Clinical Rotations I

MEDC 332.5
Year 3

COURSE SYLLABUS
2024/2025

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

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LAND ACKNOWLEDGEMENT

As we engage in teaching and learning, we acknowledge we are on Treaty Six and Treaty Four 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.

MEDC 332.5 –CLINICAL ROTATIONS I

COURSE DESCRIPTION

The clinical clerkship allows students to apply 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 (Program Learning 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 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 differential diagnosis 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 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 information technology effectively for patient care.

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. 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.

PROFESSIONAL

1. Demonstrate professional behaviors through punctuality, appropriate attire, and respectful attitudes to patients, families, and other health care providers.

2.Provide education to others, including colleagues, patients, families, and other members of the health care team.

3. Recognize and be sensitive to personal biases.

4. Protect patient confidentiality, privacy, and autonomy.

5. Participate in obtaining informed consent.

6. Participate in the care of patients in a culturally safe and respectful manner.

7. Recognize gender and cultural biases that exist personally, in others, and in the health care system.

8. Maintain written records securely, with the understanding that these are legal documents.

All learning objectives (course, module, and session) can be accessed on the College of Medicine/Curriculum website under the appropriate year and course. A print version is also available. Please access the link below for the most current objectives.

https://elentra.usask.ca/community/ugmecurriculum

Information on literal descriptors for grading in the College of Medicine at the University of Saskatchewan can be found in the Pre-Clerkship Student Information Guide – Student Assessment Section.

More information on the Academic Courses Policy on course delivery, examinations and assessment of student learning can be found at: http://policies.usask.ca/policies/academic-affairs/academic-courses.php NOTE: The College of Medicine a specific policies and procedures for course delivery, exams and assessment that can found on the Policies, Procedures and Forms page of the College of Medicine website.

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: https://teaching.usask.ca/about/policies/learning-charter.php

COURSE CONTACTS

Clerkship Coordinators

Saskatoon Site: Tami Golding – tami.golding@usask.ca – (306) 966-5891 fax (306) 966-2601

Regina Site: Nicole Gates Willick -Nicole.GatesWillick@saskhealthauthority.ca (306) 766-0559 fax (306) 766-4833

Prince Albert Site: Nicole Toutant – nicole.toutant@usask.ca, (306) 765-6787 fax (306) 765-6783

Administrative Assistants

Saskatoon Site: Joelle Cote – joelle.cote@usask.ca (306) 966-8828

Regina Site: Ravijot Mangat– ravijot.mangat@saskhealthauthority.ca

COURSE SCHEDULE

The course consists of five 6-week rotations (Family Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, and Surgery), two 4-week rotations (Emergency Medicine and Internal Medicine), one 2-week rotation (Anesthesia) and two 2-week elective rotations.

INDEPENDENT LEARNING

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

COURSE DELIVERY

Students will learn through a variety of methods including:

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

COURSE MATERIAL ACCESS

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

MEDICAL INSTRUMENTS

A stethoscope and penlight are 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

with all patients all of the time.

COURSE RESOURCES

See each module for resources.

It is strongly recommended that you use the following resources (or similar general texts) as references. Relying on class notes alone will not typically be sufficient to meet your learning objectives. Individual modules will have additional specific recommended or required resources.

It may be helpful to review websites such as http://www.choosingwiselycanada.org/recommendations/

The Firstline (formerly Spectrum) app for infectious disease/microbiology/antibiotic therapy guidance is available for free download through the App Store and Google Play. A web-version is also available https://firstline.org/sha/

Undergraduate Diagnostic Imaging Fundamentals E-Book

The Undergraduate Diagnostic Imaging Fundamentals, by Dr. Brent Burbridge (MD, FRCPC) is an e-book resource to augment the presentation for imaging of common clinical conditions. Guiding principles related to minimizing radiation exposure, requesting appropriate imaging, and static images are enhanced and discussed. Additionally, users can access other imaging from the Dicom viewer (ODIN) to further advance their experience with viewing diagnostic imaging pathologies.

https://openpress.usask.ca/undergradimaging/

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 Clinical Rotations I 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 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

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.

EXAMINATION SCHEDULING

All examinations must be written on the date scheduled.
Students should avoid making prior travel, employment, or other commitments for exams. If a student is unable to write an exam through no fault of their own for medical or other valid reasons, they should refer to the College of Medicine Deferred Exam policy and procedure.

EXAM PROCTORING

Exams will be completed in-person. The program may determine specific exceptional circumstances in which examinations during this course be delivered remotely. Exceptional circumstances will be reviewed by the Year Chair in consultation with the Academic Director, and the decision of the Year Chair will be final. Should remote delivery of an exam be approved, proctoring software or other remote invigilation methods will be employed concurrently during the examination to ensure academic integrity of the assessment.

RUBRICS

Where applicable, rubrics for all assignments will be posted in Canvas for the relevant session.

COURSE ASSESSMENT OVERVIEW

Component	**Component Requirement**	**Weighting in Final Mark**
Inter-professional Collaboration Modules*	Successful Completion	N/A
Anesthesia	70%	3.8%
Emergency	70%	7.5%
Family Medicine	70%	10.8%
General Surgery	70%	10.8%
Internal Medicine	70%	7.5%
Obstetrics and Gynecology	70%	10.8%
Pediatrics	70%	10.8%
Psychiatry	70%	10.8%
Elective	70%	7.2%
OSCE	Pass	20%
Total Course Mark		100%

* The Inter-professional collaboration online modules must be completed as per the requirements below.

It is the student's responsibility to ensure assignments are successfully submitted prior to the deadline. Canvas returns a note confirming assignments were successfully uploaded.

OSCE

There is one sequential OSCE in Year 3, which will be delivered in 2 parts with a total of ~24 stations. Part 1 has ~8 stations and is scheduled for June 12th, 2025. Part 2 has ~16 stations and is scheduled for June

30th, 2025. All students will be scheduled for both parts; however, if a student's outcome in Part 1 is above the benchmark criteria determined after Part 1, they will not be required to attend Part 2. All other students will continue to Part 2 and have their Part 1 and 2 marks combined to produce a ~24 station grade.

Should a student miss Part 1 of the OSCE for an approved reason, they will complete Part 2 of the OSCE in full. Should a student who missed Part 1 not achieve the benchmark criteria in Part 2, they will complete an additional ~8 station assessment.

The OSCE is worth 20% of the overall course grade. Students must either exceed the benchmark criteria on Part 1 OR achieve a passing grade on the overall combined OSCE (Parts 1 & 2) to pass the Clinical Rotations I Course. The OSCE pass mark will be set using an approved standard setting method as indicated by the College of Medicine's Assessment Policy. The standard setting method will reflect the specific difficulties of items in this test form and pass marks may vary from assessment to assessment. The cut score thus determined will be adjusted to a pass mark of 70%. Students who are unsuccessful on the OSCE as a whole will be unsuccessful in the Clinical Rotations course.

COURSE POLICY FOR SUCCESSFUL COMPLETION AND REMEDIATION

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. Final grades will be posted to One45.

The requirements for successful completion of the Clinical Rotations I 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) Students must achieve the passing requirements of each rotation. In addition, students must also successfully complete the 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 rotation or year 3 elective, or who have not successfully completed the Sequential 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 the Year Chair (or designate); Relevant Rotation Coordinator (or designate); a Rotation Coordinator from a different rotation and a representative from the Academic Support Team) to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Affairs representative 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 for which they did not achieve the standard. (If a student has been unsuccessful on the sequential OSCE, the student will have met criteria to have failed the Clinical Rotations I course, and further remediation and/or supplemental assessment will not be offered.) The

Rotation Director/Course Director in consultation with the Academic Support Team will 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, readings, and/ or supplemental examinations as determined by the rotation director and/ or course chair(s).

D) A student who has **failed the OSCE**, accrued **3 or more grade deficit points** in Clinical Rotations I or **who has failed the remediation or supplemental assessment following remediation of a rotation component** will be considered to have been unsuccessful in the Clinical Rotations I 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). Remediation will take place by the end of the first 6 weeks of Year 4 during the electives time. Thus, the student may expect to 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 by a subcommittee. It is expected that all remediation will be completed within the first 6 weeks of Year 4. Exceptions to this may be considered on a case-by-case basis as determined by a subcommittee.

