)*

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. *(Professional)*

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care. *(Professional)*
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. *(Professional, Leader)*

**STRUCTURE OF THE ROTATION**

Clerks are expected to do 3-4 shifts for every week spent in the Emergency Department (but not always exactly that many in each calendar week – for example, you may have 5 one week and 3 the following week. These shifts will be a combination of days, evenings, and nights as well as a combination of weekdays and weekends. Clerks are expected to work one weekend for every two weeks on service. Requests for time off must be submitted to the admin listed for your site (see above list) a minimum of 6 weeks prior to the start of the rotation. Please be aware that requests may not be approved and that requests for ‘stacking’ of shifts will not be approved.

Academic Half Day will be accommodated however you may also be scheduled a shift the same day. If you are scheduled during your academic half-day, you are allowed to excuse yourself from that portion of your shift and you are expected to return to your shift within 15 minutes of the end of AHD if at RUH/RGH and 30 minutes if at a different site.

**First Day of Rotation**

- **Saskatoon:** General orientation will occur on the 1st day of the rotation. Time and place will be confirmed through email communication. Please read your email very carefully. A welcome letter will also be sent out prior to your rotation – please review this for further details regarding the rotation. Clerks must report to their assigned sites for their first scheduled shift (it is a good idea to be a few minutes early to make introductions to the nurses and find the attending you are scheduled to work with). Clerks must identify to their attending that it is their first shift and the attending will provide a brief site specific orientation to the functioning of that particular EM department.

- **Regina:** General orientation details will be sent to Clerks in an email. The orientation will take place in the College of Medicine office. After orientation, Clerks must report to their assigned sites for their first scheduled shift (it is a good idea to be a few minutes early to make introductions to the nurses). Clerks must identify themselves to their preceptors and make them aware it is the Clerks first shift. Preceptors will give their Clerks an orientation to functioning in that particular Emergency Department.

- **Prince Albert:** There is no formal orientation on the first day. Students will have been provided with a daily schedule prior to their start date. Show up a few minutes early to introduce yourself on your first shift, find out where to get scrubs, etc. Identify yourself to your preceptor and make them aware it is your first shift. They will give you an orientation to functioning in that particular Emergency Dept.

On this rotation you will be expected to work five 8 hour shifts per week in the Emergency department, which will include overnight shifts and weekend shifts. Until further notice, the PA students will be required to travel to Saskatoon for one Monday of their rotation for SIMs. This will be coordinated through the admin coordinators between Saskatoon and PA. This day and time will be confirmed by email when you receive your welcome package. The SIM day will take the place of one ED shift.

**CLERKS DUTIES/EXPECTATIONS**
Clerks must attend all shifts. If a Clerk is unable to attend clinical duties due to illness/unavoidable absence, he or she must notify the EM rotation coordinator/Admin AND the preceptor for that day. Failure to do so may result in a breach of professionalism.

Clerks must show up on time.

Clerks must dress professionally: scrubs or professional clothing. If a Clerk chooses not to wear scrubs, he or she will need to wear a lab coat or a gown for procedures.

Clerks must seek out a variety of patients while on shift to cover as many core topics as possible. It is the responsibility of the Clerk to ensure that all required clinical exposures/learning experiences are achieved. Please contact the Rotation Coordinator if any deficiencies are noted BEFORE the end of rotation to ensure exposure to such deficiencies.

Clerks must complete an observed history and an observed physical at some point during the rotation. It is the Clerk’s responsibility to ensure this is completed during their rotation.

Clerks must take responsibility for their patients which includes following up on investigations and response to treatments. Clerks should not leave their shift until all of their patients have been looked after (discharged or handed over/consulted to another physician). Clerks MAY have to stay beyond their scheduled shift end time to do this – in the rare event this occurs, the Clerk will NOT receive time off in lieu.

Clerks must have their preceptors fill out their evaluation forms at the end of every shift and collate them to discuss at the exit interview at the end of the rotation.

Clerks must come up with at least one learning goal at the beginning of each shift, review that goal at the end of the shift and discuss one for the next shift.

Clerks must attend all scheduled teaching sessions. Failure to do without prior approval for absence will result in a breach of professionalism.

Clerks must write their exit exam. This is a CLOSED book exam and Clerks are required to do this independently at a time and place specified in the Welcome package.

Clerks must fill out their 6.2 PATIENT/PROCEDURE LOGS on one45 PRIOR to handing in their daily evaluation forms at the end of the rotation. Failure to do so within 1 week of the end of rotation will result in a breach of professionalism and a failure of the rotation.

Clerks will be scheduled to shadow a triage nurse and/or clinical coordinator/charge nurse for a portion of one shift during the rotation. It is the Clerk’s responsibility to ensure completion and submission of the triage nurse evaluation form with the clinical daily evaluation forms. The Clerk will also be required to complete and submit a written reflection on the experience. Please refer to the welcome package for details.

Clerks must evaluate the rotation AND 3-4 individual preceptor(s) with whom he or she worked. Evaluations will be sent through one45 for completion.
TEACHING SESSIONS

Emergency Medicine Academic Half Day (Mandatory): Wednesdays excluding stat holidays

Saskatoon:
1200-1530h - Sasktel Theatre (please watch your email weekly as the location may change)

Regina:
1200-1530 – Academic Health Sciences Conference Room RGH 0A

Prince Albert:
Please refer to the Welcome package for details.
There may be days when EM AHD ends early. If scheduled for a shift that day, Clerks must return to their shift within 30 minutes after the end of EM AHD.

Suture Lab (Mandatory)
Objective: To review and perform basic suturing techniques that will be utilized for wound closure in the ED. (Medical Expert)

Saskatoon: B410 Health Sciences Building (Mandatory)
Leona Boyer will cover tips for suturing in the ED at the beginning of the rotation. This will usually be scheduled on the first Monday morning of the rotation.

Regina: RGH Simulation Centre (Mandatory)
Details regarding date and time will be sent in the Welcome Package.

Prince Albert
Details regarding date and time will be sent out in the Welcome Package

Core Cases (Mandatory)
Objective: To discuss general Emergency Medicine topics/cases that while essential to the practice of Emergency Medicine, may not present to the ED during the Clerks time on the rotation, given the unpredictability of the Emergency Department (Medical Expert)

We will discuss paper-based cases on topics that are encountered in the ED. The purpose of the paper cases is to discuss subject areas that you may not see during your clinical shifts, given the unpredictability of the ED. This session will usually occur on the first Monday morning of the rotation. Time and place at your specific site will be specified in your Welcome Package. Please note: The cases will NOT be distributed prior to the session so as to enhance participation and discussion. Please refer to listed resources for pre-reading around general EM topics for further preparation.
High Fidelity Simulation ‘SIM’ (Mandatory)

Objective: The Clerk will run a simulation case focused on the assessment and acute management of common EM presentations and provide the opportunity for the Clerk to lead a team in the ongoing resuscitation and care of critically ill simulated patients (Medical Expert, Collaborator, Professional, Communicator, Health Advocate)

There will be a High Fidelity Simulation session during your rotation. Given the unpredictability of the Emergency Department, cases will be chosen to expose you to cases you may not see while on rotation but are important subject areas to cover. These experiences will apply to the completion of your 6.2’s/required learning experiences. We will run you through scenarios focusing on resuscitation skills: altered mental status and seizures, airway obstruction, respiratory distress and failure as well as shock and cardiac arrest. Residents will be present and there may be practicing ER nurses and paramedics participating alongside you. The goals are to give you a chance to manage the ‘sick’ patients you may not have an opportunity to see or manage independently during your shifts. It is hoped that this experience will encourage you to read around these topics and take more initiative in managing these patients while on shift. The more engaged in the simulation environment you are, the better the learning. Bring your stethoscopes...this mannequin actually breathes!

Saskatoon:
The sessions occur in the CLRC in the Health Sciences building. Sessions run every 2nd Monday from 1230-1630. Bring your stethoscopes...this mannequin actually breathes!

Regina:
This will take place on Mondays in the RGH Simulation Centre after orientation. Dates and times will be emailed prior to the start of the rotation.

You will receive an email regarding the date of the teaching sessions, as well as weekly reminders of Academic Half Day location and topics. If you are scheduled for a shift during these sessions, you are expected to excuse yourself from that portion of the shift.

RESOURCES

- Online resources
  - https://flippedemclassroom.wordpress.com
  - http://lifeinthefastlane.com (blog + reference library)
  - http://aliem.com (blog)
  - http://canadiem.org (blog)
  - http://first10em.com (blog)
  - http://emin5.com (podcast)
  - http://embasic.org (podcast)
  - http://thesgem.com (podcast)
  - http://www.oxfordmedicaleducation.com/procedures/ (procedures)

- 100 pages on Emergency Medicine, generating Differentials, Ordering Tests, Presenting patients to your preceptor, etc.
- Available on one45 as a pdf

Emergency Medicine Student Guide to Oral Presentations
- Authors: Davenport C, Honigman B, Druck J, University of Colorado School of Medicine
- A framework on how to present your patients efficiently and effectively during an Emergency Department shift
- Available on one45 as pdf


- Covers almost all relevant EM topics in depth
- Available through the U of S library, in print, and on-line
- Access Medicine

Clerkship Directors in Emergency Medicine Website: [CDEMcurriculum.com](http://CDEMcurriculum.com).

- A synopsis of approaches to common patient complaints and diseases seen in the Emergency Department, as well as on-line, real time integrative cases (DIEM).

**STUDENT ASSESSMENT**

The final evaluation for Emergency Medicine includes all of the following:

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On-line clinical assignment</td>
<td>Formative</td>
</tr>
<tr>
<td>2. ITER (Clinical Performance)</td>
<td>70%</td>
</tr>
<tr>
<td>3. Written examination</td>
<td>25%</td>
</tr>
<tr>
<td>4. Reflection</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Note:** The student must pass **all** assessment types to pass the rotation.

** Final grades will not be released until the 6.2 logs are completed**

** Overall the EM rotation is worth 65% of the combined EM/Anesthesia Rotation but each individual rotation must be successfully completed with a minimum of a 70% to achieve a ‘Pass’ on the overall rotation**
1. **Clinical performance** as measured by evaluations filled out by attending physicians for *every* Emergency shift. If you fail to submit all of your daily ITERs, the clinical component is considered to be incomplete and may constitute a failure of the rotation. The following criteria are also required to pass:

   - Not more than one (1) shift assessment noting “Below expectations” in the first 2 weeks of the rotation and **NO** “Below expectations” assessments in the last 2 weeks of the rotation. If you do not meet this expectation, you may be offered an opportunity to remediate, however this will be contingent on your performance in the other components; remediation may not be offered and you may be required to repeat a portion of/all of the rotation.

   - The assessments will be compiled to complete an ITER (In Training Evaluation Report). This will contribute to 70% of the mark.

   - The student must have a minimum of “Meets Expectations” on all categories for the Summative ITER (assessment form) to pass the clinical portion.

2. **Written Exam:** You must achieve a minimum of 70% on the written exam. If you achieve a score of less than 70% you may be offered an opportunity to remediate the exam, however this is contingent on your overall performance in the other components. If you are performing poorly overall, you may NOT be offered an opportunity to remediate and may be required to repeat a portion of/all of the rotation. A meeting with a subcommittee consisting of the Clerkship Chair, the Rotation Director and a Rotation Coordinator from another discipline may be convened in this circumstance to make decisions regarding remediation.

3. **Reflection:** You must submit the reflection to the EM office (Room 2646, RUH) no later than six (6) consecutive calendar days following the shadowing experience. See Assignment Submission Policy. The reflection will be marked according to a rubric and is posted on One45.

4. **Attendance:** Attendance at all learning activities, including Emergency Academic Half-Days is mandatory. If you are absent from any learning activity (suturing lab, SIMs, AHD, Triage shift, core cases) without prior approval, this constitutes an incomplete rotation and may be grounds for failure, at the discretion of the Rotation Director or Rotation Coordinator.

5. **Professionalism:** Clerks will be required to attain “Meets Expectations” on assessments of professionalism. If any unprofessional behavior is identified, this may be grounds for failure of the rotation independent of performance in clinical shifts/learning activities.

6. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the rotation. 6.2 logs must be completed within one (1) week of the end of the rotation.

7. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

8. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.
Daily Shift Evaluation Forms
1. Fill out a learning goal at the beginning and end of each shift.
2. Solicit feedback from your preceptor at the end of each shift.
3. You will find a copy of the daily evaluation form on one45.
4. Please ensure all forms are submitted for review at the mid-rotation and exit interviews.

Written Exam
Multiple Choice/short answer exam focusing on approach to undifferentiated patients and common ER presentations. The exam will be written during the last week of your rotation. You must achieve 70% on this exam to pass. Please see above for clarification of process if you are unsuccessful.

- **Saskatoon** – Room 2642, RUH, generally on the last Friday of the rotation. Date and time to be confirmed through email.
- **Regina** – the date and time will be communicated via email but will usually be at 1330 hours on the last Friday of your rotation.
- **Prince Albert** – Nicole Toutant will contact you to arrange the date and time but it will usually be on the last Thursday of your rotation.

** There will be a mid-point rotation interview as well as an exit interview during your rotation. The date/time/place will be specified by the individual Rotation Coordinator/admin at each site.

This is a high yield rotation which can provide an excellent learning environment. Please be eager to learn and engaged in the process – this will ensure a good learning experience for you. Please be aware that this is a fast paced, highly acute environment. There may be situations you are exposed to or be involved in that may make you feel uncomfortable or cause stress. It is always a good idea to debrief these experiences with your attending preceptor for that shift. You can also contact the Rotation Director/Coordinators as well as Student Services for support/debriefing.

** Mistreatment: there is zero tolerance for student mistreatment. If you experience any kind of mistreatment from faculty, nursing staff, other allied health care professionals, etc. while on your rotation, please contact the Rotation Director/Coordinator immediately.
FAMILY MEDICINE

MODULE CONTACTS

Rotation Director/Coordinators                  Rotation Administrators

SASKATOON SITE
Dr. Kendra Morrow (Director)                     Amy Winik OR Jamie Provo
Email: kleemorrow@gmail.com                      Email: amy.winik@usask.ca OR dafm@ugme.saskatoon.usa.sk.ca
Phone: (306) 655-4200                            Phone: (306) 655-4211
West Winds Primary Health Centre                Fax: (306) 655-4894
                                                   West Winds Primary Health Centre

Please contact Cathy Fulcher for scheduling questions/leave requests at c.f@usask.ca.