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 logs 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 time frame as determined by individual rotations.

G) A maximum of one remediation/supplemental assessment attempt on any rotation written examination will be offered, with the exception of the NBME (see specifics for NBME in that section). If a student fails a supplemental assessment, a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); and a Rotation Coordinator from a different rotation) will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a <u>FAILED</u> rotation. A student may be deemed to have failed a rotation based on their clinical performance alone.

H) Students with significant professionalism concerns may also be deemed unsuccessful in the course on the basis of unprofessional conduct.

I) EPAs – students will be **required** to complete EPAs 1 – 13. Students must complete a minimum of 14 EPA observations in a 6-week rotation. The number of required EPAs will be prorated for rotations less than 6 weeks. Please see the individual rotations for the specific EPA requirements. Please note that students must attain a minimum number of all EPAs for the academic year. See chart below for details.

Completion of the EPAs is mandatory and required to successfully complete each rotation. Students who fail to complete the required number of EPAs will be required to do additional time on the rotation until their EPAs are complete. Further, the Competency Committee may require additional clinical time to complete additional EPAs if students are found to be missing EPAs, if there is

insufficient data and/or inadequate narrative feedback, or if there is a lack of demonstration of progress. Students are encouraged to advocate for narrative feedback when requesting EPAs. If you have a faculty member submitting EPAs without narrative, you may wish to request they provide some as soon as possible or obtain additional EPAs to support assessment and achievement of entrustability. If you have requested narrative feedback and a faculty member is not responsive, please contact the Year Chair or Site Coordinator.

If EPAs are lacking, students may also have a professionalism concern form completed by the rotation coordinator and may be required to meet with the Year Chair or their designate. Students may not be promoted to Year 4 if the EPAs are incomplete.

The EPA Competency Committee meets regularly to review student EPA progress. If students are not meeting their EPA requirements, they will receive an email from a committee member. Please note that students may request EPA observations from both faculty and residents; however, it is expected that the majority of the EPA observations will be completed by faculty, except for EPA 13 which will be completed by other (non-MD) health care professionals.

<table>
<tr><th></th><th>Anesth</th><th>Electives</th><th>Emerg</th><th>Fam Med</th><th>Int Med</th><th>O&G</th><th>Peds</th><th>Psych</th><th>Surg</th><th></th></tr>
<tr><td>Minimum</td><td>4</td><td>8</td><td>10</td><td>14</td><td>13</td><td>14</td><td>14</td><td>15</td><td>14</td><td>Total</td></tr>
<tr><td>EPA 1</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>3</td><td>3</td><td>3</td><td>3</td><td>20</td></tr>
<tr><td>EPA 2</td><td rowspan="12">3 EPAs from 1-13</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>8</td></tr>
<tr><td>EPA 3</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td></td><td>1</td><td>7</td></tr>
<tr><td>EPA 4</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>8</td></tr>
<tr><td>EPA 5</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>2</td><td>1</td><td>9</td></tr>
<tr><td>EPA 6</td><td>1</td><td>1</td><td>2</td><td>1</td><td>2</td><td>2</td><td>2</td><td>2</td><td>13</td></tr>
<tr><td>EPA 7A</td><td rowspan="7">2 EPAs from 7-13</td><td></td><td rowspan="5">4 EPAs from 7-11 or 13</td><td rowspan="6">5 EPAs from 7-12</td><td rowspan="7">5 EPAs from 7-13</td><td rowspan="7">5 EPAs from 7-13</td><td>2 EPAs from 7-8, 10-13</td><td rowspan="5">1 EPA from 7-10 or 13</td><td>2</td></tr>
<tr><td>EPA 7B</td><td></td><td>2</td></tr>
<tr><td>EPA 8</td><td>1</td><td>1</td></tr>
<tr><td>EPA 9</td><td></td><td>2</td><td>2</td></tr>
<tr><td>EPA 10</td><td></td><td>2 EPAs from 7-8 10-13</td><td>1</td></tr>
<tr><td>EPA 11</td><td>1</td><td>3</td><td>4</td></tr>
<tr><td>EPA 12</td><td>1</td><td>2</td><td>1</td><td>1</td><td>5</td></tr>
<tr><td>EPA 13</td><td>Optional</td><td>Optional</td><td>1</td><td>1</td><td>Optional</td><td>2</td></tr>
<tr><td colspan="11">A minimum of 2 EPAs 7A, 2 EPAs 7B and 1 EPA 10 must be obtained by the end of the academic year</td></tr>
</table>

Table I: Grade Deficit Point Allocation

	Less than 70% on Rotation or OSCE failure

Anesthesia	0.5
Emergency Medicine	1.0
Family Medicine	1.5
General Surgery	1.5
Internal Medicine	1.5
Obstetrics and Gynecology	1.5
Pediatrics	1.5
Psychiatry	1.5
Electives	1.0
Sequential OSCE	failure of course

NBME

National Board of Medical Examiners (NBME) examinations are used as written assessments of clinical knowledge in three of the rotations (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**. Please note that the specific date will depend on the availability of the computer lab. The exam date will be confirmed at the start of the rotation.

A second examination attempt due to failure will be scheduled for three calendar weeks after the originally scheduled exam (subject to computer lab availability). Deferred exams due to illness, personal or family emergencies, will be scheduled no later than one week after the originally scheduled exam. 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).

On rotations where the written exam is the NBME, the pass mark on the NBME is externally set at 60%. As all other pass marks within rotations are set at 70%, a student's actual NBME mark will be adjusted requisite points upon successful completion of the NBME to reflect the 70% pass condition specified within the rotation, to a maximum of 100%. This adjustment will be made in order to allow the NBME to count towards the rotation's grade. Should a student be unsuccessful on their first attempt, they will be offered a second attempt three weeks later. Please note that the maximum mark that can be attained on any further supplemental attempt at any NBME is 70%.

Rotation Based Exams

The written exams include the Family Medicine, Surgery, Anesthesia, and Emergency exam. A mark of at least 70% is required to pass, unless specified otherwise (Psychiatry and Surgery). If the initial mark is less than 70%, the student will be offered a supplemental attempt three weeks later. Please note that the maximum mark that can be attained on a supplemental attempt for a rotation-based exam is 70%. In addition, students will be required to write mandatory formative exams as developed by the individual rotations.

The College of Medicine is currently developing rotation-based exams for each of the Clinical Rotations that currently have a NBME. Please note that for the 2024/2025 academic year, students may be required to write a pilot rotation exam in addition to the NBME. This will provide formative feedback only and will not be included in the summative assessment of the student, nor will performance on these pilot rotation examinations contribute to GDP accumulation. Students will receive specific information regarding additional rotation exams during the rotation orientation.

Examsoft

All students are responsible for maintaining a laptop compatible with Examsoft for the entire Clerkship Year 3. At the start of any rotation that includes an Examsoft exam, students must verify their laptop is up to date with OS updates and Examplify updates. If there are issues, they should immediately contact the Medicine IT specialist in charge of Examsoft and get help well in advance of any Examsoft exam. Students are required to prepare and present a laptop to write any Examsoft exam.

NBME or Module Examination 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.There is a $40 charge for deferred NBME exams. A written (email) request must be sent to the Year Chair or Year Site Coordinator with a copy to the Clerkship Coordinator 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 attend on that date, and a request for deferral has not been sent, the student will receive a failing grade and be required to write a supplemental exam.

NBME or Rotation-Based Examination Remediation

A student who fails their first attempt at an NBME or rotation-based exam will be invited to meet with the Rotation Director/Coordinator to discuss what their areas of weakness are and how/what the student is studying/preparing. It is t**he student's responsibility** to schedule a meeting with the Rotation Director/Coordinator and Academic Support Team. Students are encouraged to reach out the Academic Support Team at any time.