REGINA SITE
Dr. Rejina Kamrul                                Kristin Fuchs
Email: rejina.kamrul.usask.ca                    Email: kristin.fuchs@rghealth.ca
Phone: (306) 766-0444                            Phone: (306) 766-0449
Regina Centre Crossing                           Fax: (306) 766-7135
                                                   Regina Centre Crossing

PRINCE ALBERT SITE
Dr. Tom Smith-Windsor                           Nicole Toutant
Email: dr.tom@sasktel.net                        Email: nicole.toutant@usask.ca
Phone: (306) 765-6787                            Phone: (306) 765-6787
Associate Medical Clinic                        Fax: (306) 765-6783
                                                   Prince Albert VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/family-medicine.php

ROTATION DESCRIPTION

Duration: 6 weeks: 4 weeks rural, 2 weeks urban
Call: Rural: up to 1 in 4 days, which will include three weekend days (Friday, Saturday, Sunday)
      Urban: up to three days of call, including one Saturday or one Sunday

Vacation/Educational Leave: Rural: Maximum 5 working days
                           Urban: Not Permitted

Family Medicine is recognized as a specialty, based on a body of knowledge and an approach to care unique to its discipline. Because family physicians’ commitment is to the person and not to a particular organ system, age group, or technique, they must be skilled in accepting responsibility for the full scope of care of patients in health and illness at all stages of the life cycle. While facets of its comprehensive patient-centered approach are present in the care provided by other specialists, no other discipline has all of these tenets as its core raison d’être. This approach is described according to the four principles of family medicine:

- The family physician is a skilled clinician.
- The patient-physician relationship is central to the family physician’s role.
- The family physician is a resource to a defined population.
Family medicine is community based.

**ROTATION OBJECTIVES**

By the end of the rotation clerks will be expected to:

**Medical Expert**

1. Perform an appropriate observed history on a patient, using a patient and family-centered approach, presenting with a problem not limited to List 1, 2, and 3** (*Medical Expert, Communicator*)

2. Performance of an appropriate observed physical examination on a patient presenting with a problem, using a patient and family-centered approach, not limited to List 1, 2, and 3** (*Medical Expert, Communicator*)

3. Develop a relevant, prioritized differential diagnosis through clinical reasoning and integration of clinical information for a problem from List 1** (*Medical Expert*)

4. Select and interpret results of appropriate and evidence-informed diagnostic tests in the evaluation of patients with a problem from List 1, with consideration of patient context, ** (*Medical Expert, Leader*)

5. Develop and apply an appropriate evidence informed treatment or management plan, including where appropriate pharmacologic and/or non-pharmacologic strategies, multidisciplinary care, patient self-management and follow-up plans for patients with conditions from List 2** (*Medical Expert, Communicator*)

6. Actively participate in the following patient encounters from List 3**. (*Medical Expert, Communicator, Collaborator, Health Advocate*)

7. Describe evidence-informed principles of surveillance and screening for the normal/healthy population and for at-risk populations (*Medical Expert*)

8. Perform each of the following: a pap smear, breast examination, rectal exam, otoscopy, Plot and interpret growth curve, and BMI, Perform and interpret vital signs.

9. Identify the four principles of family medicine. (*Medical Expert, Communicator, Professional*)

10. Describe how the four principles of FM differ from a specialist. (*Medical Expert, Communicator, Professional*)

11. Differentiate between rural and urban family medicine from the perspective of the physician. (*Communicator, Professional*)

12. Differentiate between rural and urban family medicine from the perspective of the patient. (*Communicator, Professional*)

13. Discuss reportable illnesses. (*Medical Expert, Communicator, Collaborator*)

14. Discuss advantages of pharmacologic and non-pharmacologic treatment based on patient’s context and issues. (*Medical Expert, Communicator, Collaborator*)

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Communicator
1. Maintain clear, accurate, and appropriate records of clinical encounters. *(Communicator)*
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.
3. Communicate in a language easily understood by patients and family members. *(Communicator)*
4. Communicate in a culturally competent and sensitive manner. *(Communicator, Professional)*
5. Participate in obtaining informed consent. *(Communicator, Medical Expert)*

Collaborator
1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. *(Collaborator)*
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. *(Collaborator)*
3. Collaborate with appropriate community resources and other professional services such as OT, social work, public health nurse, etc *(Medical Expert, Communicator, Collaborator)*

Leader
1. Manage workload effectively. *(Leader)*
2. Identify and address potential barriers to efficient and safe workflow. *(Leader)*

Health Advocate
1. Recognize cultural and socio-economic issues that impact patient and population health. *(Health Advocate)*
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. *(Health advocate)*

Scholar
1. Practice evidence informed medicine. *(Scholar)*
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning. *(Scholar)*
3. Participate in the education of patients, family members and other health care team members in a respectful manner. *(Scholar, Professional)*
4. Describe the principles of quality improvement and how they relate to patient care and safety. *(Scholar)*
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. *(Scholar, Professional)*
Professional
1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. (Professional)

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy. (Professional, Health Advocate, Communicator)

3. Provide culturally safe and respectful care to all patients, including Indigenous populations. (Professional)

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. (Professional)

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. (Professional)

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care. (Professional)

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. (Professional, Leader)

Family Medicine Lists (referenced above)

Core Family Medicine Presentations (List 1)
Abdominal Pain, Joint Pain, Chest Pain, Syncope/Vertigo, Fever, Fatigue, Dyspnea/Cough, Headache

Core Family Medicine Conditions (List 2)
Hypertension, Mental Health (Anxiety, Depression, Addiction), Diabetes, Lung Disease (COPD, Asthma), Coronary Artery Disease

Health Promotion Activities (List 3)
Sexual Health (contraception, STIs), Smoking Cessation, Prenatal Care, Periodic Health Exams (Adult Male, Adult Female, Child/Adolescent).

6.2 LOGS
Students can find a complete list of their expected clinical experiences (6.2 logs) on one45. All logs are mandatory and must be completed in order to pass the rotation. Students who are not exposed to a particular experience must make the Clerk site Coordinator aware (prior to the last day of one’s rotation) so a learning plan can be appropriately developed to address the incomplete 6.2 log.

STRUCTURE OF THE ROTATION
The Family Medicine rotation will be six weeks in duration, divided into a two-week urban portion and a four-week rural portion. The only approved urban/regional sites are Saskatoon, Regina, Moose Jaw and Prince Albert. Rural sites will include all other approved locations in Saskatchewan. A copy of the approved preceptor list will be forwarded from the Department of Family Medicine.

Applications to change a rotation placement must be made in writing, stating the reason for the proposed change, and will be considered on a case-by-case basis. Approval will be granted based on the timing of the
request and the merits of the reason for change. Clerks who have concerns about their family medicine rotation placement are encouraged to contact the appropriate coordinator to discuss the matter. In cases where concerns cannot be satisfactorily addressed, the student can appeal the decision of the coordinator to the College of Medicine (site assignment appeal policy).

**Urban Portion**
The two-week urban/regional portion of the rotation will be spent at either West Winds Primary Health Centre (Saskatoon), the Regina Family Medicine Unit (Regina) or an approved community based preceptor in Regina, Saskatoon, Moose Jaw or Prince Albert. A letter of notification will confirm all final arrangements and the schedule of assignments will be available from:

- Saskatoon – Amy Winik (amy.winik@usask.ca, 655-4211) or Jamie Provo (dafm.ugme.saskatoon@usask.ca 655-4211)
- Regina – Kristen Fuchs (kristen.fuchs@rqhealth.ca 766-0449)
- Prince Albert – Nicole Toutant (nicole.toutant@usask.ca 765-6787)

**Rural Portion**
Each clerk will be assigned to a four-week rural placement within the province of Saskatchewan with accommodation at all sites. Placement ranking forms are distributed in advance and will be considered in the creation of the schedule. As can be expected, with such a complicated schedule, it is not always possible to accommodate each student’s preferences. Written requests for special consideration should ideally be submitted a minimum of six weeks in advance of the clerk year and will be honored on their merit and time of submission.

Applications to change a rotation placement must be made in writing, stating the reason for the proposed change, and will be considered on a case-by-case basis. Approval will be granted based on the timing of the request and the merits of the reason for change.

A letter of notification will confirm all final arrangements and the schedule of assignments will be available from:

- Saskatoon – Amy Winik (amy.winik@usask.ca, 655-4211) or Jamie Provo (dafm.ugme.saskatoon@usask.ca, 655-4211)
- Regina – Kristen Fuchs (kristen.fuchs@rqhealth.ca, 766-0449)
- Prince Albert – Nicole Toutant (nicole.toutant@usask.ca, 765-6787)

Clerks will **NOT** be assigned to a preceptor who is an immediate family member. This would constitute a conflict of interest in terms of evaluation.

**INSTRUCTIONAL METHODS**
- Ambulatory and hospital patient contact under direct supervision, with graded responsibility.
- Morning sign-in rounds.
- Academic Half Day presentations.
- Small group learning (chart audits).
- Project preparation and presentation (see “Student Assessment” below).
- Optional and scheduled community based clinical experiences with direct supervision.
- Self-reflection exercise (see “Student Assessment” below).
CLERK DUTIES/EXPECTATIONS

Charting
Clerks are responsible for timely completion of chart notes from patient encounters. Chart notes should be completed as soon as possible after the encounter and no later than 48 hours after the encounter.

CALL RESPONSIBILITIES

Urban Portion
On-call responsibilities may include up to three days of call, including one Saturday or one Sunday. Clerks may call in advance to obtain the call schedule:

- Saskatoon – Amy Winik (amy.winik@usask.ca, 655-4211) or Jamie Provo (dafm.ugme.saskatoon@usask.ca, 655-4211)
- Regina – Kristen Fuchs (kristenfuchs@rqhealth.ca, 766-0449). For other community preceptors, please contact your preceptor’s office.
- Prince Albert: Nicole Toutant (nicole.toutant@usask.ca, 765-6787)

If the student on-call has performed assessments in the emergency room or delivery suite after 2300 H, the student is relieved from clinical and educational responsibilities by noon the following day. The student must inform his or her preceptor before departing from any scheduled clinical or educational activities post-call.

Rural Portion
Call responsibilities are up to 1 in 4 days throughout the rural portion of the rotation. This will include three weekend days (Friday, Saturday and Sunday) in the month. Arrangement of call duties usually is completed with the site preceptor on the first day of the rural rotation.

Resources


STUDENT ASSESSMENT

End of rotation assessments are based on the rotation objectives outlined above. One45 is utilized for the purpose of assessment. Each learner is encouraged to review the assessment parameters with the preceptor during orientation. Assessment of the projects and clinical reflections will all make up a part of the learner’s final assessment and be used in consideration for awards and prizes. Assessment forms should be reviewed at the midpoint of the longer rural rotation by the clerk and preceptor as part of the mid-term interview, and MUST be reviewed at the end of the rotation.

There will be a formative multiple choice exam that is mandatory on the final Friday of the rotation. Students will return to their home sites on that Friday morning and the exam will be administered on Friday afternoon.
Final grades will be provided to the students for information purposes only. Exam grades will not be used in calculating the students overall final mark, but failure to complete the exam will result in an overall fail.

The final grade will consist of: 60% rural clinical component, 30% urban component, 10% for assignment component.

- The assessments will be compiled to complete an ITER. This will contribute to 90% of the mark.
- The student must have a minimum of “Meets Expectations” on all categories for the final ITER (assessment form) to pass the clinical portion.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Final Exam</td>
<td>Completed</td>
</tr>
<tr>
<td>2. Reflective Exercises</td>
<td>Completed</td>
</tr>
<tr>
<td>3. Rural ITER</td>
<td>60%</td>
</tr>
<tr>
<td>4. Urban ITER</td>
<td>30%</td>
</tr>
<tr>
<td>5. Urban Assignment</td>
<td>5%</td>
</tr>
<tr>
<td>6. Rural Assignment</td>
<td>5%</td>
</tr>
</tbody>
</table>

Irrespective of performance in other aspects of the Family Medicine rotation, clerks must demonstrate the following abilities/skills while on their Family Medicine rotation. Failure to Meet Expectations in any of the following criteria will result in failure of the rotation.

i. Demonstrate professional behavior when interacting with patients, colleagues, and staff (e.g. punctuality, presence and involvement in clinical exposures, completed notes, respectful interactions).

ii. Demonstrate the communication skills to effectively interview patients using the patient-centered clinical method.

iii. Demonstrate the ability to elicit and integrate patient context in clinical encounters.

iv. Effectively present a clinical case to a preceptor.

v. Conduct a skilled and sensitive physical examination.

vi. Complete the urban and rural projects to an acceptable level. CLERks whose initial mark is not a pass level will be given an opportunity to resubmit the assignment to improve his or her mark. Marks will be deducted for late submissions. See assignment details on One45.

vii. Complete the clinical reflections assignment.

viii. Complete the documentation on the 6.2 log within one week of the end of the rotation.

ix. Complete assigned alternative experiences to address deficiencies of the 6.2 log within a reasonable time frame.

Prior to final grades being released to the College of Medicine, the following must be completed:

1. Evaluations of preceptors of the urban and rural rotations.
2. Evaluations of rotation (both urban and rural sites).

Urban/Regional Project
During the urban/regional family medicine rotation, each learner will be required to complete a project and submit it in written form as well as preparing a brief (10-15 min) presentation. If a learner is completing the urban rotation at West Winds Primary Health Centre (Saskatoon) or the Family Medicine Unit (Regina), this will occur at morning sign-in rounds sometime in the second week of the rotation. If a clerk is placed with a community-based preceptor, he or she will either come to the Academic Teaching Unit to present his or her project, or present it to their preceptor and his or her colleagues at a mutually agreed upon time. If the learner wishes to come and present their project at the academic teaching unit, he or she should contact the Administrative Coordinator at the start of their rotation to make the necessary arrangements. Detailed written instructions regarding the project requirements are available on One45.

In summary, the project should illustrate one of the Four Principles of Family Medicine and will fall within one of the following broad categories:

- Clinical problem or case with a focus on evidence-based medicine
- Screening in Family Practice
- Clinical Practice Guidelines
- Community Resources

Rural Project

During your four week rural placement, you are required to complete and present a second project. This project deals specifically with community resources that would be of benefit to the patient population in that community, or alternatively you can choose to present on a medical topic that surrounds an interesting medical case presentation you were involved with during your rotation.

Option A
Community Resources Project

The steps involved in this project include:
- Identifying a community need in your preceptor’s practice (e.g. immunization awareness, smoking cessation strategies, etc.)
- Describe and identify any existing health disparities and social determinants of health that are present in this community, as evidence for why such a community need exists.
- Searching the literature for approaches used by others
- Describe a potential community-based intervention and describe how it would address existing health disparities/social determinants of health in the community.
- Identify a list of barriers and facilitators to implementing this intervention and describe potential solutions.

The project would not require actually carrying out the project but the submitted report (2-3 typed pages) should include:
- A description of the situation (i.e. health disparities/social determinants of health) which stimulated the idea for a community project
- A review of the literature in the area of the need identified
- A description of the community-based intervention proposed and description of how this intervention would help address existing health disparities/social determinants of health in the community.
- A description of the barrier and facilitators to implementation and how these could be addressed

Option B
Presenting on an Medical Topic from an Interesting Case
The steps involved in this project include:

- Identifying a unique/interesting case you were involved with during your rural rotation and presenting on the medical disease identified.
- Searching the literature for background regarding this disease
- Describing other potential differential diagnoses for the particular case presentation
- Including reflective comments about key take away points (at least 3) from what you learned in participating in this interesting case
- Additionally include comments regarding: any health disparities and social determinants of health that were present in the patient’s case (e.g. Accessibility of care, food insecurity, education, etc). Comment on at least two and provide potential solutions/interventions that would help address these health disparities/social determinants of health for that particular patient in that community.