If a student fails his or her supplemental attempt, they will accrue 1.0 grade deficit point. A course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); and a Rotation Coordinator from a different rotation) to determine a course of action, which may include either (1) remediation and additional supplemental NBME/Rotation-based Exam, 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 if desired. The Academic Support team may be invited to attend. The maximum score attainable on a subsequent attempt of the NBME is 70%.

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 6-week Rotation, *regardless of the reason* (education leave, vacation, flex days, illness, etc.) is 5 working days. Should a student exceed 5 working days 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.

In addition, the maximum amount of time a student may be absent for any reason (other than vacation) during Year 3 is 12 days. If a student exceeds the maximum time allowable, a meeting with the Year Chair and the relevant Rotation Director/Coordinator will occur and this may result in an incomplete course and a student may be at risk of having to repeat Year 3.

Clerks may request up to 2 days off-call per 6-week block. These cannot be split over multiple weekends. Clerks may request up to 1 day off-call per 4-week block. All requests are at the discretion of the department.

See https://medicine.usask.ca/policies/clerkship-attendance-and-absence-policy.php for MD Program Attendance and Absence policy.

COURSE EVALUATIONS QUALITY IMPROVEMENT

The following changes reflect course quality review recommendations and student feedback:

1. Adoption of the sequential OSCE to provide students with more opportunities to demonstrate their knowledge and skill.
2. Revisions to the scheduling of rotation blocks.
3. Addition of Elective Rotations.

COURSE MODULES

INTERPROFESSIONAL COLLABORATION

TBC on the Run is intended for learners from any health discipline interested in enhancing their ability to practice collaboratively. The modules facilitate learning that supports effective collaborative practice, which has been shown to optimize health services, strengthen health systems, and improve health outcomes. It is an open access series of interactive 30-minute modules that can be accessed simply by setting up an account. Learners receive a certificate after completing each module. The modules are:

- Introduction to Interprofessional Collaboration
- Foundations of Team-Based Care
- Interprofessional Communication
- Patient/Client/Family/Community-Centered Care
- Role Clarification
- Team Functioning
- Interprofessional Conflict Management
- Collaborative Leadership for Shared Decision-Making

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 Year 3.

MODULE OBJECTIVES

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

1. Articulate unique factors that influence inter-professional communication.
2. Describe key elements of patient-centered care including the patient's family and community.
3. Describe your own role & consider the roles of others in determining your own professional and inter-professional roles.
4. Describe group processes which improve inter-professional team functioning.
5. Describe steps and strategies for conflict resolution within interpersonal groups.
6. Articulate key principles of collaborative leadership which contribute to group effectiveness.

STUDENT ASSESSMENT

Students will be required to work through a series of online mini modules covering a variety of topics in inter-professional collaboration. Each of the "TBC 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 the 8 different Rotations. Once the modules are complete, students will be required to submit a certificate of completion for each module (accessible from the website) to the appropriate UGME Administrative Coordinator.

Certificates 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 ITARs as well as EPA 13 and the OSCE.

ANESTHESIA

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE
Dr. Matthew Johnson (Director)
Email: matt.johnson1@usask.ca
Phone: (306) 655-1183
Saskatoon RUH G525

REGINA SITE
Dr. Mofolashadé Onaolapo
Email: mofolashade.onaolap@saskhealthauthority.ca
Phone: (306) 766-4252
Regina RGH

PRINCE ALBERT SITE
Dr. Derrick Williams
Email: derrick.williams@usask.ca
Phone: (306) 765-6787
Prince Albert VGH

Rotation Administrators

Shumaila Zafar
Email: anes.ugme@usask.ca
Phone: (306) 655-1187

Megan Fortosky (UGME/PGME)
Email: megan.fortosky@usask.ca
Phone: (306) 655-1187 or (306) 371-7925
Fax: (306) 655-1279
Saskatoon RUH G525

Trisha DeMars
Email: trisha.demars@saskhealthauthority.ca

Phone: (306) 766-3771
Fax: (306) 766-4833
Regina RGH

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

WEBSITE: https://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.

Flex Days: Flex Days are permitted with approval from rotation director on this rotation.

Maximum time away from rotation for any reason: Two (2) days.

Absences of more than 2 days, regardless of reason for absence, will require completion of additional

anesthesia time within 30 days of the end of rotation. Failure to do so may result in failure of the rotation.

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.
2. Perform an appropriate observed and focused physical examination.
3. Demonstrate the steps of basic procedural skills relevant to perioperative care. (See the 6.2 Anesthesia Clinical Learning Experience Logs.)
4. Interpret results of appropriate and evidence-informed diagnostic tests in the perioperative evaluation of patients.
5. Present a focused problem list and assign an appropriate ASA physical status based on the patient assessment.
6. Determine which medications to continue or to hold preoperatively (e.g. antihypertensives, antiarrhythmics; anticoagulants, oral antihyperglycemics).
7. List the recommended preoperative fasting guidelines and risk factors for perioperative aspiration.
8. Explain the rationale for smoking cessation in the perioperative context and be prepared to counsel patients.
9. Develop an anesthetic plan from suitable options for a given patient (e.g. General anesthetic, neuraxial anesthetic, regional anesthetic, MAC).
10. Describe the anatomic and physiologic changes of pregnancy and its impact on anesthetic management.
11. Outline the anesthetic considerations in the pediatric patient and describe their impact on anesthetic management.
12. Illustrate the main therapeutic properties and side effects of the following drug classes. Examples in parentheses.
    a. Benzodiazepines (lorazepam, diazepam, midazolam)
    b. Opioids (fentanyl, sufentanyl, morphine, hydromorphone)
    c. Intravenous anesthetic agents (propofol, ketamine, dexmedetomidine)
    d. Inhalational anesthetic agents (sevoflurane, desflurane)
    e. Muscle relaxants (succinylcholine, rocuronium)
    f. Local anesthetic agents (lidocaine, bupivacaine, ropivacaine)
    g. NSAIDS (Ibuprofen, celecoxib)
    h. Vasoactive agents (phenylephrine, ephedrine)
    i. Antiemetic agents (dexamethasone, ondansetron, metoclopramide)
    j. Neuromuscular reversal agents (neostigmine, suggamadex)
13. Explain equianalgesic dosing of opioids and apply an appropriate dosing strategy of opioids in the perioperative period.

14. Explain the relationships between neuromuscular blocking drugs, twitch monitoring, and patient readiness for neuromuscular blockade reversal.
15. Summarize the differences between amide and ester local anesthetics and list the maximum recommended dosages of common local anesthetics (Lidocaine and Bupivacaine).
16. Describe the signs and symptoms of local anesthetic toxicity and outline the initial management.
17. Describe how to perform an appropriate preoperative fluid status assessment based on combined history, physical examination, and laboratory investigations.
18. Describe the physiologic and pathophysiologic routes of fluid loss in the perioperative setting.
19. List the major components of the commonly-used crystalloid fluid solutions.
20. Select an appropriate fluid and electrolyte replacement strategy based on anticipated and realized patient fluid and electrolyte deficits, ongoing losses, and maintenance requirements.
21. Define the indications and complications of the various blood products (PRBC's, FFP, Platelets).
22. Discuss the considerations when deciding to transfuse a blood product.
23. Explain multimodal analgesia.
24. Describe the advantages and limitations of commonly used pain modalities: Patient-controlled analgesia (PCA), epidural analgesia, peripheral nerve block.
25. Evaluate a patient's pain status using recognized assessment tools.
26. Discuss tailored analgesia strategies in the chronic pain patient presenting for surgery.
27. Utilize the predictors of difficulty in execution of each of the following: Bag-mask ventilation, LMA placement, direct laryngoscopy and intubation.
28. Recognize the signs of upper airway obstruction and demonstrate the appropriate corrective maneuvers: Placement of oral or nasal airways, head repositioning, jaw thrust and chin lift maneuvers.
29. Describe the risk factors, prevention and management of postoperative nausea and vomiting.
30. Identify the indications for endotracheal intubation and associated short-term and long-term complications.
31. Explain the ABC approach to patient assessment in an emergency and contribute to resuscitative efforts.
32. Describe how the choice and disposal of anesthetic agents and gases can reduce the impact of health care institutions on climate change and the environment.

COMMUNICATOR

1. Maintain clear, accurate, and appropriate records of clinical encounters.
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.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

COLLABORATOR

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

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
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.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; 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.

ROTATION 6.2s

1. Interpret results of appropriate and evidence-informed diagnostic tests in the perioperative evaluation of patients.
2. Observe the insertion of an epidural on a patient in the inpatient setting.
3. Participate in a spinal block on a patient in the inpatient setting.
4. Participate in laryngoscopy and placement of an endotracheal tube on an unconscious patient in the inpatient setting.
5. Participate in the management and care of an unconscious/anesthetized patient in an inpatient setting.
6. Participate in the management of a patient with acute pain in an inpatient setting.
7. Perform an insertion of a peripheral IV line on a patient in the inpatient setting.

8. Perform application of ECG leads and BP on a patient in the inpatient setting.
9. Perform a relevant and focused medical history on an inpatient/outpatient,
10. Perform a relevant and focused physical examination on an inpatient/outpatient.
11. Perform bag-mask ventilation on an unconscious patient in the inpatient setting.
12. Perform placement of an LMA on an unconscious patient in the inpatient setting.
13. Perform a thorough assessment of the upper and lower airway including, but not limited to, Mallampati Classification, Thyromental Distance, Mouth Opening, Cervical Neck Range of Motion, and if applicable Cormack-Lehane Laryngeal Grade.

STRUCTURE OF THE ROTATION

Saskatoon: Royal University Hospital, Jim Pattison Children's 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 an email from the rotation administrator advising them of the location of their main OR site and their obstetrical anesthesia day at the JPCH.

Regina: Clerks will receive an email from the rotation administrator one week prior to the start of the rotation. This email contains the clerk's schedule in addition to their orientation. Clerks are expected to read this email in its entirety and follow the instructions provided for 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 the day prior 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. Derrick Williams.

CLERK DUTIES/EXPECTATIONS

Attendance at weekly anesthesia teaching sessions is mandatory. Unexcused absences will not be tolerated and will be considered as a reflection of a student's professionalism and scholarship on rotation and will be addressed as per the Professionalism Procedures.

Saskatoon Site: Clerks will be assigned to various clinical anesthesiologists during their main OR days. Clerks may be scheduled in the same OR as an anesthesia resident. Clerks are expected to be present in the OR holding area by 7:30 am each day to perform a history and physical examination on their first patient. Clerks are expected to be present at the Maternal Care Centre (3rd floor JPCH) at 7:30 am on their assigned Obstetrical Anesthesia day to meet the Obstetrical Anesthesia resident or attending. If the OB nursing staff cannot direct you to the anesthesiologist or resident, please page "Obstetrical Anesthesia" through switchboard (#1000). Attendance at weekly grand rounds is encouraged and occurs on Fridays at 7:00 – 8:15 am September-June (An online link is available from the rotation administrator). The OR starts late on Grand Round Fridays so the clerk should be present in OR holding by 8:30 am.

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 present to the OR for 7:30 am, unless an alternative time and place has been stated by their preceptor for that day.

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. Dr. Williams will arrange an in-person SIM session during the 2-week rotation.

TEACHING SESSIONS

Mandatory teaching sessions will be provided throughout the rotation on a weekly basis and will take place from 1300-1700. In person attendance is mandatory for Regina and Saskatoon students, other sites may attend virtually at the discretion of their applicable supervisors. If attending virtually, the expectation is that the student's camera is activated throughout the entirety of the session, and they are engaged in the session. Any absences will need to be justified and appropriate documentation submitted. Each weekly teaching session will include all or some of the following components; (based on the facilitator's preferences) didactic lecture(s), paper-based or virtual simulation case discussions, and student-lead teaching. Session topics, PowerPoint slides and cases will be available on One45. Each clerk is responsible to give a 5-10 minute 'Student Presentation' to your colleagues on an assigned anesthesia related topic on one occasion during the 2-week block. Your presentation date and topic will be available in the teaching schedule (via email or One45).

RESOURCES

Required Reading & Primary Reference Text:

Ottawa Anesthesia Primer (2nd Edition), Patrick Sullivan

This book is available in the Department of Anesthesia Library in Saskatoon. All sites have physical copies of the book for you to borrow. They can be signed out by contacting the rotation administrator. Please consider purchasing the electronic copy which is available for $10.00-$15.00 in the Apple store and other electronic book providers. Any borrowed copies of the text must be returned by the end of the rotation, failure to do so will result in your rotation being deemed incomplete.

Supplemental / Optional Reference Textbooks

Medical Students (2nd Edition May 2, 2019) (U of T Clerkship Manual), Ahtsham Niazi & Clyde Matava

This book is available free in the iTunes bookstore.

Oxford Handbook of Anaesthesia 2016, Keith Allman

This book is available online through the University of Saskatchewan library portal.

STUDENT ASSESSMENT

The final assessment for Anesthesia includes ALL the following:

	Assessment Type	**Weight**
1.	Summative Assessment ITAR Form	50%
2.	Written MCQ examination	50%
3.	6.2 logs	Completion
4.	EPA observations	Completion
Total		100%*

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

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

The final evaluation and pass criteria for Anesthesia includes ALL the following:

1. Clinical performance as measured by daily clinical assessment forms filled out by resident or attending physicians. The following criteria are required to pass:

    - Clinical Summative Assessment: The daily assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments (from daily clinical assessment forms and EPA observations) to complete a final Summative Assessment (ITAR). This will contribute to 50% of the mark.

    - The student must have a minimum of "Meets Expectations" on all categories of the final summative assessment form (ITAR), including professionalism, to pass the clinical portion.

2. Written Exam:

    Clerks must achieve a minimum of 70% on the written exam. If a Clerk has a score of less than 70% they may be offered an opportunity to remediate and write a supplemental exam, however this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, they 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.

        i. If the initial mark is less than 70%, the student may be provided with the opportunity to engage in remediation and write a supplemental examination to be scheduled three weeks after the initial exam. A mark of at least 70% on the supplemental exam is required to pass. Students successful on the supplemental examination will be awarded a grade equivalent to the minimum pass mark for that examination.

3. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 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/administrator if they suspect they may have deficiencies in their 6.2 log by the end of the rotation. This will usually (but not always) allow alternate learning experiences to be arranged to address this potential deficiency. Clerks will be expected to complete the alternative experiences within a reasonable time frame. Failure to complete the required EPAs may also result in professionalism consequences for the clerk.

4. EPA Observations.

   Completion of appropriate EPAs are required for this rotation. Clerks are not required to be "entrustable" but must achieve the required number of observations. Four EPA observations from EPAs 1 through 13 are required. A minimum of one observation of EPA 1 is required. We suggest planning to obtain 4 observations from a combination of EPAs 1, 4, 5, 6, 10 and 11 during this rotation. However, all EPAs are available opportunistically. Additionally, ≥ 50% of the clerk's EPAs MUST be completed by Anesthesia faculty.

   Incomplete EPAs: If students do not meet the EPA requirements by the end of the rotation, they will be required to have a discussion with their rotation coordinator to arrange additional clinical experiences needed to obtain the missing EPAs. Depending on circumstances, students who fail to complete the required numbers of EPAs will receive an informal professional form.

5. A maximum of one remediation 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.

ELECTIVES

ROTATION CONTACTS

Rotation Director: Dr. Ashley Selvig
Email: Ashley.selvig@usask.ca

Elective Coordinator (All Sites): Shari Smith
Email: med.electives@usask.ca

Rotation Administrator (All Sites): Barb Smith
Email: b.r.smith@usask.ca

ROTATION DESCRIPTION

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

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

In Year 3, Clerks are required to complete four weeks of electives, which-will be split into two two-week blocks. A lottery system will be used in Year 2 to assign the two two-week electives blocks. Students can complete these electives within or outside Saskatchewan. No additional elective time will be allowed in Year 3.