The project should include a written submitted PowerPoint presentation that includes:

- A detailed description of the case you encountered (including patient demographic, history, physical exam findings, diagnosis, investigations, treatment offered)
- A presentation of the diagnosis /medical disease (e.g. definition, etiology, pathophysiology, differential diagnoses, treatment, etc.)
- Key learning points learned by yourself (the Clerk) from the case (at least 3)
- Additionally, include comments regarding: any health disparities and social determinants of health that were present in the patient’s case (e.g. Accessibility of care, food insecurity, education, etc). Comment on at least two and provide potential solutions/interventions that would help address these health disparities/social determinants of health for that particular patient in that community.
- Sources cited.

Your proposed project topic should be decided upon by the mid-point of your rotation. If not already reviewed with your preceptor, this should be done during your mid-point interview.

Your project should be presented orally during morning rounds (at the academic teaching units) or to your preceptor and his/her colleagues at a mutually agreed upon time. Please limit your presentation to 15 minutes.

You are expected to submit a write-up (either a written report or PowerPoint) of your project to your preceptor and to the JURSI coordinator for review. If you prepare a handout or power point presentation as part of your project, a copy these would suffice. A copy of your presentation can be submitted via email to the following:

Saskatoon: Amy Winik  amy.winik@usask.ca
Regina: Tracey Murray  tracey.murray@usask.ca
Price Albert: Nicole Toutant  nicole.toutant@usask.ca

Reflective Exercises

Each student must submit, via One45, six short reflections on any of the above clinical exposures encountered. At least one reflection should be completed each week and should focus on a key “take home” message of what was learned, and how this new piece of knowledge will impact their future practice. The focus of the write-up may be any element of the clinical encounter, (e.g. communication, clinical skills, pharmacy therapy, screening, determinants of health, etc.) Each submission should not take more than 10 minutes to compose and should be limited to 300 words. It is highly recommended that they be completed on the day the clinical encounter occurred. Logs and reflection will be reviewed by the preceptor half way
through the rural rotation and again at the end of both the urban and rural rotations so that deficiencies can be addressed.
INTERNAL MEDICINE

MODULE CONTACTS

Rotation Director/Coordinators                      Rotation Administrators

SASKATOON SITE
Dr. Alexander Zhai (Director)                      Roberta Dobson
Email: alexander.zhai@usask.ca                      Email: roberta.dobson@usask.ca
Phone: (306) 844-1472                               Phone: (306) 844-1476
Dr. Gundran Caspar-Bell                            Fax: (306) 844-1525
Email: gundrun.caspar-bell@saskatoonhealthregion.ca
Phone: (306) 844-1153

REGINA SITE
Dr. Liz Gibbings                                    Andrea Holtkamp
Email: lgibbings@accesscom.ca                       Email: andrea.holtkamp@rghealth.ca
Phone: (306) 766-3703                                Phone: (306) 766-3703
Fax: (306) 766-4883                                  Fax: (306) 766-4883

PRINCE ALBERT SITE
Dr. Syed Ali                                       Nicole Toutant
Email: asif15905@yahoo.com                          Email: nicole.toutant@usask.ca
Phone: (306) 765-6787                               Phone: (306) 765-6787
Fax: (306) 765-6783

WEBSITE:  http://medicine.usask.ca/department/clinical/medicine.php

ROTATION DESCRIPTION

Duration: 6 weeks
Call: 1-in-4
Vacation/Educational Leave: 5 working days and 2 off-call days maximum. Vacation approval is on a first come-first granted basis. Only one clerk may be away or on vacation at any time. This time may not be taken during the period allocated for orientation, oral or written exams, or exit interviews.

Core IM Conditions/Diseases (List 1)
Cardiac: Hypertension, Primary; Arrhythmias; Valvular Heart Disease; Coronary Artery disease; Heart Failure
Respiratory: Thromboembolic Disease; COPD; Asthma; Pneumonia; Pleural Effusion; Tuberculosis
Gastrointestinal: Irritable Bowel Syndrome; Inflammatory Bowel Disease; Gastroesophageal Reflux Disease; Gastrointestinal Bleeding; Hepatitis; Cirrhosis; Peptic Ulcer Disease; Pancreatitis; Biliary Tract Disease
Renal: Acute Kidney Injury; Chronic Kidney Disease; Acid Base Abnormalities; Electrolyte Abnormalities; Glomerulonephritis

Hematology/Oncology: Coagulation Disorders (Platelets, Hypercoagulable State); Anemias; Hematological Malignancies (Leukemia, Myeloma); Breast Cancer; Colon Cancer; Lung Cancer

Endocrinology: Diabetes Mellitus; Adrenal Insufficiency; Hypertension, Secondary; Thyroid Disorders

Neurology: Stroke; Seizure; Delirium; Movement Disorders; Alzheimer’s Disease

Rheumatology: Rheumatoid Arthritis; Osteoporosis; Osteoarthritis; Crystal Induced Arthritis; Seronegative Arthritis; Connective Tissue Disorders (Lupus, Vasculitis, Scleroderma)

Infectious Disease: Infections of Bodily Systems; HIV

Miscellaneous: The Dying Patient; Skin Rash/Ulcer

Core Internal Medicine Problems/Symptoms (List 2)
Cardiac: Cardiac arrest; Chest Pain; Syncope, Pre-Syncope; Hypotension, Shock; Murmurs; Palpitations

Respiratory: Hemoptysis; Cough; Hypoxia; Dyspnea; Respiratory Arrest; Wheezing

Gastrointestinal: Abdominal Pain/Distension; Ascites; Abnormal Liver Enzymes/Function; Hematemesis, Melena, Hematochezia; Organomegaly (Kidney, Spleen, Liver); Constipation; Diarrhea; Dysphagia; Jaundice; Nausea/Vomiting; Weight Gain/Loss

Renal: Hematuria; Proteinuria; Metabolic Acidosis and Alkalosis; Respiratory Acidosis and Alkalosis; Hypo- and Hypernatremia; Hypo- and Hyperkalemia; Urinary Abnormalities (Oliguria, Polyuria, Pyuria, Dysuria, Frequency); Edema

Hematology/Oncology: Bleeding Tendencies; Polycythemia; Anemia; Leukocytosis/Leukopenia; Lymphadenopathy

Endocrinology: Hypo- and Hypercalcemia; Hypo- and Hyperphosphatemia; Hypo- and Hyperglycemia

Neurology: Diplopia/Visual Abnormalities; Dizziness/Vertigo; Ataxia; Headache; Weakness/Paralysis; Sensory Abnormalities (Numbness/Tingling); Aphasia and Speech Disorders; Altered Mental State/Coma; Seizure; Delirium/Dementia

Rheumatology: Musculoskeletal Pain; Back Pain; Joint Pain (Oligo-, Polyarthralgia)

Geriatrics: Frailty; Falls; Urinary Incontinence; Failure to Thrive

Miscellaneous: Overdose/Poisoning; Allergic Reactions/Anaphylaxis; Fever; Pruritus
ROTATION OBJECTIVES

Medical Expert
1. Perform an appropriate observed history on a patient, using a patient and family-centered approach, presenting with a problem not limited to List 1, and 2** (Medical Expert, Communicator)

2. Performance of an appropriate observed physical examination on a patient presenting with a problem, using a patient and family-centered approach, not limited to List 1 and 2** (Medical Expert, Communicator)

3. Define accurately common and life threatening Internal Medicine conditions and their associated epidemiology. (List 1)

4. Describe the pathophysiology and clinical features of common and life threatening Internal Medicine conditions. (List 1)

5. Select and interpret necessary investigations required to confirm the diagnosis of common and life threatening Internal Medicine conditions (List 1) and consider their costs, contraindications and characteristics (sensitivity and specificity). (List 2)

6. List the common complications of common and life threatening Internal Medicine conditions. (List 1)

7. Develop a management plan for common and life threatening Internal Medicine conditions based on evidenced informed medicine. (List 1)

8. Develop and apply appropriate skills for triage and immediate intervention in acute, life-threatening situations (safety first).

9. Develop and apply appropriate skills to prevent harm in patients (correct ID, allergies, drug interactions, etc) (harm prevention).

Communicator
1. Maintain clear, accurate, and appropriate records of all aspects of the clinical encounters.

2. Present clinical encounters/patient presentations effectively including differential diagnosis, management plans and disposition. (Communicator)

3. Communicate in a language easily understood by patients and family members. (Communicator)

4. Communicate in a culturally competent and sensitive manner. (Communicator, Professional)

5. Participate in obtaining informed consent. (Communicator, Medical Expert)

Collaborator
1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. (Collaborator)

2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. (Collaborator)
Leader
1. Manage workload effectively. *(Leader)*
2. Identify and address potential barriers to efficient and safe workflow. *(Leader)*

Health Advocate
1. Recognize cultural and socio-economic issues that impact patient and population health. *(Health Advocate)*
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. *(Health Advocate)*

Scholar
1. Practice evidence informed medicine. *(Scholar)*
2. Identify and utilize appropriate evidence based resources and critical appraisal strategies in self-directed learning. *(Scholar)*
3. Participate in the education of patients, family members and other health care team members in a respectful manner. *(Scholar, Professional)*
4. Describe principles of quality improvement and how they relate to patient care and safety. *(Scholar)*
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. *(Scholar, Professional)*

Professional
1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. *(Professional)*
2. Demonstrate application of ethical principles in the clinical decision-making process, such as: maintaining patient confidentiality, privacy and autonomy. *(Professional, Health Advocate, Communicator)*
3. Provide culturally safe and respectful care to all patients, including Indigenous populations. *(Professional)*
4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. *(Professional)*
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. *(Professional)*
6. Recognize and be sensitive to self-limitations and biases and ensure that these do not intrude on patient care.
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. *(Professional, Leader)*
STRUCTURE OF THE ROTATION

Saskatoon
- A 4-5 week rotation on one of the three clinical teaching units (CTU Red, CTU Blue, CTU Silver) at Royal University Hospital.

Regina
- A 4-5 week rotation on the Clinical Teaching Unit/General Internal Medicine.

Prince Albert
- Six week rotation based between the hospital/ICU and the internist's clinics. The individuals responsible for supervising each hospital's program are as follows:
  - Royal University Hospital: Dr. G. Caspar-Bell (306) 844-1153
  - St. Paul's Hospital: Dr. A. Zhai (306) 844-1472
  - Regina General Hospital: Dr. L. Gibbings (306) 766-3703
  - Victoria Hospital: Dr. R. Ilie-Haynes (306) 765-6787

Problems should be discussed with your hospital supervisor and, if not resolved, then with Dr. A. Zhai.

Orientation
Saskatoon: All clerks MUST report for general orientation on the first day of their rotation to Royal University Hospital before proceeding to the wards. Clerks will receive specific instructions and location information by memo from the Department of Medicine prior to orientation. Orientations will NOT be scheduled through One45. Clerks assigned to other hospitals may then proceed for further orientation to their respective hospitals once orientation at Royal University Hospital is complete. Orientation may either be scheduled to begin at 0900 or 1300. Roberta Dobson will notify all clerks by memo through email. If the start time is at 1300, clerks are expected to report to their wards in the AM and then come for orientation at 1300. Orientation is MANDATORY. Unexplained absences and failure to report to orientation may result in a Breach of Professionalism.

Regina: All clerks MUST report for orientation before proceeding to the wards. Clerks will receive specific instructions and location information by memo from the College of Medicine prior to orientation.

Prince Albert: On the first day of your rotation please present to the ICU at 8:45 AM.

Clinical Duties: On this rotation you will be expected to do ICU rounds at 8:00am every day. This should allow time to see two or three patients in the ICU, then you will report to the attending when they arrive at 9:00am. You are also expected to identify at least one patient per day from either the ICU or the ER that you have seen to report to your preceptor at some point in the day for discussion. You will work in the ER, ICU, stress lab and may arrange to work in the clinic. It is your responsibility to arrange clinic days at least a week in advance if you wish to attend clinic. You may attend clinic with Dr. Martin, Dr. Ali or Dr. Bensaleh. Please contact their office directly to arrange the dates. All other days, your preceptor will be the internist on call. Clinic phone numbers are as follows:

- Dr. Martin (306) 953-1681
- Dr. Bensaleh (306) 764-1513
- Dr. Ali (306) 764-2870
CLERK DUTIES/EXPECTATIONS

Specific duties and responsibilities vary somewhat, but some general rules apply.

Admissions
- Clerks must advise the on-call resident as well as the attending physician of all admissions.
- When a patient is admitted to the department from outside the institution, a detailed history including the patient profile, present complaint, history of present illness, functional inquiry, and past history should be recorded. In addition, a complete physical examination must be carried out.
- It is, at times, difficult to obtain a complete history on a patient who is unable to personally provide this information. It is expected that when adequate information is not available from the patient, an appropriate relative will be interviewed and an attempt made to obtain as much information as possible.

Elective Admissions Before 1700 Hours
In the case of an elective admission prior to 1700 hours, the patient is to be fully examined on the day of the admission with the appropriate history, physical examination, and admitting orders written on the chart.

Elective Admissions After 1700 Hours
In the case of an elective admission after 1700 hours, a complete history and physical examination is still desirable, particularly if the patient is admitted to the service of the on call clerk. Should other duties not allow sufficient time for a complete work-up, an admission note shall suffice providing the patient is medically stable. The patient and his or her management should be discussed with the on call resident and the attending physician notified.

Whenever a complete clinical examination has not been done, the complete history and physical must be taken and recorded by the clerk the following morning prior to leaving. If time does not permit, it is incumbent on the clerk to sign over this responsibility to a colleague.

In the case of an emergency admission or a medically unstable elective admission, the patient is to be immediately examined by the clerk and the resident notified upon completion of the examination. A full history and physical examination must be taken and recorded on the chart. The attending physician shall, in the case of all emergency admissions, be informed of the admission by the resident.

Please Note: As admissions after 1700 hours are often admitted through the Emergency Department, clerks are encouraged to come down to the department and participate in the immediate assessment, management, and work up of these cases wherever possible. Admitting residents have been alerted to contact clerks in this regard.

Patient Caseloads
- Specific clerk responsibilities will be delegated by the residents and/or attending physician.
- Clerks will normally assume responsibility for no more than 4-8 patients at any given time. Although the exact number may vary according to the type and seriousness of the patient’s illnesses, patients who exceed the recommended clerk caseload should become the responsibility of the ward resident or attending physician on that service.
- While some flexibility is necessary and expected, repeated transgression of these guidelines by any service should be reported to the Rotation Site Coordinator and Rotation Director.
- Remember, progress notes should be used to interpret and clarify data and not serve as a regurgitation of findings or data previously recorded.
It is important for house staff to consider the goals and objectives of hospitalization and develop therapeutic plans based on the objectives and some predetermined time frame. In many instances, progress notes will be required daily as information becomes available. Where appropriate, flow sheets are encouraged to better document critical aspects of management and treatment. All orders and progress notes must be signed and dated and the time recorded.

Patient Care

Clinical Rounds and Patient Responsibility

The Clerk shall review all patients for which he or she is responsible at least once daily, formulating investigative and therapeutic plans under the supervision of the resident and/or attending physician. It is essential that house staff give priority to the review and management of more seriously ill patients. Accordingly, these patients should be the first to be visited each morning and, if necessary, reviewed with the resident and/or attending physician.