OVERALL ROTATION OBJECTIVES

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

Medical Expert

1. Obtain a relevant patient-centered history including a description of the symptoms, relevant positive and negative features, and illness experience.
2. Conduct a patient centred physical exam identifying positive and negative physical signs while optimizing patient comfort.
3. Select appropriate diagnostic investigations and interpret results.
4. Diagnose common and undifferentiated clinical presentations.
5. Develop and implement an appropriate patient-centered and evidence-informed management plan.
6. Explain the pathogenesis and pathophysiology of the subject conditions, with reference to the divergence from normal anatomy, and/or physiology.
7. Participate in the provision of socially accountable care with awareness of social determinants of health and equitable access that is responsive to the patient, community, and population health needs.

Communicator

1. Utilize communication skills to develop/maintain professional, therapeutic, and culturally sensitive relationships with patients and their families.

2. Document and share information with team members and family that is accurate, comprehensive, and timely to optimize clinical decision making, patient safety, while ensuring confidentiality, and privacy.

Collaborator

1. Collaborate with patients, families/caregivers, and healthcare team members to be active participants in their care.
2. Collaborate effectively with healthcare team members.

Health Advocate

1. Advocate to improve the health of individuals and communities.

Scholar

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

Professional

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

Leader

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

All learning objectives (course, module, and session) can be accessed on the College of Medicine/Curriculum website under the appropriate year and course. A print version is also available. Please access the link below for the most current objectives.
https://elentra.usask.ca/community/ugmecurriculum

Information on literal descriptors for grading in the College of Medicine at the University of Saskatchewan can be found in the Student Information Guide – Clerkship – Student Assessment Section.

More information on the U of S Academic Courses Policy relating to course delivery, examinations and assessment of student learning can be found at: http://policies.usask.ca/policies/academic-affairs/academic-courses.php. College of Medicine specific policies and procedures for course delivery, exams and assessment can found on the Policies, Procedures and Forms page of the College of Medicine website.

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: Learning charter - Teaching and Learning | University of Saskatchewan (usask.ca)

ROTATION ASSESSMENT OVERVIEW

Component	Component Requirement	Weighting in Final Mark
Clerkship Student Assessment- Electives (In Training Assessment Report or ITAR)* from Electives	100%	10%
Social Accountable Elective	Completion by end of Yr 4 - Prelearning plan - ITAR - debrief	
EPA observations	Completion	
Total Course Mark		100%

Students will be considered to have successfully completed the Electives Course if they have achieved a minimum 70% average grade in each of the elective rotations and completed the required EPAs.

Students who have not received the required 70% average grade in any of the elective rotations, will be deemed to be experiencing academic difficulty.

Failure to complete the required number of EPAs will have academic and/or professionalism consequences and may require additional clinical time to attain the required EPAs.

Students who are identified as being in academic difficulty may be offered remediation for the elective rotation for which they did not achieve the standard. The Year 4 Chair in consultation with a relevant Elective Coordinator and Academic Support Team will determine the specific type of remediation and supplemental assessment needed for each individual student targeted to the areas of academic weakness.

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)

SUMMATIVE CLINICAL ASSESSMENT (In Training Assessment Report or ITARs)

The Clerkship Student assessments (ITARs) are set to a pass mark of 70%. In instances where there is more than one ITAR for a given elective, they will be compiled for each individual elective.

Entrustable Professional Activities (EPAs)

For the 2024/2025 academic year, all third-year Clerks will be required to complete a minimum of 8 EPAs (average two per week) through the Electives course time (see below).

EPA	Requirement
1	1
2	1
3	1
4	1
5	1
6	1
7-13	2

Completion of EPAs is a valuable opportunity to get formative feedback on your clinical performance and demonstrate your clinical competency. Students are strongly encouraged to achieve more than the minimum number of EPAs to help guide their continued learning and demonstrate competency. Additionally, based on their interim EPA performance, the competency committee may require Clerks to compete additional EPAs in different categories if there are concerns about entrustability. Discussing your EPA plan with your elective supervisor early helps ensure that your plan will be successfully completed by the end of each elective.

We recognize that not all electives provide equal opportunity to obtain EPAs. It is acceptable to have less than the expected amount for a given 2-week elective; however, you are still required to meet the minimum expectation of 8 EPAs. The student should formulate a plan which EPAs to achieve in each elective. The majority of EPAs should be completed by faculty supervisors.

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation
EPA 2: Formulate and justify a prioritized differential diagnosis
EPA 3: Formulate an initial investigative plan based on the diagnostic hypothesis
EPA 4: Interpret and communicate results of common diagnostic and screening tests
EPA 5: Formulate, communicate and implement management plans
EPA 6: Present oral and written reports that document a clinical encounter
EPA 7: Provide and receive the handover in transitions of care
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help
EPA 9: Communicate in difficult situations
EPA 10: Contribute to a culture of safety and improvement
EPA 11: Perform general procedures of a physician
EPA 12: Educate patients on disease management, health promotion and preventive medicine
EPA 13: Collaborate effectively with allied health professionals on the interdisciplinary care of a patient

Process:

If the elective is completed in Saskatchewan, the faculty is expected to fill it out with their app under the student's name, selecting "Electives" as the rotation. Out of province faculty may input the information using the student's app.

EPAs completed without narrative comments will not be considered towards the total number and students should collect additional EPAs in order to demonstrate competency.

Table 1: Deficit Point Allocation

	Initial Deficit Points	Failed Supplemental Deficit Points
Elective Rotation	1	2

Social Accountability Elective

Students will be required to participate in a 2-week socially accountable care elective in either year 3 or year 4. This elective may come from any diversity category and will contribute to the overall diversity caps that the elective would typically fall under.

Objectives:

1. Identify personal learning objectives to support growth and understanding of socially accountable care as you participate in your elective
2. Identify members of the collaborate health care team including the patient.
3. Engage in socially accountable care with focus around values including equity, freedom from discrimination and person-centered care
4. Reflect on how the practice model of the chosen elective supports community needs, education/research, accountability, and advocacy.
5. Reflect on how health systems and organizational structures enable socially accountable care.
6. Reflect on how you achieved your personal objectives/learning goals.

Elective opportunities can be chosen from electives that already exist (i.e. Indigenous Health, Addictions Medicine, Rural Family Medicine etc.) or from an opportunity the student identifies in or out of province. Many of our existing elective opportunities could offer a Socially Accountable Care lens. For example, there will be several electives offered in rural and regional locations, servicing special populations (i.e. Infectious Disease, ENT, Social Pediatrics, Child Psychiatry, Geriatric Medicine etc.).

Students will schedule their elective via the usual process (SharePoint, AFMC Portal). In order to have a specific elective counted as a social accountability elective students will need preapproval from Dr Selvig (ugme.electives@usask.ca).

If the elective opportunity is a unique /novel experience, students must contact Dr Selvig for pre-approval and scheduling support (ugme.electives@usask.ca). Opportunities can include both physician led or allied health professional led experiences.

For approval of all Socially Accountable Care electives students will be required to submit a learning plan that includes a description of the reasons for pursing a specific elective opportunity as well as 2-4 individualized objectives. A draft should be submitted at the time of elective application for approval, but the learning plan and objectives need final approval from Dr. Selvig a minimum of 4 weeks before the elective start date in order to allow for submission to faculty preceptors/supervisors. The draft learning plan and final edits should be submitted to Dr Selvig/elective admin via ugme.electives@usask.ca.

Students will receive some pre-reading material around socially accountable care to prepare for their elective.
The elective will be evaluated by a summative clinical assessment (ITAR). The ITAR will evaluate the student's clinical performance and will also include confirmation that a mandatory discussion/debrief is completed with the student's supervisor about the experience and reflections on their learning plan.

Further assessment of socially accountable care could be included on the year 4 written exam.