During weekends and statutory holidays, the on call clerks are responsible, in association with the on-call resident, for the welfare of all patients on the service and, following discussion with the nursing staff, shall visit, review, and leave necessary orders for these patients under continuing supervision of the attending physician and/or duty resident.

Continuity of Care

When unavailable for any reason, the clerk should sign out to another team member and inform the hospital switchboard. At the end of each regular workday and before leaving the hospital, clerks must inform the on call clerk and/or resident of the status of all patients, particularly those that may require particular attention or care. Failure to do so could result in serious breach in continuity of patient care.

Consent for Procedures

Patient consent for routine procedures may be obtained by clerks providing that the clerk fully understands:

1. The issues surrounding informed consent.
2. The nature of the procedure and the attendant risks.

It is essential that the clerk ensure that the attending physician is contacted if it appears that the patient is not fully satisfied with the explanation provided or does not understand either the nature or the procedure, the reason for the procedure, or the possible risks associated with the procedure.

Clerks should not be placed in a position of having to obtain consent for complicated procedures or procedures which they do not fully understand. Consent of this type is the responsibility of the attending physician, consultant, or appropriate resident.

CALL

Call Responsibilities
Clerks work a five-day week (Monday to Friday), plus night and weekend call as assigned. Clerks will be on call a maximum of 1-in-4 (averaged over the rotation) and will be designated to wards in which they are normally assigned during the day. Scheduling pressures may, on rare occasions, require that a clerk work more frequently than one night in four. The total nights on call over a one-month period, however, cannot exceed the one in four guidelines.

**Saskatoon:** At Royal University Hospital, the call schedule is drawn up by the UGME Administrative Assistant.

**Regina:** At the Regina General Hospital, the call schedule is prepared by the Chief Internal Medicine Resident.

**Prince Albert:** At the Victoria Hospital, clerks continue on the regular ER call schedule with clerks rotating in other disciplines. The call schedule is drawn up by the Chief Family Medicine resident.

**Duties on Call**
During on call hours, the clerk will be responsible for all admissions and medical problems that may arise on the ward to which they are assigned and should be the first individual contacted by the nurses. The clerk, in turn, will report directly to the medical resident on call for supervision and direction. Wards not having a designated clerk will be the responsibility of the general ward resident on call.

**Please Note:** The clerk is encouraged to interact closely with the supervising residents on call and to become involved with teaching opportunities outside the assigned ward.

**ER Responsibilities:** The primary contact between the ER and the admitting team is the clerk or resident on call. However, if the clerk is not the person on call, they are still expected to participate in the care of patients in the ER as assigned by the resident and/or attending physician.

**Changes in Assigned Call**
Where the clerk desires a substitute to provide call, or another change in the call schedule, he/she may arrange for this using the following procedure:

1. In Saskatoon contact Jodie Doucette in the Department of Medicine Office 844-1153 (or if unavailable, Dr. Caspar-Bell) for permission. In Regina contact Andrea Holtkamp at 766-3703.
2. If permission is granted, the clerk who is in agreement to switch must also contact Jodie Doucette or Dr. Caspar-Bell to say that they agree to the switch. Both clerks are then responsible to advise the senior resident and the attending physician on call.
3. Notify hospital switchboard and amend the posted call schedules as necessary.
4. Clerks, like physicians, have a serious responsibility in this regard, even if personal considerations have to be delayed. Unexplained absences will not be tolerated and formal disciplinary action will be taken.

**TEACHING SESSIONS**

**SASKATOON**
Teaching, conferences, and rounds have been scheduled throughout the rotation. The schedules for these sessions will be distributed as part of the orientation package on the first day of the rotation.

**Noon Rounds**
Rounds are conducted by the medical subspecialties Mondays and Thursdays from 1200-1300. Attendance and active participation of the clerks are encouraged. Lunch is often provided.

**RUH Grand Rounds**
These are held in the SaskTel Theatre Wednesdays at 0800 hours. Ordinarily, there is no specific clerk responsibility but attendance is mandatory while on CTU.

**Regina**
Teaching, conferences, and rounds have been scheduled throughout the rotation. The schedules for these sessions will be distributed as part of the orientation package on the first day of the rotation.

**Specialty Rounds**
Monthly specialty rounds are scheduled in Regina in the disciplines of Dermatology, General Internal Medicine, Cardiology, Nephrology, Endocrinology, Gastroenterology, Respirology, Oncology, and Rheumatology. See monthly schedule for specific times and locations.

**Prince Albert**

**Grand Rounds**
Held on the second Tuesday of the month from 0700-0800. Clerks are encouraged to attend monthly but attendance is mandatory during the Internal Medicine rotation. A schedule is posted in the Student Lounge with topics and presenters.

Please Note: The Director of the program, as well as program administrative staff has the authority to complete a Breach of Professionalism report on any clerk who fails to follow the Professionalism Policy.

**RESOURCES**
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).

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


Davidson’s Essentials of Internal Medicine

Useful handbooks to keep in the pocket of your White Coat:

Essentials of Internal Medicine. Talley, Frankum & Currow

The Washington Manual of Outpatient Internal Medicine

**Department of Medicine Library – Royal University Hospital**
A general medicine reference library is located adjacent to the departmental office on the third floor. General internal medicine textbooks as well as reference books relating to the various subspecialties of medicine are available for use in the library. Internet access is also available to facilitate literature searches.

**Health Sciences Library – Regina General Hospital**
The library is located on level 0 of the hospital, directly under the College of Medicine Office. Reference books, computers, scanners, and the Internet is available for use. Reference librarians and research assistants are available for assistance in the library.

**STUDENT ASSESSMENT**

Clerks are assessed by the attending staff of the services on which they are assigned. The assessment criteria include: medical knowledge, clinical skills, clinical performance, self-education, sense of responsibility, and relationships with both patients and colleagues. Resident and nursing input is also received regarding overall performance.

Please Note: While a formal assessment will be provided at the end of the rotation, it is highly recommended that clerks seek interim assessment and feedback at all stages of their rotation.

All clerk evaluations will be reviewed by the Department of Medicine Rotation Director/Coordinator at each site at the completion of the rotation before submission to the Dean’s Office. The final clerk grade sheet will be available to each student in One45 following the completion of the Medicine rotation.

The final assessment and pass criteria for Internal Medicine includes all of the following:

1. **Clinical performance** as measured by clinical assessments filled out by attending physicians during CTU and Clinical Preceptorships (50% of final grade). The following criteria are required to pass:
   - Assessments of professionalism must be at a minimum “Meets Expectations” for all evaluations in the latter half of the rotation.
   - The assessments will be compiled to complete an ITER (In Training Evaluation Report). This will contribute to 50% of the mark.
   - The student must have a minimum of “Meets Expectations” on all categories for the final ITER (assessment form) to pass the clinical portion.

2. **Oral examination** (30% of final grade). The following are required to pass:
   - The oral examination score must be 70% or greater. If the initial oral examination score is < 70% the student will be provided a second oral exam attempt. The score on the second attempt will be the final score and must be 70% or greater to pass.

3. **Written NBME Examination** (20% of final grade). The following are required to pass:
   - An adjusted NBME score of 70% or greater.
   - If the initial NBME score is less than 70% the student must complete all of the online SIMPLE Cases and score 70% or greater on a re-write of the NBME in order to pass. Please see the Course Assessment Policy for further information.

4. **6.2 documentation.** Failure to achieve the following requirements around the 6.2 standard will be considered unprofessional behavior. The following are required to pass:
   - Timely documentation of the discipline-specific 6.2 log – completed within one (1) week of the end of the rotation.
   - Timely completion of alternative experiences – clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

5. **Critical Appraisal Assignment**
The clerk will complete a critical appraisal assignment on a scholarly article relevant to Internal Medicine. The clerk has a choice of article from a list provided at the start of rotation. This assignment is designed to continue the development of the student’s critical appraisal skills.

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<thead>
<tr>
<th>Assessment Type</th>
<th>Weight</th>
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<tbody>
<tr>
<td>ITER</td>
<td>50%</td>
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<tr>
<td>Oral examination</td>
<td>30%</td>
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<tr>
<td>NBME exam</td>
<td>20%</td>
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<tr>
<td>Critical Appraisal Assignment</td>
<td>Formative (non-graded)</td>
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<tr>
<td>Total</td>
<td>100%</td>
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**Note:** The student must pass all assessment types to pass the rotation.

**Ward Evaluation**

Clerks need to contact their supervising physician during the final week of the service. A mutually suitable time will be established for the Clerks to receive an assessment of their performance. Clerks are also encouraged to cordially remind their attending of their responsibility in this regard, should this be overlooked.

**Please Note:** The clerk as well as the attending is asked to sign the assessment form to signify that it has been discussed.

**Oral Examination**

A clinical oral examination is required near the end of the medical rotation. The student will have one hour for a history and physical examination of a patient, following which, the findings along with a presentation of a differential diagnosis and management plan will be reviewed with the examiners. It is expected that basic tools such as white lab coat, stethoscope, reflex hammer, and pen light will be brought by the student to the exam. DO NOT bring notes, back packs, etc.

**Written Examination**

A 3 hour 26 minute NBME exam will be held at the end of the medicine rotation dealing with general aspects of internal medicine. All clerks have access to SIMPLE Cases to aid in studying.
OBSTETRICS AND GYNECOLOGY

MODULE CONTACTS

Rotation Director/Coordinators

SASKATOON SITE
Dr. Melissa Mirosh (Director)
Email: melissa.mirosh@usask.ca
Phone: (306) 844-1023
RUH 4515

REGINA SITE
Dr. Rashmi Bhargava
Email: rbhargava@accesscom.ca
Phone: (306) 522-2229
RGH

PRINCE ALBERT SITE
Dr. Joanne Siverston
Email: siverston@sasktel.net
Phone: (306) 765-6787
VGH

Rotation Administrators

Yimika Plumptre
Email: yimika.plumtre@usask.ca
Phone: (306) 844-1023
Fax: (306) 844-1526
RUH 4515

Tracy Arnold
Email: tracy.arnold@rqhealth.ca
Phone: (306) 766-3705
Fax: (306) 766-4883
RGH

Nicole Toutant
Email: nicole.toutant@usask.ca
Phone: (306) 765-6787
Fax: (306) 765-6783
VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/obstetrics.php

ROTATION DESCRIPTION

Duration: 6 weeks
Call: 1-in-4

Vacation/Educational Leave: 5 working days
The student must also be present for the orientation session the first day of their rotation, as well as their OSCE in the last week. Therefore, NO vacation will be granted during these times.
All leave requests must be submitted no later than sixty (60) days prior to the start of the Obstetrics/Gynecology rotation.

The Obstetrics and Gynecology rotation will provide basic experiences that will enable Clerks to understand and apply the knowledge and skills in women’s healthcare to provide excellent reproductive care for women throughout his or her career. Expectations of learning and evaluation are the same regardless of where the rotation is completed; there are some site-specific differences in the way in which the rotations are organized.
Core Obstetrical Presentations (List 1)
Uncomplicated pregnancy including prenatal screening.

Medical Diseases Complicating Pregnancy – Hypertension, Diabetes, Heart Disease, Renal Disease

Other Pregnancy Complications – Multiple Gestation, Ectopic Pregnancy, Spontaneous Abortion, Ante-Partum Hemorrhage, Isoimmunization including Rh Disease, Pre-Term/Post-Term Labour, Pre-Labour Rupture of Membranes, Chorioamnionitis, Polyhydramnios/Oligohydramnios, Intrauterine Growth Restriction, Intrauterine Fetal Death

Uncomplicated Delivery

Complicated Delivery - Prolonged Labour, Breech, Malpresentation, Forceps and/or Vacuum Assisted, Caesarian, Non-Reassuring Fetal Heart Rate

Uncomplicated Post-Partum Care

Core Gynecological Presentations (List 2)
Abdominal Pain

Hirsutism and Virilization, Endometriosis

Abnormal Bleeding – Amenorrhea, Dysmenorrhea, Dysfunctional Uterine Bleeding

Urinary Incontinence

Vaginal Discharge, Fertility Issues

Delayed Menarche, Premenstrual Syndrome, Menopause, Contraception

Ovarian Tumors – Benign and Malignant

Uterine Cancer, Cervical Cancer

Vulvar Conditions – Benign, Pre-Malignant, Malignant

ROTATION OBJECTIVES

By the end of the Rotation the clerk will:

Medical Expert

1. Perform an appropriate and focused observed history for patients with a Core Obstetrical or Gynecologic presentations (see list 1 and 2), using a patient and family-centered approach. (Medical Expert, Communicator)

2. Perform an appropriate and focused observed physical examination for patients with a Core Obstetrical or Gynecologic presentations (see list 1 and 2), using a patient and family-centered approach. (Medical Expert)

3. Provide a diagnostic work-up of patients with a Core Obstetrical and Gynecologic presentations (see list 1 and 2). (Medical Expert)

4. Interpret relevant diagnostic tests in the evaluation of patients with a Core Obstetrical and Gynecologic presentations (see list 1 and 2). (Medical Expert)
5. Develop a relevant, prioritized differential diagnosis through clinical reasoning and integration of clinical information for a problem of a core Obstetrical and Gynecologic presentations (see list 1 and 2). (Medical Expert)

6. Discuss the pathophysiology, epidemiology, natural history and prognosis of the Core Obstetrical and Gynecological presentations (see list 1 and 2). (Medical Expert)

7. Select and defend the choice of contraception (reversible and irreversible) for a patient including application, contraindications, and adverse effects. (Medical Expert, Communicator, Health Advocate)

8. Assess fetal health by examination, prenatal screening, ultrasound, and non-stress testing. (Medical Expert)

9. Assign gestational age by menstrual history and/or ultrasound. (Medical Expert)

10. Manage a patient with an uncomplicated pregnancy in the inpatient/outpatient setting. (Medical Expert, Communicator)

11. Manage (with assistance) a patient with a complicated pregnancy (other than a medical disease). (Medical Expert, Communicator)

12. Manage (with assistance) a patient with a medical disease complicating the pregnancy in the inpatient/outpatient setting. (Medical Expert, Communicator)

13. Manage an uncomplicated delivery in the inpatient setting. (Medical Expert, Communicator)

14. Observe the management of a patient with a complicated delivery, e.g. vacuum, forceps. (Medical Expert)

15. Assist in a Caesarean delivery of a patient. (Medical Expert)

16. Participate in the induction of labour of a patient. (Medical Expert, Communicator, Professional)

17. Interpret a fetal heart tracing. (Medical Expert, Communicator)

18. Perform artificial rupture of membranes or fetal scalp electrode placement. (Medical Expert, Communicator)

19. Perform, with assistance, a repair of a vaginal laceration. (Medical Expert, Communicator)

20. Manage a patient with an uncomplicated postpartum course. (Medical Expert, Communicator, Leader)

21. Perform a Pap smear. (Medical Expert, Communicator)

22. Perform a pelvic examination (speculum, bimanual, inspection of vulva). (Medical Expert, Communicator)

23. Assist in a D&C/Incomplete abortion/termination of pregnancy of a patient. (Medical Expert, Communicator, Professional)

24. Assist in a vaginal or bladder surgery. (Medical Expert)

25. Assist on a laparotomy/laparoscopic/endoscopic procedure. (Medical Expert)

26. Manage, with assistance, a patient with abnormal bleeding. (Medical Expert)
Communicator
1. Maintain clear, accurate, and appropriate records of clinical encounters. (Communicator)
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition. (Communicator)
3. Communicate in a language easily understood by patients and family members. (Communicator)
4. Communicate in a culturally competent and sensitive manner. (Communicator, Professional)
5. Participate in obtaining informed consent. (Communicator, Medical Expert)

Collaborator
1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. (Collaborator)
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. (Collaborator)

Leader
1. Manage workload effectively. (Leader)
2. Identify and address potential barriers to efficient and safe workflow. (Leader)

Health advocate
1. Recognize cultural and socio-economic issues that impact patient and population health. (Health Advocate)
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. (Health advocate)

Scholar
1. Practice evidence informed medicine. (Scholar)
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning. (Scholar)
3. Participate in the education of patients, family members and other health care team members in a respectful manner. (Scholar, Professional)
4. Describe the principles of quality improvement and how they relate to patient care and safety. (Scholar)
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. (Professional, Scholar)

Professional
1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. (Professional)
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy. (Professional, Health Advocate, Communicator)

3. Provide culturally safe and respectful care to all patients, including Indigenous populations. (Professional)

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. (Professional)

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. (Professional)

6. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. (Leader)

STRUCTURE OF THE ROTATION

The primary source of knowledge acquisition arises from patient contact. Clerk clinical experience will involve patient contact in the emergency room, on the labour ward, on the ante-partum/post-partum unit, in the operating theatre, as well as office outpatient care. Clerks are required to demonstrate the ability to deal not only with problems encountered, but also with other serious obstetric and gynecologic problems that are not seen on a daily basis. An excellent example of this would be placenta previa, which is a rare but significant complication that requires immediate attention.