Clinical Elective Rotations

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural
Addictions Medicine	Family Medicine	Family Medicine	X	X			
Anatomic Dissection	Anatomy	Anatomy					
Anesthesia	Anesthesia	Anesthesia	X	X	X	?	X
Arts & Humanities (Online)	Non-Clinical	Non-Clinical	X	X	X	X	X
Care of the Elderly	Family Medicine	Family Medicine					
Clinical Neurophysiology	Surgery	Neurosurgery	X				
Clinical Ultrasound	Radiology	Radiology					
Diagnostic Radiology	Radiology	Radiology	X	X			
Emergency Medicine	Emergency Medicine	Emergency Medicine	X	X	X	X	X
Environmental Medicine	Non-Clinical	Non-Clinical	X				
Family Medicine	Family Medicine	Family Medicine	X	X	X	X	X
Hospitalist	Family Medicine	Family Medicine		X			
Indigenous Health	Indigenous Health	Family Medicine	X	X			X
Integrative Medicine	Public Health	Public Health					
Internal Medicine							
• Cardiology	Internal Medicine	Cardiology	X	X		X	
• Chronic Pain	Internal Medicine	Pain Medicine	X	X			
• CTU	Internal Medicine	General Medicine					
• CTU Emergency	Internal Medicine	General Medicine					
• CTU/General	Internal Medicine	General Medicine		X			
• Dermatology	Dermatology	Dermatology		X			
	General Area Category	**8-Week Cap Category**	**Saskatoon**	**Regina**	**Prince Albert**	**Moose Jaw**	**Rural**

• Endocrinology	Internal Medicine	Endocrinology	X	X			
• Gastroenterology	Internal Medicine	GI	X	X			
• General	Internal Medicine	General Medicine	X		X	X	X
• Geriatrics	Internal Medicine	Geriatrics	X	X			
• Hematology	Internal Medicine	Hematology	X	X			
• Infectious Diseases	Internal Medicine	Infectious Diseases	X	X			
• ICU	Internal Medicine	ICU					
• Nephrology	Internal Medicine	Nephrology	X	X			
• Neurology	Neurology	Neurology	X	X			
• Occupational Medicine	Internal Medicine	Occupational Medicine	X				
• Oncology *(Medical, Radiation)*	Internal Medicine	Oncology	X	X			
• Palliative Care	Internal Medicine	Palliative Care	X	X			
• Respirology	Internal Medicine	Respirology	X	X			
• Rheumatology	Internal Medicine	Rheumatology	X	X			
• Transplant Medicine	Internal Medicine	Transplant Medicine	X				
Laboratory Medicine	Pathology	Pathology (D+C)	X				
Leadership	Non-Clinical	Non-Clinical	X	X			
Medical Education	Non-Clinical	Non-Clinical	X	X			
Nuclear Medicine	Radiology	Nuclear Medicine		X			
Obstetrics and Gynecology	O&G	O&G	X	X	X	X	X

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural
Pathology (General)	Pathology	Pathology (D+C)	X	X	X		

Pediatrics							
• Allergy *(1-week)*	Pediatrics	Peds – Allergy					
• Cardiology	Pediatrics	Peds - Cardio	X				
• Community	Pediatrics	Peds - General	X	X	X		X
• Developmental	Pediatrics	Peds - Develop	X	X			
• Emergency	Pediatrics	Peds - ER	X				
• Endocrinology	Pediatrics	Peds - Endo	X				
• Gastroenterology	Pediatrics	Peds - GI					
• Hematology/Onc	Pediatrics	Peds – Onc	X				
• Infectious Diseases	Pediatrics	Peds - ID	X				
• Inpatient	Pediatrics	Peds - General	X	X	X	X	
• Medical Genetics	Pediatrics	Peds - Genetics	X				
• Nephrology	Pediatrics	Peds - Nephro	X				
• Neurology	Pediatrics	Peds - Neuro	X				
• NICU	Pediatrics	Peds - NICU	X	X			
• Outpatient	Pediatrics	Peds - General	X	X	X	X	
• Palliative Care	Pediatrics	Peds - Palliative	X				
• Respirology	Pediatrics	Peds - Resp	X				
• Rheumatology	Pediatrics	Peds - Rheum	X				
• Social	Pediatrics	Peds - General	X	X			
Physical Med & Rehabilitation	PM&R	PM&R	X	X			
Psychiatry							
• Adult	Psychiatry	Psychiatry	X	X	X	X	
• Child	Psychiatry	Psychiatry	X	X			
• Forensic	Psychiatry	Psychiatry	?				
• Geriatric	Psychiatry	Psychiatry	X	X			
Public Health & Prev Med	Public Health	Public Health	X	X	X	X	X
Research	Research	Research	X	X			
Sports Medicine	Family Medicine	Family Medicine	X	X			
Surgery							
• Cardiac	Surgery	Cardiac Surgery					
• Cardiothoracic	Surgery	Cardiac Surgery		X			
• ENT	Surgery	ENT Surgery	X	X			
• General	Surgery	General Surgery	X	X	X	X	X
	General Area Category	**8-Week Cap Category**	**Saskatoon**	**Regina**	**Prince Albert**	**Moose Jaw**	**Rural**
• Neuro	Surgery	Neurosurgery	X	X			

• Ophthalmology	Surgery	Ophthalmology	X	X	X	X	
• Orthopedic	Surgery	Ortho Surgery	X	X	X	X	
• Pediatric	Surgery	General Surgery	X	X			
• Plastic	Surgery	Plastic Surgery	X	X			
• Thoracic	Surgery	General Surgery	X				
• Trauma	Surgery	General Surgery	X	X			
• Vascular	Surgery	Vascular Surgery	X	X			
• Urology	Surgery	Urology	X	X		X	X

ELECTIVES POLICY

1. Purpose

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

2. Definitions

UGME: Undergraduate Medical Education.

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

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

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

CaRMS: Canadian Resident Matching Service.

AFMC: Association of Faculties of Medicine of Canada.

EPAs: Entrustable Professional Activities.

Preceptor: Experienced health professional with a faculty appointment.

3. Scope

This policy applies to U of S College of Medicine undergraduate students in their Clerkship years.

4. Policy Guidelines

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

- University of Saskatchewan (home electives)
- Any CACMS accredited medical school and/or LCME accredited North American medical school.
- Approved international sites.
- Other sites as approved by the UGME Year Chair.

To complete elective time outside of the scheduled curricular time, Clerks must be in good academic standing and must receive approval from the Year Chair.

Clerks will not be granted credit for an elective supervised by a member of their immediate or extended family, as well as anyone with whom they have a personal relationship or have another conflict of interest. Additionally, Clerks will not be granted credit for an elective with any physician providing care to them, or physicians with the Office of Student Affairs. https://medicine.usask.ca/policies/conflict-of-interest.php

Clerks are strongly encouraged to meet with a Career Advisor from the Office of Career Advising & Mentorship (OCA&M) prior to their electives application to develop a personalized learning plan for their elective year. Appointments can be scheduled here: https://medicine.usask.ca/students/undergraduate/career.php#SpeakwithaCareerAdvisor. Clerks can contact OCA&M (med.careeradvising@usask.ca) for questions about electives as they relate to their career planning.

All home electives must be scheduled through the U of S Electives Office. Electives cannot be scheduled directly with an individual preceptor or site as this impedes departmental scheduling and coordination of Clerks. Clerks looking for a certain experience must include this request in their elective form or speak with the Department Coordinator. Clerks must ensure pertinent information regarding each elective is current and accurate in One45. The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor and submitted on One45 within 4 weeks of the elective end date. If no assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.

An elective must be passed to receive credit. If a student fails an elective for whatever reason, they may be required to remediate, even if they have met the minimum requirement. Most electives are a minimum of 2-weeks in duration. Electives start on Monday (Tuesday in the case of statutory holidays) and end on Sunday (except for the elective week before CaRMS interviews which ends on Friday).

Students must request the last Saturday/Sunday off at the start of an elective if travel time is required for the next elective.

5. Procedures

5.1 Electives in Saskatchewan – Home Electives

Clerks must apply through SharePoint for all home electives. Application periods open 22 weeks in advance and remain open until 6 weeks before the start date. The application window will open on the Sunday at **7PM** (Saskatchewan Time).

Elective SharePoint Site:
https://usaskca1.sharepoint.com/sites/ugme_electives/https://usaskca1.sharepoint.com/sites/ugme_electives/

Select "New Elective Request" to create an application. Please add the following information:

- Name
- Start date (must be a Monday); End date (must be a Sunday)
- Comments regarding how you want your application processed or preceptor preference. Please note that Clerks can request a preceptor, but it is not guaranteed that you will be scheduled with that physician.
- Top 3 specialty preferences, including location. Select "SAVE" to submit your application.

Student Status:

- Pending (application has been submitted to Elective Coordinator)
- Accept elective offer
- Decline elective offer
- Cancel application

Clerks must apply at least 6-weeks prior to the start date. Clerks can only have 1 active home elective application for a given period. Please cancel the original application, by selecting "Cancel Application" under the "Student Status" section of the application form, before submitting a new application on SharePoint.

If an elective opportunity is extended, the Clerk will have 7 days to accept or decline the opportunity. Once the elective is accepted, it will be considered finalized and the information will be added to One45. If an elective offer is declined this cancels your entire application, and no further electives on that application will be considered.

The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor(s) and submitted on One45 within 4 weeks of the elective end date. If no assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.

Please note, if you are completing an elective in Saskatoon or Regina, outside of your home site, please let the Clerkship Coordinator for that site know a few weeks in advance so they can set up SCM access.

5.2 Visiting Electives

5.2.1 12-2 Policy

- 12-week cap for visiting electives (Year 3 and Year 4 combined)
- Each elective must be a minimum of 2-weeks

Please note, international electives are included in the 12-2 policy.

5.2.2 Electives in Other Canadian Provinces

Clerks will apply for out-of-province electives on the AFMC Portal 2.0 (https://afmcstudentportal.ca/). Portal accounts will be created for all eligible students and Clerks will receive an account activation email from "InPlace Network". Once the account has been activated, Clerks must complete the student profile with their personal and academic information and upload all required documents, including the AFMC immunization form.

Clerks are not required to provide the UGME office with confirmation of an out-of-province elective scheduled through the AFMC Portal. The elective information will be collected by the UGME office from the AFMC Portal and added to One45. The Clerk is responsible for ensuring that the information is correct on One45. If an elective is incorrect or missing, please contact ugme.electives@usask.caugme.electives@usask.ca. Clerks are required to complete an External Electives Check-in Form in their One45 To Dos for all out-of-province electives.

The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor(s). Clerks must first set up a temporary account for external assessors by submitting a ticket https://teamdynamix.usask.ca/TDClient/33/Portal/KB/ArticleDet?ID=115d. Once the temporary account has been set up, the Clerk can then distribute the assessment to the preceptor(s) from their One45 To Dos. Clerks will be notified within 2 weeks of the end date of the elective if an Elective Assessment form has not been received. It is their responsibility to ensure the assessment has been completed within 4 weeks of the elective end date. If no assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.

5.2.3 International Electives

Clerks are responsible for coordinating their own international elective. There are no set requirements on the location of the elective, but it must have oversight with an MD. The University of Saskatchewan has reciprocal agreements with the Royal College of Surgeons in Ireland (RCSI) and the Ludwig-Maximilian University (LMU) of Munich.

The minimum elective duration is 2 weeks with a maximum of 8 weeks. Clerks must submit the international electives application form to the Year Chair for approval at least 6 months before the start date of the proposed elective. The application can be found on the SharePoint site. A closer application time may be considered if the DSA pre-departure orientation from the Division of Social Accountability has already been completed; however, a minimum of 2 months prior to the start date of the elective is required. Clerks must meet with the Global Health Manager, Division of Social Accountability and participate in the DSA pre-departure orientation course, if they have not already done so. Participation

is tracked. Please note that if the pre-departure orientation from the Division of Social Accountability has not been completed, this must be completed prior to the elective being approved.

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

The Clerk is responsible for ensuring the UGME Office (Clerkship Coordinator) has received confirmation of registration with the ISSAC office as well as the Division of Social Accountability. Once confirmations and the international elective form are received, the elective will be considered for final approval. The Year Chair will give final approval or rejection of the elective application and Clerks will be notified of either status. For approved electives to be added to One45, the Clerk must email the official confirmation of DSA orientation completion from the ISSAC to the Clerkship Coordinator. Once submitted, the elective will be considered finalized. Failure to do so will result in the elective not counting towards the minimum number required.

The Clerk is responsible for ensuring that the elective information is correct on One45. If an elective is incorrect or missing, please contact ugme.electives@usask.caugme.electives@usask.ca. Clerks are required to complete an External Electives Check-in Form in their One45 To Dos for all international electives.
Clerks may be required to purchase additional malpractice insurance depending on the elective location (Refer to article 15. Insurance for more details). Extra funding opportunities may exist through the

Division of Social Accountability in the form of research and travel awards. Please contact the Division of Social Accountability Office for inquiries and/or additional information.

The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor(s). Clerks must first set up a temporary account for external assessors by submitting a ticket: https://teamdynamix.usask.ca/TDClient/33/Portal/KB/ArticleDet?ID=115. Once the temporary account has been set up, the Clerk can then distribute the assessment to the preceptor(s) from their One45 To Dos. Clerks will be notified within 2 weeks of the end date of the elective if an Elective Assessment form has not been received. It is their responsibility to ensure the assessment has been completed within 4 weeks of the elective end date. If no assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.
The Clerk must participate in a post-elective debriefing with the Division of Social Accountability. This meeting will include feedback on the elective learning environment, overall learning experience, and any challenges faced. The Clerk should notify the UGME upon their return from their elective. If the Clerk requires further supports related to experiences during their elective, these will be facilitated through the Office of Students Affairs.

5.2.4 Worker's Compensation on Visiting Elective

U of S students participating in electives outside the province of Saskatchewan are not covered by the Saskatchewan Workers' Compensation Board (WCB). The College of Medicine cannot guarantee access to the host province equivalency of Saskatchewan WCB, and therefore encourages you to maintain insurance sufficient to meet your needs. Workers' compensation provides coverage based on the average industrial wage for students; we, therefore, recommend that all students traveling outside of Saskatchewan for electives, even those covered by some form of workers' compensation, obtain additional accident and disability coverage that matches their expected income upon graduation. The University of Toronto mandates that all learners acquire adequate accident insurance coverage. **If you have secured a visiting elective at the University of Toronto and have any questions regarding obtaining sufficient insurance coverage, please contact the U of S Electives Office at med.electives@usask.ca.**

6. Cancellation Policy

Electives should be cancelled by the Clerk at least 6 weeks prior to the start date of the elective. The 6-week cancellation policy is for electives taking place in Saskatchewan, as well as out-of-province electives. Failure to do so will result in a discussion regarding professionalism and possible documentation through a Professionalism Report/Discussion Form. Exceptional circumstances requiring an elective cancellation will be considered.

To cancel a home elective, select "Cancel Application" under the "Student Status" section of the SharePoint elective application form. Clerks must also follow-up with the relevant Department Admin to verify that they received the cancellation notification.

To cancel a visiting elective at least 6 weeks prior to the start date, withdraw your Portal application and contact the Elective Coordinator at the host school. If you must cancel a visiting elective within 6-weeks of the start date, submit your request to med.electives@usask.ca and the U of S Student Affairs office. If the cancellation is supported, the U of S Electives Office will notify the host school of the cancellation, on behalf of the student.

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

7.1 Diversity Requirement

Clerks must complete a minimum of three electives, each lasting a minimum of two weeks, in three different general areas (Year 3 and Year 4 combined). The general areas are: Anatomy, Anesthesia, Dermatology, Emergency Medicine, Family Medicine, Indigenous Health, Internal Medicine, Non-Clinical, Neurology, O&G, Pathology, Pediatrics, PM&R, Psychiatry, Public Health, Radiology, Research and Surgery. Please refer to the "General Area Category" column of the elective summary table.

Elective diversity allows the Clerk to experience a broader scope of medicine and may help with residency preparation. In addition, The University of Saskatchewan College of Medicine abides by the AFMC diversification policy.