Orientation

Saskatoon: All students in the Clerk program are to appear in Room 4501 for orientation at 0800 hours on the first day of the rotation, regardless of hospital assignment.

Regina: Clerks must review all information on One45 prior to meeting with Dr. Bhargava (Site Coordinator) on the first day of their rotation. Clerks will be notified by e-mail from Tracy Arnold one week prior with the time and location of the meeting.

Prince Albert: Students will be sent a daily schedule in advance of their start date on this rotation. The schedule will provide a list of where to student is to be on each day of their rotation. On your first day report to the Labor Floor at 0700.

DUTIES/EXPECTATIONS

Post-call Responsibilities

The expectations for work after in-house call will be consistent with the whole College of Medicine, except after being on call for 24 hours at Labour and Delivery. The post-call clerk is allowed to go home after morning teaching rounds except under extraordinary circumstances.

If the time off post call conflicts with a scheduled clinic, it is the Clerks responsibility to either:

- Trade the on call responsibility to avoid the conflict with the clinic, or
- Trade the clinic assignment.
In all cases, before leaving, the clerk will hand over patient responsibilities, consistent with good professional practice.

TEACHING

SASKATOON
All clerks on rotation at both the Royal University Hospital and City Hospital are to be at RUH for teaching Monday through Friday. A detailed schedule will be provided.

Scheduled Sessions – Mandatory

Clerks on OBS & GYNE: Monday, Tuesday, Wednesday & Thursday: 0700 teaching at RUH, Room 4649 unless otherwise specified.

Clerks on OBS & GYNE: Seminars 0800-0900 at RUH Room 4501 Wednesday – Friday, unless otherwise specified. CLERKs on Gyne rotation are to go to SCH after the seminar.

Grand Rounds – Mandatory

1st Friday of the month (September to June) – 0730 – RUH East Lecture Theater

Combined Perinatal Rounds – Mandatory

2nd Wednesday of the month (September to June) – 0700 – RUH East Lecture Theatre

REGINA

Clerk O&G Academic Half-Day including weekly SIMs sessions - Mandatory
Tuesday 1300-1600

Combined Perinatal Rounds – Mandatory
2nd Wednesday of the month (September to June) – 0700

Subspecialty Rounds

Monday PGY teaching 0715-0745 (see One45 calendar)
Tuesday REI rounds 0700-0800 (see One45 calendar)
Wednesday MFM rounds 0700-0800 (see One45 calendar)

A member of the department will lead a session presenting a series of major topics on a 6 week rotating schedule. Clerks will be provided with a list of topics and learning objectives at the beginning of the rotation (see One45). It is expected that clerks will arrive with some knowledge and understanding of the topic to be presented. This facilitates the learning experience and improves the discussion, especially if a case presentation is included as part of the teaching.

Grand Rounds – Mandatory

0800-0900 – Grand Rounds are held the 4th Wednesday of the month (see One45 calendar).

PRINCE ALBERT
Weekly Teaching Rounds – **Mandatory regardless of what rotation you are on**
Wednesdays, 0700 – 0800

**RESOURCES**

**Textbooks**
- Hacker and Moore’s Essentials in Obstetrics and Gynecology, Neville F. Hacker et al.

**Websites**
- SOGC (Society of Ob/Gyn of Canada) [www.sogc.org](http://www.sogc.org)
- ACOG (American College of Ob/Gyne) [www.acog.org](http://www.acog.org)
- WHO (World Health Organization) [www.who.int/en](http://www.who.int/en)
- Health Canada [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- CDC (Center for Disease Control) [www.cdc.gov](http://www.cdc.gov)

**STUDENT ASSESSMENT**

Students will be assessed on the following in the Obstetrics and Gynecology rotation:

1. Clinical assessments (50%) based on the stated objectives by the attending staff and/or residents on an ongoing basis.
   - Assessments of professionalism must be at a minimum “Meets Expectations” for all evaluations in the latter half of the rotation.
   - The assessments will be compiled to complete a Summative ITER (In Training Evaluation Report). This will contribute to 50% of the mark.
   - The student must have a minimum of “Meets Expectations” on all categories for the Summative ITER (assessment form) to pass the clinical portion.

2. Departmental OSCE (10%) administered in the department of O&G during the final week of the rotation.

3. NBME Exam (40%).

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<tr>
<td>1. Clinical Assessment (ITER)</td>
<td>50%</td>
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<tr>
<td>2. Departmental OSCE</td>
<td>10%</td>
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<tr>
<td>3. NBME</td>
<td>40%</td>
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<td>100%</td>
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**Note:** The student must pass all assessment types to pass the rotation.

A student will fail Obstetrics and Gynecology for **ANY** of the following:
1. Below Expectations on assessments of Professionalism.
2. Grade of < 70% on the combination of the Summative ITER and OSCE.
3. An adjusted grade of < 70% on 2 writings of the NBME Obstetrics and Gynecology exam (initial exam and re-write, unless otherwise specified by the clerkship Sub-Committee (see NBME policy).
4. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the rotation. 6.2 log must be completed within one (1) week of the end of the rotation.
5. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.
6. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

The final percentage mark will form the basis for the Obstetric and Gynecologic prize and medal awards. Percentage grades of at least 70% will constitute a Pass for the rotation. The Pass/Fail grade, along with the written description of the student’s performance, will be submitted to the Undergraduate Office.
PEDIATRICS

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE
Dr. Charissa Pockett
Email: charissa.pockett@saskatoonhealthregion.ca
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RUH 3715

REGINA SITE
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RGH

PRINCE ALBERT SITE
Dr. Ayaz Ramji
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Phone: (306) 953-5664
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Victoria Square

Rotation Administrators

SASKATOON SITE
Michelle Haley
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RGH

PRINCE ALBERT SITE
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Fax: (306) 765-6783
VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/pediatrics.php

ROTATION DESCRIPTION

Duration: 6 weeks

Call:
up to 1-in-4

Vacation/Educational Leave:
5 working days and either the weekend before OR the weekend after.
Cannot take vacation on the date of the NMBE write.

This rotation is designed to give the third year students instruction in providing care for the pediatric and adolescent patient and to enable the student to recognize the need for referral, when necessary.

The instructional methods used include: informal bedside teaching both as inpatient and outpatient encounters, formal lectures in the form of weekly Pediatric Seminars, experience in general pediatrician offices, experience in Pediatric sub-specialty clinics, participation in various academic rounds such as weekly Pediatric Grand rounds. Clerks are expected to read around their cases and to expand their general pediatric knowledge by independent learning to supplement academic half-day, Clerkship seminars and clinical teaching.
Core Pediatrics Presentations

- Pallor (Anemia)
- Bruising and Bleeding
- Lymphadenopathy
- Respiratory Symptoms – Cough, Wheeze, Stridor, Acute Respiratory Distress
- Fever
- Heart Murmur
- Dehydration
- Head and Neck Symptoms – Otalgia, Pharyngitis, sinusitis, mouth pain
- Rash
- GI Symptoms – Vomiting, Abdominal Pain, Diarrhea, Constipation
- Headache
- Acute CNS Symptoms – Altered Level of Consciousness, Seizures
- Meningitis
- Sepsis
- Osteomyelitis/Septic Arthritis
- Failure to Thrive
- Obesity
- GU Symptoms – Polyuria/Nocturia, Dysuria, Hematuria, Frequency/Urgency
- Limp
- Child with a Chronic Illness

ROTATION OBJECTIVES

By the end of the Rotation the Clerk will:

Medical Expert

1. Perform a complete observed, patient and family-centered history from the pediatric patient and/or their caregiver(s) of a Core Pediatric Presentation to elicit information effectively. *(Medical Expert, Communicator)*

2. Perform an appropriate observed patient and family-centered physical examination of newborns, infants, children and adolescents with Core Pediatric Presentations paying particular attention to the following skills: *(Medical Expert, Communicator)*

   Positioning and immobilizing the pediatric patient
   Optimization of patient comfort
   Measuring height, weight and head circumference
   Taking a complete set of vital signs
   Assessing hydration status
   Examining for dysmorphic features
   Tanner staging
Identification and interpretation of both positive and negative findings on physical examination

3. Develop an initial working diagnostic hypotheses based upon history and physical examination findings. (Medical Expert)

4. Provide a diagnostic work-up of patients with a core Pediatric presentation. (Medical Expert)

5. Select and interpret appropriate diagnostic tests using evidence informed decision making. (Medical Expert)

6. Determine the relative appropriateness and necessity of such tests based upon the working diagnostic hypotheses, considering the patient and family preferences and risk tolerance. (Medical Expert, Communicator)

7. Develop a reasoned and reliable approach to a differential diagnosis of Core Pediatric Presentations. (Medical Expert)

8. Integrate relevant elements of clinical information and diagnostic tests in the evaluation of patients with a core Pediatric presentation to arrive at the final presumptive diagnosis. (Medical Expert, Communicator)

9. Develop appropriate plans for the management of patients with the Core Pediatric Presentations listed above, while also considering the patient’s background and family context. (Medical Expert, Communicator)

10. Discuss the pathophysiology, epidemiology, natural history, clinical presentation and prognosis of common Core Pediatric Presentations. (Medical Expert)

11. Develop appropriate therapeutic intervention plans, using both pharmacological and non-pharmacological techniques as appropriate to the diagnosis, within the context of the patient and family-centered approach to care. (Medical Expert, Scholar)

12. Revise and re-evaluate the presumptive diagnosis and/or treatment plan based on new information and/or response to treatment. (Medical Expert)

13. Demonstrate anticipatory guidance for patients in the following age categories: (Medical Expert, Communicator, Health Advocate)
   - Newborn/infant/toddler
   - School age/adolescent

14. Describe the elements of well child care, including (Medical Expert):
    - Stages of normal development
    - Nutritional issues including appropriate diet and sequencing of advancement in infant nutrition

15. Describe and when appropriate apply, how health promotion and public health principles apply to clinical care in pediatrics. (Medical Expert, Health Advocate)

16. Develop and apply appropriate skills to prevent harm in patients both in the medical and non-medical settings. (Medical Expert)

17. Demonstrate proficiency in basic procedural skills relevant to pediatric clinical care as documented in the 6.2 Pediatric Clinical Learning Experiences logs. (Medical Expert)
Communicator
1. Maintain clear, accurate, and appropriate records of clinical encounters. (Communicator)
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition. (Communicator)
3. Communicate in a language easily understood by patients and family members. (Communicator)
4. Communicate in a culturally competent and sensitive manner. (Communicator, Professional)
5. Participate in obtaining informed consent. (Communicator, Medical Expert)

Collaborator
1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. (Collaborator)
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. (Collaborator)

Leader
1. Manage workload effectively. (Leader)
2. Identify and address potential barriers to efficient and safe workflow. (Leader)

Health advocate
1. Recognize cultural and socio-economic issues that impact patient and population health. (Health Advocate)
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. (Health Advocate)

Scholar
1. Practice evidence informed medicine. (Scholar)
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning. (Scholar)
3. Participate in the education of patients, family members and other health care team members in a respectful manner. (Scholar, Professional)
4. Describe the principles of quality improvement and how they relate to patient care and safety. (Scholar)
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. (Professional, Scholar)

Professional
1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. (Professional)
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy. (Professional, Health Advocate, Communicator)

3. Provide culturally safe and respectful care to all patients, including Indigenous populations. (Professional)

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. (Professional)

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. (Professional)

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care. (Professional)

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. (Leader)

STRUCTURE OF THE ROTATION

Saskatoon
- Three-week rotation on one of the two pediatric inpatient teams (Orange, Purple) at Royal University Hospital.
- Three weeks in Pediatric Outpatient Clinics attending general and subspecialist pediatric clinics as well as Pediatric Emergency shifts. Subspecialist pediatric clinics include those that are on-site at the Royal University Hospital, as well as Social Pediatrics, Neonatal follow up clinics and Developmental Clinics. Social Pediatrics is run out of school-based clinics. Developmental and Neonatal Follow-up clinics are based in the Alvin Buckwold Child Development Program at the Kinsmen Children’s Centre. In addition, Clerks participate in at least one half day shift in the Neonatal Intensive Care Unit.

Regina
- Three weeks on the Pediatric Teaching Unit (PTU)
- One week in the Neonatal Intensive Care Unit
- Two weeks on outpatient pediatrics in both general and subspecialty clinics (e.g. Asthma Clinic, Cystic Fibrosis Clinic, Pediatric Cardiology Clinic, Developmental Assessment Clinic, Pediatric Oncology Clinic, Wascana Rehabilitation Clinics).

Prince Albert
- On this rotation you will be expected to work in the emergency room, the nursery, the general pediatric clinic providing ambulatory care, and on the pediatric inpatient wards at the Victoria Hospital in Prince Albert. Clinical duties will be variable day to day depending on the areas of highest pediatric patient activity and clinical experiences identified to have the greatest educational benefit to the Clerk by the attending physician.

Orientation
- Saskatoon: A brief orientation will be arranged at the Royal University Hospital starting at 0730 on the first day of the rotation. Schedules concerning nights on call, teaching sessions, and clinical assignments will be available for each group of Clerks before the rotation begins. If a student has not received his or her rotation schedule by the orientation date, he or she must pick it up from the academic secretary in room 3711.
Regina: An orientation is scheduled at 0730 on 4F at Regina General Hospital. You will meet with the PTU Nurse Coordinator, Joanne, and then Dr. Flavelle.

Prince Albert: Clerks must contact the Pediatric Clinic Office Leader, Mariann Lopinski (mlopinski@paphr.sk.ca or 953-5664) prior to the start of their rotation to receive instructions on where to report to on the first day. There is no formal orientation day for this rotation. All orientation will be provided by Ms. Lopinski and the attending Pediatrician assigned that first day.

CLERK DUTIES/EXPECTATIONS

Inpatient Service

The Clerk is responsible for:

- Reviewing all patients for which he/she is responsible at least once daily. Priority will be given to the review and management of more seriously ill patients. Accordingly, these patients should be the first to be visited each morning and, if necessary, reviewed with the resident and/or attending physician.
- Knowing his or her assigned patients’ hospitalization history to date, results of investigations, and their clinical status at present.
- Performing a focused physical examination on their assigned patients at least once daily, with more frequent re-assessments as their clinical status mandates.
- Verbally presenting a concise summary of their assigned patients during ward rounds.
- Formulating investigative and therapeutic plans under the supervision of the resident and/or attending physician.
- Writing daily progress notes on their assigned patients. Progress notes should be used to interpret and clarify data, and may need to be written more than once daily as information becomes available.
- On-call during weekends and statutory holidays, the on call Clerks are responsible, in association with the resident(s), for the welfare of all patients on the ward.

In Saskatoon, Clerks will be responsible for the discharge documentation (Dear Doctor letter or dictated discharge summary) of their assigned patients under the supervision of the most senior pediatric resident on the ward or the ward attending. Clerks are responsible for dictating, at most, five discharge summaries during the rotation and only on patients in which they have been actively involved in that patient’s care. Clerks will receive feedback on their discharge dictations from the pediatric residents on the ward or the ward attending.

In Regina, Clerks will be expected to complete the dictated discharge summaries for their patients. Some of the more complicated admissions may not be suitable for a Clerk to dictate so please discuss these cases with Joanne or the attending physician.

Outpatient Service

The Clerk will:

- Promptly attend all assigned outpatient clinics.
- When time and resources permit, the Clerk will complete a history and/or physical examination of a patient, formulate a differential diagnosis, interpret investigations, list required investigations, and/or formulate a management plan under the supervision of the attending physician.

Hours of Work

Saskatoon: Regular working hours are generally from 0730-1630 Monday to Friday on the inpatient service. On Saturday, Sunday and stat holidays only the Clerk on call for that day is expected to appear. The regular working hours for the outpatient service are generally 0800-1700 Monday to Friday. See details of working hours under the “Call” and “Post-Call” sections for Pediatrics (below).
Regina: Regular working hours are from 0730 to 1700 Monday to Friday on PTU and 0800 to 1700 on NICU. Outpatient clinic times will vary. On Saturday, Sunday and stat holidays only the Clerk on call for that day is expected to appear. See details of working hours under the “Call” and “Post-Call” section for Pediatrics (below).

CALL

SASKATOON

- 1-in-4 call and one weekend
- Call will be arranged only during the inpatient portion of the rotation and will consist of a mix of night call (until 2300) and overnight call.
- Call Monday to Friday starts at 1600. Call Saturday, Sunday, and Statutory Holidays starts at 0800.
- No Clerk will be scheduled for overnight call the night before any mandatory teaching or their end of rotation written examination.
- Requests to be off-call are to be submitted to the administrative assistant no later than 6 weeks prior to the start of the rotation. Off-call requests for vacation/educational leave will be considered on a first come-first served basis. Off-call requests for occasions other than vacation/educational leave will be considered on a case-by-case basis. Call changes occurring after schedule is finalized are the responsibility of the Clerk to arrange. Call changes are to be communicated to RUH Switchboard, the Pediatric Undergraduate Administrative Assistant, as well as the residents, and attendings the Clerk is scheduled to be working with.
- Each Clerk is responsible for arranging a replacement if he or she is unable to take assigned call. All Clerks must notify their clinical supervisors, the Administrative Assistant in the Department of Pediatrics (at 844-1271) and the switchboard of any changes.

On-Call Duties

- The Clerk will always be first on call for ward issues with residents available to help with any issues the Clerk is unable or uncomfortable to manage.
- Clerks will also be assigned to admit patients from Emergency or directly from another facility. Assignment of this duty will be at the discretion of the most senior resident on call.

Post-Call

- Night call ends at 2300. Clerks are expected start work again by attending the 0730 handover rounds the next day.
- Clerks are expected to be available until after 0730 handover rounds when they have been on overnight call. Additionally, students are expected to review their patients, write daily notes, and provide handover to the most senior resident prior to leaving post-call.

REGINA

- 1-in-4 call that is averaged over the rotation and can be scheduled during any week of the rotation (PTU, NICU and/or outpatient).
- Holidays cannot be taken during the three weeks spent on the Pediatric Teaching unit (PTU) or the one week spent in NICU meaning holidays will only be granted during the time spent on pediatric outpatients. The rotation coordinators will endeavor to be flexible when scheduling the requested time off.
- Call Monday to Friday starts at 1700.
- Call Saturday, Sunday, and Statutory holidays starts at 0800.
- Call Sunday through Thursday ends at 2300 so students are expected to be present for clinical duties and teaching the following day.
- Call Friday and Saturday ends at 0800 the following morning after sign-over is complete.
Call changes occurring after the schedule is finalized are the responsibility of the Clerk to arrange. Each Clerk is responsible for arranging a replacement if he or she is unable to take assigned call shifts (exception: emergency situations). Call changes are to be communicated to RGH Switchboard and Tracey Murray (tracey.murray@rqhealth.ca or 306-766-3707), or the College of Medicine (306-766-3705). As a courtesy, also inform the residents and attendings.

**On-Call Duties**
- When on-call, Clerks cover the general pediatric inpatient ward/PTU (4F) and consults from the Emergency Department.
- A Clerk’s first call shift is usually “buddied” with another Clerk or resident.
- After this Clerks may be on-call alone but are always under the supervision of an Attending Pediatrician.

**Post-Call**
- Students are expected to attend regular working hours if they were only on call until 2300 (Sunday through Thursday).
- Clerks are expected to be available post-call (Saturday and Sunday AM) until after handover at 0800 the next morning. Then they should tidy up any outstanding issues (i.e. documentation, phone calls, etc.) that arose overnight before leaving.

**PRINCE ALBERT**
- 1-in-4 call (averaged over the rotation).
- Clerks continue on the regular ER call schedule with Clerks rotating in other disciplines. The call schedule is drawn up by the Chief Family Medicine Resident and any call requests or changes need to be communicated and approved by them.

**On-Call Duties**
- When on-call, Clerks cover the Emergency room and respond to any Pediatric consultation requests.

**TEACHING SESSIONS**

**All Sites**

**Clerkship Teaching**
Clerkship seminars occur on Wednesday from 1300-1500, and are video conferenced to all three sites. Clerkship seminars consist of 8 topics given once each during each 6 week rotation. A Clerkship seminar schedule will be provided at the beginning of the rotation, and handouts have been posted on One45. It is expected that Clerks will arrive at the session with some knowledge and understanding of the topic to be presented having reviewed the session handouts ahead of time. This facilitates the learning experience and improves the discussion.

In Saskatoon – Clerks are to consult the provided schedule for room location
In Regina – Clerks are to proceed to the College of Medicine Office
In Prince Albert – Clerks are to proceed to the College of Medicine Office

**SASKATOON**

**Clerkship Seminars (As above)** Wednesday from 1300-1500. The majority held in Saskatoon, with some sessions being video conferenced from Regina.

**Saskatoon Pediatric Grand Rounds:** Thursdays 1100 - 1200 in the East Lecture Theatre, Ground Floor, RUH. Presented via telehealth to other sites in Saskatchewan, including Regina and Prince Albert
Attendance is MANDATORY for all Clerks in Saskatoon.

**Pediatric Resident Academic Half-Day:** Thursdays from 1200-1500. Admission rounds led by a pediatric resident (1200-1300) followed by teaching from General Pediatrics/Subspecialty Pediatrics (1300-1500). Video conferenced to Regina and Prince Albert if there are pediatric residents on-site. Lunch is provided at the Saskatoon site. Clerks are welcome but this is not mandatory teaching for the Clerks. A Clerks ability to attend will depend on absence of other clinical duties or direct permission given by their attending Pediatrician that day. Clerks are to check with their clinical supervisor for that day prior to attending.

**REGINA**

Clerks are mandated to attend all organized teaching sessions. *The only exception would be if you are handling an emergency at the specified time.*

**Clerkship Seminars (As Above)**

Wednesday from 1300-1500. Normally held via video conference at the College of Medicine office at RGH, although some sessions will be delivered from Regina.

**PTU Teaching Rounds**

Friday 0900-0930 in the 4F conference room.

**NICU Lectures**

Wednesdays 3:00-4:00 in 2C-02 Parent Interview Room. Additional brief sessions on various Neonatal topics are discussed during the NICU rotation.

**Saskatoon Pediatric Grand Rounds** – Thursdays 1100 - 1200 telehealth from Saskatoon. These are not mandatory but can be attended if you are not involved in other duties.

**PRINCE ALBERT**

**Saskatoon Pediatric Grand Rounds** – Thursdays 1100 – 1200, Telehealth Room. Mandatory attendance.

**RESOURCES**

- Pedscases ([www.pedscases.com](http://www.pedscases.com))
- An internet-based learning program authored by University of Alberta medical students and pediatric attending physicians. It is designed for use by trainees at all levels of training to supplement other instructional methods. It consists of podcasts as well as interactive web-based activities. Pedscases are optional.

**Textbooks**

Journals
- Pediatrics
- Journal of Pediatrics
- Pediatrics in Review

Additional Resource Material
- As referenced in handouts for Clerkship seminars.

STUDENT ASSESSMENT
Clerks will be assessed on clinical skills related to history-taking and physical examination, ability to synthesize information in order to generate differential diagnoses, and management plans relevant to their training. These assessments will be used to develop the Rotation ITER (In-training Evaluation Report).

It is understood that some Clerks may initially have areas of weaknesses that can be successfully remediated during the course of the rotation, as long as formative feedback is given.

Assessment of clinical skills, knowledge base and professionalism will occur via Observed History and Physical Exam checklists, Ward encounter assessments and Clinic encounter assessments. Clerks in Saskatoon will also be assessed during each Pediatric Emergency shift.

The final assessment and pass criteria for Pediatrics includes all of the following:

1. Clinical performance as measured by clinical assessments filled out by attending physicians during the Inpatient rotation, Outpatient Clinics, Community Clinics and Pediatric Emergency shifts. The following criteria are required to pass:
   - Assessments of professionalism must be at a minimum “Meets Expectations” for all evaluations in the latter half of the rotation.
   - The assessments will be compiled to complete an ITER (In Training Evaluation Report). This will contribute to 60% of the mark.
   - The student must have a minimum of “Meets Expectations” on all categories for the final ITER (assessment form) to pass the clinical portion.

2. Written NBME Examination. The following are required to pass:
   - An adjusted NBME score of 70% or greater.
   - If the initial NBME score is less than 70% the Clerk will be provided with an opportunity to re-write the NBME. Please see the Course Assessment Policy for further information.
   - The NBME score contributes to 40% of the mark.

3. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the rotation. 6.2 log must be completed within one (1) week of the end of the rotation.

4. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

5. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site
departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

A midterm review is held with the Clerk to address any concerns and to discuss progress such that if there are concerns, there is time for correction or remediation of any problems. An exit interview is given during the last week of rotation to discuss the student’s final mark, to encourage an interactive review of the rotation and to provide constructive feedback on teaching and the rotation in general.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ITER</td>
<td>60%</td>
</tr>
<tr>
<td>2 NBME</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: The student must pass all assessment types to pass the rotation.
PSYCHIATRY

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE
Dr. Alanna Baillod (Director)
Email: alanna.baillod@usask.ca
Phone: (306) 844-1078
Ellis Hall 121

REGINA SITE
Dr. James Chen
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Phone: (306) 766-3704
RGH Mental Health Unit

PRINCE ALBERT SITE
Dr. Lila Cooper
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Phone: (306) 765-6055
Mental Health Main Desk

Rotation Administrators

Holly Maas
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Ellis Hall 119

Krista Schulz
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RGH

Nicole Toutant
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Phone: (306) 765-6783
Fax: (306) 765-6783
VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/psychiatry.php

ROTATION DESCRIPTION

Duration: 6 weeks
Call: Maximum 1-in-4

Vacation/Educational Leave: Maximum 5 working days. Cannot be during the first or last two days of the rotation.

ROTATION OBJECTIVES

Core Psychiatric Presentations (List 1)
Alcohol/Substance Use Disorders, Anxiety Disorders (including OCD and PTSD), Bipolar Disorders, Schizophrenia and/or other Psychotic Disorders, Depressive Disorders, Disorders usually Diagnosed in Childhood/Adolescence, Personality Disorders, Somatoform Disorders, Neurocognitive Disorders (Delirium, Major Neurocognitive Disorder/Dementia)

By the end of the Rotation the clerk will:

Medical Expert

1. Perform an appropriate observed patient and family-centered history of a patient with a core psychiatric condition* (see List 1). (Medical Expert, Communicator)
2. Select and interpret investigations with respect to a patient with a core psychiatric condition* (see List 1). (Medical Expert, Communicator)
3. Demonstrate the ability to develop a basic treatment plan for a patient with a core psychiatric condition* (see List 1). *(Medical expert, Communicator, Health Advocate)*

4. Demonstrate competency in performing a suicide risk assessment on a patient. *(Medical Expert, Communicator)*

5. Participate in the care of a patient with a core psychiatric condition* (see List 1). *(Medical Expert, Communicator, Collaborator)*

6. Demonstrate awareness of the diagnostic groups related to the core psychiatric disorders* (see List 1). *(Medical Expert, Communicator)*

7. Demonstrate awareness of the etiology of the core psychiatric conditions* (see List 1). *(Medical Expert, Communicator)*

8. Describe the rationale, principles, indications, contra-indications, and complications related to pharmacotherapy (such as: antidepressants, antipsychotics, anxiolytics, mood stabilizers, hypnotics, stimulants). *(Medical Expert, Communicator)*

9. Describe the rationale, principles, indications, contra-indications, and complications related to ECT. *(Medical Expert, Communicator)*

10. Describe the rationale, principles, indications, contra-indications, and complications related to psychotherapy. *(Medical Expert, Communicator)*

11. Recognize non-psychiatric health conditions in a patient and derive a differential diagnosis. *(Medical Expert, Communicator)*

12. Identify initial management plan of a non-psychiatric health condition in a patient. *(Medical Expert, Communicator)*

13. Perform a mental status examination. *(Medical Expert)*

14. Participate in providing psychoeducation/counselling to patients/family members. *(Medical Expert, Communicator)*

15. Participate in obtaining informed consent (under supervision). *(Medical Expert, Communicator, Professional)*

16. Identify the elements of capacity. *(Medical Expert, Professional)*

17. Promptly identify emergency situations and respond appropriately. *(Medical Expert, Professional)*

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters. *(Communicator)*

2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition. *(Communicator)*

3. Communicate in a language easily understood by patients and family members. *(Communicator)*

4. Communicate in a culturally competent and sensitive manner. *(Communicator, Professional)*

5. Participate in obtaining informed consent. *(Communicator, Medical Expert)*
Collaborator
1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. (Collaborator)
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. (Collaborator)

Leader
1. Manage workload effectively. (Leader)
2. Identify and address potential barriers to efficient and safe workflow. (Leader)

Health advocate
1. Recognize cultural and socio-economic issues that impact patient and population health. (Health Advocate)
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. (Health Advocate)

Scholar
1. Practice evidence informed medicine. (Scholar)
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning. (Scholar)
3. Participate in the education of patients, family members and other health care team members in a respectful manner. (Scholar, Professional)
4. Describe the principles of quality improvement and how they relate to patient care and safety. (Scholar)
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. (Scholar, Professional)
Professional

1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. (Professional)

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy. (Professional, Health Advocate, Communicator)

3. Provide culturally safe and respectful care to all patients, including Indigenous populations. (Professional)

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. (Professional)

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. (Professional)

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care. (Professional)

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. (Leader)

STRUCTURE OF THE ROTATION

Psychiatry is a profession of extreme variety and surprise. Because of this, a Clerks exposure during his or her time with us may be quite different than that of their colleagues. We believe this provides Clerks with the greatest opportunity to learn and collaborate.

Clerks will be working under the guidance of a specific consultant. He or she will work as part of the mental health team and will assume full responsibility for designated inpatients under appropriate supervision. Clerks may also have the opportunity to see outpatients, psychiatric consultations, children and families, and will be on call for emergencies. Clerks may have an opportunity to participate in community and home visits with team members.

Goals for Students

- To develop skills and knowledge in the recognition, diagnosis, and management of psychiatric disorders.
- To develop an understanding of the relationship of the psychological state to disease in whatever specialty the student enters.
- To develop insight towards their own feelings toward patients and manage their responses in the best interest of the patient.
- To understand the community resources that are available to assist in the treatment of the patient’s psychiatric illness.

Saskatoon: Clerks may be assigned to work at Royal University Hospital, Irene and Leslie Dubé Centre, Regional Psychiatric Centre and consultant outpatient clinics. Child Psychiatry experience will be offered at the Royal University Hospital and/or consultant outpatient clinics. Clerks will be placed in a 3-week inpatient rotation, 2-week outpatient rotation and 1-week child rotation.
Regina: Clerks will be assigned to work at the Regina General Hospital with duties also at Regina Mental Health Clinic and other clinics. Child Psychiatry experience will be at Child and Youth Services, Regina General Hospital and at private clinics.

Prince Albert: Clerks will be assigned to work on the adult and child/adolescent wards at the Victoria Hospital. Clerks will also be expected to attend the Clozapine clinic as well as the morning child/adolescent clinics held at Victoria Hospital. Afternoons will be spent with consultants at the Mental Health outpatient clinic at Victoria Square or whole days at community mental health clinics. One day will be spent with Dr. Baqir at the Correctional Centre and rounds will be attended at one of the nursing homes. Clerks are expected to join other members of the team, such as addiction workers, community mental health nurses and counselors, during their sessions with patients.

CLERK DUTIES/EVENTATIONS
These are outlined in detail in the Guide to Undergraduate Interns, which Clerks receive at the orientation to the service.

Duties include:
- Assessment, admission, and management of patients.
- Outpatient and ward consultation assessment and follow-up.
- Maintenance of progress notes.
- Attending departmental teaching sessions and seeking any additional learning experiences they desire by discussion with consultants, other departmental staff, or the Director of Undergraduate Education.
- Completion of a patient log sheet.
- Attending organized teaching sessions, which are considered a priority.

Orientation
Saskatoon: There will be an orientation on the first day of the rotation. All Clerks are expected to attend. Time and location of the orientation will be provided prior to the start of the rotation.

Regina: There will be a full day of orientation on the first day of the rotation. All clerks are expected to attend. Time and location will be provided prior to the start of the rotation.

Prince Albert: On the first day, the Clerks meet their assigned consultant on the adult inpatient ward at Victoria Hospital at 0830.

Call and Emergency Duty
Saskatoon: Clerks are on the regular duty roster and are expected to make their own arrangements for any changes to the call schedule. Clerks must communicate to the Undergraduate Assistant (844-1312) any changes they wish to make. Call switches can only be made to days already with coverage by another student; you may not switch into an open call date. Any changes to the call schedule must be approved by the Undergraduate Assistant (844-1312).

Weekday night call begins at 16:30 and ends at 08:30, unless otherwise indicated on the call schedule. Clerks are excused from clinical duties at 10:30 on post-call days following an overnight call shift. Night call on Mondays and Thursdays ends at 23:00. For call shifts ending at or before 23:00, no post call strategies are in place and clerks are expected to attend their clinical and academic activities. Weekend call (Saturday, Sunday, and Statutory Holidays) is 24 hours, beginning at 08:30 and ending the following day at 08:30.
During the inpatient block, clerks may also be scheduled for “day call” during regular working hours on Monday to Friday. Day call starts at 0830 and ends at 1630. Clerks must be available through switchboard during this time and will be contacted by the Crisis Intervention psychiatrist if there are consults to be seen in the ER. If there are no consults pending in the ER, clerks are expected to attend their regular clinical duties on the inpatient unit, but are expected to be available for ER consults as they arise. Clerks are not expected to be on day call during protected academic time.

**Regina:** Clerks are on the regular duty roster and are expected to make no changes to the call schedule without permission from the administrative resident and the College of Medicine (Regina). If a clerk worked past 11pm the night prior, then the clerk will have post-call next day by noon. The clerk is still expected to attend to and complete morning duties. It is the clerk’s responsibility to inform the preceptor they’re taking post-call because they worked past 11. Monday evening call finishes at 2300h ensuring the mandatory attendance at Tuesday’s JAHD.

**Prince Albert:** Clerks in Prince Albert continue on the regular ER call schedule with Clerks rotating in other disciplines. It is expected however that there will be an increase in student’s involvement with Psychiatry patients in the ER during and after their Psychiatry rotation. Changes made are according to agreement with ER department.

**TEACHING SESSIONS**

**SASKATOON**

In addition to your clinical learning, you will also have formal teachings as follows:

**Seminars**

All seminars will occur on Friday afternoons. Prince Albert will be teleconferenced into Saskatoon seminars:

- **Week 1:** Emergency Psychiatry
  - Mental Status Exam/Psychiatric Interview Review
- **Week 2:** Depression
  - Psychosis
- **Week 3:** Bipolar Disorders
  - Anxiety Disorders
- **Week 4:** Personality Disorders
  - Substance Abuse
- **Week 5:** Geriatrics
  - Psychotherapy
- **Week 6:** Child Psychiatry x2

**Rounds**

- Psychiatry Rounds (1st and 3rd Fridays of the month)
- Weekly Multidisciplinary Team Rounds (Inpatient Unit)
- House staff rounds (Mondays and Fridays at 0800h)
- Journal Club (4th Friday of the month)

**Tutorials**
One hour weekly tutorial with your assigned consultant.

**REGINA**

In addition to your clinical learning, you will also have formal teaching as follows:

**Seminars**
- Risk & Resiliency in Child & Adolescent Development
- ADHD
- Autism Spectrum Disorder
- Anxiety Disorders (Child & Adolescent)
- Biological treatments in psychiatry
- Anxiety Disorders (Adult)
- Mood Disorders
- Organic Psychiatry
- Substance & Alcohol Abuse
- Geriatric Psychiatry
- Psychiatry on-call
- Personality Disorders
- Psychotherapy

**Rounds**
- The Grand Rounds held in Regina (once per month from September through June) are designed to cover the wide range of psychiatry topics covered in the curriculum annually. The Grand Rounds are held during lunch hour (1200-1300), enabling the entire group of Clerks to attend them regardless of which rotations they are on.
- Weekly multidisciplinary Team Rounds on inpatient service
- Quarterly Case Conferences
- Journal Club once per month from September through June and is delivered by a psychiatry resident
- Teaching by residents two times per week

**Tutorials**

Daily one-on-one supervision with the student’s assigned consultant in Regina.

**PRINCE ALBERT**
- Monthly Grand Rounds
- Multidisciplinary Team Rounds
- Daily Ward Rounds
- Tele-Health Rounds
Tutorials
Supervision and tutorials will occur with the student’s assigned consultant.

RESOURCES

Saskatoon
Kaplan and Sadock’s Concise Textbook of Clinical Psychiatry, Benjamin J and Virginia A Sadock
The Psychiatric Interview: A Practical Guide, Daniel J. Carlat
Lange Q&A Psychiatry, Sean Biltzstein, 10th Ed.

In addition, the Department Library contains a broad range of references, including textbooks and other psychiatric literature.

Regina
Psychiatric Interview Book
Department of Psychiatry, Regina Mental Health
Student Resource Handbook, College of Medicine Psych. Library/Reference
Clerk Manual (created of Regina Psychiatry)

The library in the Regina General Hospital has a wide range of recent textbooks and international journals in Psychiatry.

STUDENT ASSESSMENT

The student will be assessed in their Psychiatry rotation in four areas.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clinical Assessment (ITER)</td>
<td>45%</td>
</tr>
<tr>
<td>2 NBME Exam</td>
<td>30%</td>
</tr>
<tr>
<td>3 Final Oral Exam</td>
<td>20%</td>
</tr>
<tr>
<td>4 Critical Appraisal Assignment</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: The student must pass all assessment types to pass the rotation.

A student will be deemed to have failed the rotation if he or she receives any of the following:

1. Clinical performance as measured by clinical assessments filled out by attending physicians during the rotation.
   - Assessments of professionalism must be at a minimum “Meets Expectations” for all assessments in the latter half of the rotation.
   - The assessments will be compiled to complete a final Summative Assessment. This will contribute to 45% of the mark.
   - The student must have a minimum of “Meets Expectations” on all categories for the final Summative Assessment (assessment form) to pass the clinical portion.

2. “Fails to Meet Expectations” in two oral exams (the initial and the rewrite).
3. A grade of less than 70% (adjusted) on two writings of the NBME exam (the initial and the rewrite). Please see the Course Assessment Policy for further information.

4. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the rotation. 6.2 log must be completed within one (1) week of the end of the rotation.

5. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

6. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

NBME Exam
The National Board of Medical Examiners (NBME) exam will be administered on the final Thursday or Friday of the rotation.

Oral Exam
The oral exam will include a 45-50 minute interview with a patient, with the examiner observing. Following this, the student will be assessed on their evaluation of the patient, along with their treatment and management plans. In addition, other areas of knowledge will be tested.

Clinical Service Assessment
The student will be assessed in their rotation on Psychiatry (both adult and child) in terms of their ability to relate to, and work with patients. Factors that will go into this assessment will be write-ups of the patient, plus the development of tentative treatment plans. In addition, their assessment will consist of their ability to work on a ward setting and to take part in a treatment team. The ability to function in the emergency call setting will also be taken into account.

Critical Appraisal Assignment
During the 6-week rotation clerks are expected to complete a critical appraisal assignment on a scholarly article related to psychiatry. These assignments will be evaluated to assess the student’s critical appraisal skills. Clerks must choose one article for critical appraisal from a list of articles that will be provided at the start of the rotation. The assignment will be due on the fourth Friday of the rotation.

If a student fails the critical appraisal assignment, they will meet with the Rotation Coordinator to receive feedback and be given an opportunity to do an additional assignment. The rotation will be considered incomplete until the supplemental assessment is completed. The supplemental assessment must be completed by the agreed upon date, or this may constitute a rotation failure.

Saskatoon: A mid-term assessment for the student will occur after three weeks. This assessment is formative and will not count towards the final assessment, but will give feedback to the student as to how he or she is doing at that time.

Regina: A mid-term assessment will be initiated by the student at the midpoint in their rotation with their preceptor. This assessment will not count towards the final assessment, but will give feedback to the student as to how he or she is doing at that time. Dr. Chen and/or admin support will also meet with students at orientation, mid rotation, and end of rotation.
**Prince Albert**: A mid-term assessment for the student will occur after three weeks. This assessment will not count towards the final assessment, but will give feedback to the student as to how he or she is doing at that time.
SURGERY

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE
Dr. Trustin Domes (Provincial Director)
Email: trustin.domes@usask.ca
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Orthopedic Surgery Coordinator
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Fax: (306) 765-6783
VGH 420

WEBSITE:
http://medicine.usask.ca/department/clinical/surgery-pages/education.php#Education
ROTATION DESCRIPTION

Duration: 6 weeks consisting of:
- 4 weeks of general surgery (or general surgery subspecialty)
- 2 weeks of orthopedic surgery

REGINA STUDENTS: You are responsible for contacting the Pasqua Surgeons and the Orthopedic Surgeons the week prior to the beginning of your assigned week in order to confirm a start time and meeting location. Contact information for the surgeons can be found on One45.

Call: Maximum 1-in-4
The amount of call will depend on the number of learners and site specific preferences.

Vacation/Educational Leave: 5 working days maximum combined
Cannot be during the last week of rotation
Vacation needs to be requested at least six weeks before the start of rotation

CORE PRESENTATIONS AND CONDITIONS

Core Surgical Presentations (List 1)
- Mass: Neck/Thyroid Mass, Breast Lump (including Nipple Discharge), Abdominal Mass (Intra-Abdominal and Abdominal Wall, including Groin), Scrotal Mass, Rectal/Prostatic Mass, Lymphadenopathy
- Pain (Acute and Chronic): Abdominal pain and/or distension, scrotal pain, joint pain, upper and lower limb pain
- Blood: Epistaxis, Hemoptysis, Upper and/or Lower Gastrointestinal Bleed, Hematuria
- Trauma: Head, Chest, Abdominal, Pelvic (including Genitourinary), and Limb Injury, Burns
- Other: Dysphagia/Odynophagia, Jaundice, Urinary Obstruction, Shock

Core Surgical Conditions (List 2)
- ENT: Foreign Body of Nose or Ear, Tonsillitis, Epistaxis, Serous Otitis, Thyroid Cancer/Mass
- Breast: Benign Masses (Fibroadenoma, Fibrocystic Changes, Abscess), Malignant Masses
- Respiratory: Solitary Pulmonary Nodule, Pleural Effusion (Malignant and Empyema), Pneumothorax (Spontaneous, Traumatic, Iatrogenic)
- Vascular: Aortic Dissection, Aortic Aneurysm, Varicose Veins, Occlusive Peripheral Vascular Disease
- Gastrointestinal: Acute Abdomen (including Appendicitis/Diverticulitis/GI Tract Perforation), Bowel Obstruction, Esophageal Obstruction, GERD/Gastritis/Peptic Ulcer Disease, Duodenal Ulcer, Mesenteric Ischemia, Biliary Colic/Cholelithiasis/Cholecystitis/Cholangitis, Liver Masses (Benign vs. Malignant), Pancreatitis, Colorectal Carcinoma, Colitis (including Toxic Megacolon), Inflammatory Bowel Disease, Anorectal Diseases (Anal Fissure, Anorectal Abscess/Fistula, Hemorrhoids), Pilonidal Disease, Hernias (Inguinal, Femoral, Umbilical, Incisional)
- Skin/Soft Tissue: Necrotizing Soft Tissue Infections, Skin Cancer, Benign Skin Lesions (Nevus, Verrucae, Epidermal Inclusion Cysts, Lipoma)
Genitourinary: Hematuria (Benign and Malignant Causes), BPH, Renal Colic, Prostate Cancer, UTI, Scrotal Masses (Hydrocele, Spermatocele, Varicocele), Scrotal Pain (Torsion, Epididymitis/Orchitis)

Musculoskeletal: Fractures (open and closed), Dislocations, Subluxations, Compartment Syndrome, Septic Joint, Osteoarthritis, Sport-Related Injuries

Neurological: Cerebral Neoplasms, CNS Infections (Meningitis and Abscess), Primary Impact Injury (concussion to profound coma), Epidural Hematoma, Subdural Hematoma, Subarachnoid Hemorrhage, Spinal Cord Injury, Peripheral Nerve Injury/Entrapment (Carpal Tunnel Syndrome)

**ROTATION OBJECTIVES**

By the end of the surgery rotation the clerk will:

**Medical Expert**

1. Perform an appropriate and focused observed patient and family-centered history for patients with a core surgical presentation (see list 1). *(Medical Expert, Communicator)*

2. Perform an appropriate and focused observed patient-centered physical examination for patients with a core surgical presentation (see list 1). *(Medical Expert)*

3. Provide a diagnostic work-up for patients with a core surgical presentation (see list 1). *(Medical Expert)*

4. Interpret relevant diagnostic tests in the evaluation of patients with a core surgical presentation (see list 1). *(Medical Expert)*

5. Synthesize clinical and laboratory/diagnostic data to arrive at a differential diagnosis for all the core surgical presentation (see list 1). *(Medical Expert)*

6. Develop appropriate plans for the management of patients with the core surgical conditions (see list 2). *(Medical Expert)*

7. List the indications for referral for surgical conditions (see List 2). *(Medical Expert)*

8. Discuss the pathophysiology, epidemiology, natural history and prognosis of the core surgical conditions (see list 2). *(Medical Expert)*

9. Identify patients with life-threatening conditions. *(Medical Expert)*

10. Manage the results of common pre-operative laboratory investigations prior to surgery. *(Medical Expert)*

11. Demonstrate and apply knowledge of the significance and need for venous thromboembolism prophylaxis, antibiotic prophylaxis, fasting guidelines. *(Medical Expert)*

12. Manage the fluid and electrolyte needs of surgical patients with the following conditions such as: dehydration, fluid overload, hyperkalemia, hypokalemia, hypercalcemia, hyperglycemia and hypoglycemia. *(Medical Expert)*

13. Perform the diagnostic work-up for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venothromboembolism. *(Medical Expert)*

14. Perform the initial management for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venothromboembolism. *(Medical Expert)*
15. Perform proper scrubbing, gowning and gloving. *(Medical Expert)*

16. Perform aseptic technique and maintain sterility during the performance or assistance of surgical procedures. *(Medical Expert)*

17. Demonstrate a basic facility in the use of common surgical instruments (forceps, scissors, scalpel, retractor, needle driver, electrocautery). *(Medical Expert)*

18. Administer appropriate local anaesthetic for procedures (when appropriate). *(Medical Expert, Communicator)*

19. List the contraindications and toxicities of local anaesthetics. *(Medical Expert)*

20. Perform (under supervision) the following procedures: *(Medical Expert, Communicator)*

I. Foley Catheter Insertion (male and female)
II. Nasogastric Tube Insertion
III. Suture a Simple Wound
IV. Removal of Sutures or Staples in Skin
V. Safe Application and Removal of a Splint or Cast

**Communicator**

1. Maintain clear, accurate, and appropriate records of clinical encounters. *(Communicator)*

2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition. *(Communicator)*

3. Communicate in a language easily understood by patients and family members. *(Communicator)*

4. Communicate in a culturally competent and sensitive manner. *(Communicator, Professional)*

5. Participate in obtaining informed consent. *(Communicator, Medical Expert)*

**Collaborator**

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients. *(Collaborator)*

2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise. *(Collaborator)*

**Leader**

1. Manage workload effectively. *(Leader)*

2. Identify and address potential barriers to efficient and safe workflow. *(Leader)*

**Health Advocate**

1. Recognize cultural and socio-economic issues that impact patient and population health. *(Health Advocate)*
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs. (Health Advocate)

Scholar
1. Practice evidence informed medicine. (Scholar)
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning. (Scholar)
3. Participate in the education of patients, family members and other health care team members in a respectful manner. (Scholar, Professional)
4. Describe the principles of quality improvement and how they relate to patient care and safety. (Scholar)
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback. (Scholar, Professional)

Professional
1. Demonstrate insight into one’s own limitations and identify and access resources to promote ongoing learning and personal wellness. (Professional)
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy. (Professional, Health Advocate, Communicator)
3. Provide culturally safe and respectful care to all patients, including Indigenous populations. (Professional)
4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance. (Professional)
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician. (Professional)
6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care. (Professional)
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care. (Leader)

ORIENTATION
There will be a MANDATORY orientation session the first day of your Surgery rotation. It is important that you attend, as schedules and other site-specific information about the rotation will be provided. Given that we are a multisite distributed College, there may be slight differences in the organization and logistics of the rotation and this will be discussed at the orientation session.

Clerkship Duties/Expectations
The student will be a full member of a surgical team involved in the care of patients. The team will include an attending surgeon and, in some cases, one or more residents at varying levels of postgraduate training and other surgery clerks. At the start of the rotation the supervising faculty and residents will orient the student to the team and the ward. The elements of being a full team member include the following tasks:

- Performing admission history and physical examinations
- Developing a differential and provisional diagnosis and a plan for the presenting problems
- Documenting the history, physical examination, impression, and plan in the medical record
- Presenting (orally) the findings to the resident and/or attending surgeon
- Actively participate in rounding with the team
- Assessing the patients' clinical progress daily and when problems occur
- Documenting patient events with regular progress notes in the medical record
- Communicating with others involved in the care of the team's patients,
- Gathering and reviewing relevant data, including laboratory and radiological data.
- Facilitating patient discharges, including dictating or completing discharge letters/forms

During the rotation, there will be times when a schedule has been created to ensure that students achieve a good mix of experiences. When a schedule has been provided, the priority is for the student to attend the scheduled clinics/ambulatory care/endoscopy and the operating room and excessive in-patient responsibilities should not interfere with this. It is important to communicate with the team about any scheduled activities and to inquire about clinical expectations prior to and after the scheduled activity.

The focus of surgical clerkship is to provide hands-on experience but not at the cost of patient safety. Students should not individually perform procedures that they are not comfortable performing and should be supervised while performing procedures that they are learning. If a student has concerns regarding the learning environment pertaining to the acquisition of safe procedural skills, they should contact their rotation coordinator or site director.

How to Do Well on the Surgery Rotation

Surgery clerks will do well if they follow the three “A”s:

1. Available
   a. Surgery clerks should be available during the workday and on-call and should ensure all involved (attending, resident, administrators) know where they are when they are unavailable.
   b. Unexplained absences are not acceptable and will negatively impact your learning and clinical evaluations.

2. Affable
   a. Surgery clerks are expected to work well with all members of the health care team by being respectful, courteous, and professional.

3. Able
   a. Surgery clerks should come prepared for their clinical duties by taking initiative to read around patient cases, review the relevant anatomy and procedural details prior to surgery and creating a study plan in order to obtain mastery of the core knowledge objectives.
b. Surgery clerks that show interest and enthusiasm in their learning will get much more out of the rotation compared to learners that do not.
c. Evidence of independent learning will impress the residents and faculty and will help with successfully completing course assignments, examinations and the MCCQE examination.

CALL

Being on-call is an essential component of learning in surgery. This is when acutely ill patients are often first encountered and when inpatients develop problems that require prompt attention. Being the first one to assess these patients is a valuable learning experience that builds clinical autonomy and confidence. Being on call is often a time when surgery clerks receive specific and timely teaching and feedback from supervising residents and surgeons.

- Call is limited to a maximum of every fourth night.
- It is the responsibility of the surgery clerk to contact the resident or attending on call to discuss expectations for the call.
- Surgery clerks should attend all educational seminars the next day.
- For overnight call, surgery clerks should be excused from duty after appropriate hand over of patients has been accomplished (no later than noon).
- For call that ends at 23:00, surgery clerks are expected to attend normal clinical duties for the entire day following their call.
- Surgery clerks will not be on call the night before an examination.

TEACHING SESSIONS

Surgery clerks are excused from their clinical duties to attend scheduled teaching sessions (academic half day and morning teaching seminars, etc.), but are responsible for informing their team members ahead of time when they will be away at teaching sessions. Surgery clerks should sign out to another team member so that they will not be disturbed during their teaching sessions.

A schedule of formal teaching rounds will be provided to each student at the beginning of his or her surgery rotation and these sessions are MANDATORY.

RESOURCES

The following three textbooks are recommended as primary resources:


Many students have found the following resources useful when studying for the National Board of Medical Examiner’s Surgery Examination:


STUDENT ASSESSMENT

In order for education to be meaningful, students deserve to receive timely, specific feedback from all supervisors with whom they have interacted, including their attending physicians, resident supervisors, and site coordinators. Students will receive feedback on a regular basis and initial areas of weakness may be uncovered with the chance to work on these areas and improve throughout the rotation.

Surgery clerks will be provided structured feedback at both the midway point and at the end of the rotation, based on observations and feedback from residents and attending surgeons.

The final evaluation and pass criteria for Surgery includes all of the following:

1. Attain a cumulative average of 70% or greater across all elements of the rotation. Please note not all assessments require a 70% to be passed.

2. Clinical performance as measured by clinical evaluations filled out by attending physicians/senior residents during the rotation that the student interacted with on a regular basis. Please note that a minimum of three evaluations are required (at least one must be from an orthopedic surgeon and no more than one evaluation can be from a resident [senior resident preferred]).

   The following criteria are required to pass:
   - The student must have a minimum of “Meets Expectations” on all categories for the final ITER (assessment form) to pass the clinical portion.

3. NBME Examination. The following are required to pass:
   - An adjusted NBME score of 70% or greater.
   - If the initial NBME score is less than 70% the student must score 70% or greater on a re-write of the NBME in order to pass. Please see the Course Assessment Policy for further information.

4. Oral Examination: Standardized case scenarios with a focus on general surgery topics. This examination is graded using a rubric. Please note that the oral examination may be booked prior to the end of the rotation if the general surgery portion of the rotation is completed for that individual. The following are required to pass:
   - A grade of 60% or greater.
   - If the initial score is less than 60%, the student must score 60% or higher on a remedial exam in order to pass.
   - Subsequent failure to pass the remedial oral exam will result in a meeting with the Rotation Coordinator to obtain a remediation plan.

5. Oral Presentation(s): Surgery clerks will prepare and deliver oral presentation(s) on assigned topics with learning objectives. These will be graded using a rubric. To pass this component, the average mark amongst all presentations must be greater than 60%.

6. Orthopedic Surgery Written Submission and Reflection: The surgery clerk will write up a fracture case based on the initial patient assessment, radiographic interpretation, steps in management of the patient, operative and post-operative course. The student will also personally reflect on this clinical encounter. This write up will be graded using a rubric. To pass this component, the submission must
be made within one week of completing the orthopedic component of the course and the mark must be greater than 60%.

7. Surgery Webinars: As part of the core knowledge curriculum, webinars have been created that the surgery clerk must watch and complete a short quiz afterwards. To pass this component, all webinar quizzes must be completed by the end of the rotation and the average mark amongst all quizzes must be greater than 60%.

8. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the rotation. 6.2 log must be completed within one (1) week of the end of the rotation.

9. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

10. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

The Surgery mark breakdown is as follows:

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery Clinical Assessment</td>
<td>27%</td>
</tr>
<tr>
<td>Orthopedic Surgery Clinical Assessment</td>
<td>13%</td>
</tr>
<tr>
<td>NBME</td>
<td>20%</td>
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<tr>
<td>Oral exam</td>
<td>15%</td>
</tr>
<tr>
<td>Webinar Quizzes</td>
<td>10%</td>
</tr>
<tr>
<td>Oral Presentation(s)</td>
<td>10%</td>
</tr>
<tr>
<td>Orthopedic Surgery Written Submission</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: The student must pass all assessment components to pass the rotation.

Graduation Awards in Surgery

- Dr. Hugh MacLean Medal and Prize in Surgery
  Awarded annually to the graduating student with the highest proficiency in surgery, based on clerkship academic and clinical performance.
  Value: Silver Medal and $500

- Professor’s Prize in Surgery
  Awarded annually to the graduating student considered by the Surgery Faculty to show the greatest promise as a future clinical surgeon and on academic excellence.
  Value: $500
IMPORTANT AND RELEVANT STUDENT INFORMATION

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

UGME CONTACT INFORMATION
MD PROGRAM ATTENDANCE POLICY
ETHICS AND PROFESSIONALISM
ACCOMMODATION OF STUDENTS WITH DISABILITIES
OFFICE OF STUDENT AFFAIRS
STUDENT MISTREATMENT
EMAIL COMMUNICATIONS
GUIDELINES FOR PROVIDING FEEDBACK
PROGRAM EVALUATIONS
PROCEDURES FOR ACADEMIC APPEAL

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

INTEGRITY DEFINED (FROM THE OFFICE OF THE UNIVERSITY SECRETARY)

The University of Saskatchewan is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect. Students are particularly urged to familiarize themselves with the provisions of the Student Conduct & Appeals section of the University Secretary Website and avoid any behavior that could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University.

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

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

EXAMINATIONS WITH DISABILITY SERVICES FOR STUDENTS (DSS)

Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Disability Services for Students (DSS) if they have not already done so. Students who suspect they may have disabilities should contact the Student Affairs Coordinator at the Office of Student Affairs (OSA) for advice and referrals. In order to access DSS programs and supports, students must follow DSS policy and procedures. For more information, check students.usask.ca/health/centres/disability-services-for-students.php, or contact DSS at 966-7273 or dss@usask.ca.
Students registered with DSS may request alternative arrangements for mid-term and final examinations. Students must arrange such accommodations through the Office of Student Affairs (OSA) by the stated deadlines. Instructors shall provide the examinations for students who are being accommodated by the deadlines established by OSA.

STUDENT SUPPORTS

COLLEGE OF MEDICINE, OFFICE OF STUDENT AFFAIRS

Student Affairs offers confidential support and advocacy at arm’s length from the academic offices. For more information, please contact the COM Student Affairs Coordinator, Edith Conacher at edith.conacher@usask.ca or 306-966-4751. In Regina please contact Dr. Nicole Fahlman at nicole.fahlman@usask.ca or (306)209-0142 or Dr. Tiann O’Carroll at tianncarroll@usask.ca or (306)529-0777. In Prince Albert Dr. Dale Ardell can be reached at drardellpc@sasktel.net.

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.