AFMC Student Electives Diversification Policy:

> "Undergraduate programs recognize their dual responsibility to ensure students undertake a full educational experience that prepares them for any potential career choice, while also optimizing their ability to engage in the increasingly competitive postgraduate match process. Undertaking elective experiences exclusively in a single discipline is pedagogically unsound and fails to provide students with a full exposure to potential career options. Consequently, we commit that, beginning with the Class of 2021, student elective opportunities cannot exceed a maximum of eight weeks in any single entry-level discipline. An entry-level discipline is an Entry Route in the PGY-1 (R1) match. Each of these entry-level disciplines leads to specialty certification with either the RCPSC or the CCFP. Electives in subspecialties that are part of a PGY-3 (R3) match (such as the subspecialties in Internal Medicine and Pediatrics) are counted as separate disciplines. As such, electives in these subspecialties do not count towards the 8-week maximum in the general specialty".

As such, the maximum time allowed in any one direct-entry specialty will be 8 weeks (Year 3 and Year 4 combined).

7.2 Noncompliance

Being outside the 8-week maximum in a specialty area (other than Internal Medicine and Pediatrics subspecialties), may put the student at a disadvantage when applying through CaRMS for a Residency position. If a student is found to have greater than 8 weeks in any one specialty (with the exception of Internal Medicine and Pediatrics subspecialty areas), the additional weeks will not count towards the minimum number electives required for completion of the electives course, and the student may be required to do remediation. Additionally, none of the comments from those electives will be allowed on the MSPR. The student may also be subject to a professionalism citing.
Please refer to the "8-Week Cap Category" column of the elective summary table. All students are responsible for counting their own number of weeks in each area. However, students should be aware that there will be random audits done to ensure compliance.

Please note that Year 5 is unique and while this year must abide by the diversity policy, their previous years' electives do not count towards the maximum.

8. EPAS

Completion of all EPAs is **mandatory** and is a requirement to successfully complete the course. Failure to complete the required number of EPAs, at a level that is satisfactory to the Competency Committee, will have academic and/or professionalism consequences, including being ineligible for promotion. Further, if students are found to be missing EPAs, additional clinical time may be required to complete missing EPAs or demonstrate an acceptable level of clinical competency.

9. Time Away from an Elective

Please note the maximum amount of time away from a 2-week elective for any reason in order to be considered complete is 3 days (including statutory holidays). One-week electives can be counted towards the total number; however, they cannot be combined with a week of vacation and count as 2

weeks of electives. No time off is permitted during 1-week electives, and therefore, they are not offered on weeks with statutory holidays.

10. Immunizations

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

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

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

11. N95 Mask Fittings

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

12. Police Information Check

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

13. Blood/Body Fluid Exposure

The Medical Student Exposure to Infectious and Environmental Hazards Policy and local health region/authority occupational health procedure can be accessed at:
https://medicine.usask.ca/documents/ugme/policies/medicalstudentexposure.pdf

14. Insurance

University of Saskatchewan Clerks are covered under the U of S CURIE insurance policy for up to 26 weeks of electives. This includes any contractual liability, professional and malpractice liability, cross liability, and tenant's legal and employer's liability arising out of their elective duties. Coverage applies to any electives taken within Canada.

15. Distribution

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

16. College of Medicine Responsibilities

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

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

17. Non-Compliance

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

EMERGENCY MEDICINE

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE
Dr. Schaana Van De Kamp
Email: schaana.v@usask.ca
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Saskatoon RUH 2685

REGINA SITE
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Fax: (306) 765-6783
Prince Albert Victoria Hospital

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. Vacation leave will not be approved 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.**

This 4-week rotation will introduce students to the basic concepts of Emergency Medicine. Students will be exposed to emergent, urgent and non-urgent presentations. Students will learn about the principles of resuscitation, the development of differential diagnoses, the formation of management plans and disposition care for a variety of clinical presentations.

Core EM Presentations (List 1)

Abdominal Pain, Bites, Bone/Joint Pain, Chest Pain, Syncope/Vertigo, Fever, Headache, Dyspnea/Cough, Respiratory Distress, Sepsis, Nausea/Vomiting, Intoxication/Agitation, Altered Level of Consciousness/Seizures, Back/Flank Pain, Poisoning/Overdose, Vaginal Bleeding/Bleeding in Pregnancy, Acute Pain, Skin and Soft Tissue Infections.

Core EM Presentations (List 2)

Cardiac Arrest, Anaphylaxis/Airway Obstruction, Burns, Injury Related to Temperature Extremes, Trauma, Shock, Stroke.

ROTATION OBJECTIVES

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

MEDICAL EXPERT

1. Select and interpret relevant diagnostic tests in the evaluation of patients with a core EM presentation (see list 1).
2. Develop and refine a differential diagnosis based on clinical information and results from investigations for the core EM presentations (see list 1).
3. Develop and discuss appropriate plans for the management of patients with the core EM conditions (see list 2).
4. Develop and apply appropriate triage skills in the identification of patients with life-threatening conditions.
5. Develop skills to provide appropriate resuscitation to acutely unwell patients and those with immediately life-threatening presentations.
6. Determine appropriate disposition for patients (admit versus discharge) and ensure appropriate disposition plans for discharged patients.
7. Discuss advantages and disadvantages of pharmacologic and non-pharmacologic treatment modalities based upon the patient's context and issues.
8. Develop interpretative skills necessary to the practice of emergency medicine.
9. Develop skills in wound assessment and management.
10. Analyze the process of triage and prioritization of care.

COMMUNICATOR

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

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.

4. Communicate in a culturally competent and sensitive manner.

5. Participate in obtaining informed consent.

COLLABORATOR

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

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

LEADER

1. Manage workload effectively.

2. Identify and address potential barriers to efficient and safe workflow.

HEALTH ADVOCATE

1. Recognize cultural and socio-economic issues that impact patient and population health.

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

SCHOLAR

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.

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

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

5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

PROFESSIONAL

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

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

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.

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

6. Recognize and be sensitive to self-limitations and biases; 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.

ROTATION 6.2s

1. Interpret a bone/joint radiograph in the outpatient setting.
2. Interpret a chest radiograph in the outpatient setting.
3. Interpret an abdominal radiograph or CT in the outpatient setting.
4. Interpret an anion gap in the outpatient setting.
5. Interpret an arterial or venous blood gas in the outpatient setting.
6. Interpret an ECG of a patient in the outpatient setting.
7. Interpret an osmolar gap in the outpatient setting.
8. Interpret vital signs on a patient in the outpatient setting.
9. Participate in the management of a patient with abdominal pain in the outpatient setting.
10. Participate in the management of a patient with acute pain in the outpatient setting.
11. Participate in the management of a patient with altered level of consciousness or seizures in the outpatient setting.
12. Participate in the management of a patient with back or flank pain in the outpatient setting.
13. Participate in the management of a patient with bone or joint pain in the outpatient setting.
14. Participate in the management of a patient with chest pain in the outpatient setting.
15. Participate in the management of a patient with dyspnea or cough in the outpatient setting.
16. Participate in the management of a patient with fever in the outpatient setting.
17. Participate in the management of a patient with headache in the outpatient setting.
18. Participate in the management of a patient with nausea or vomiting in the outpatient setting.
19. Participate in the management of a patient with poisoning or overdose in the outpatient setting.
20. Participate in the management of a patient with respiratory distress in the outpatient setting.
21. Participate in the management of a patient with shock in the outpatient setting.
22. Participate in the management of a patient with syncope or vertigo in the outpatient setting.
23. Participate in the management of a patient with trauma in the outpatient setting.
24. Participate in the management of a patient with vaginal bleeding in the outpatient setting.
25. Participate in the management of an intoxicated or agitated patient in the outpatient setting.
26. Perform local anesthetic infiltration on a patient in the outpatient setting.
27. Perform minor wound closure on a patient in the outpatient setting.

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 rotation. 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. The length of the shifts varies depending on site.

Selected Topics in Medicine will be accommodated however you may also be scheduled a shift the same day. If you are scheduled during Selected Topics, 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 STiM 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 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 15 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.

  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 professionalism form being submitted.
- Clerks **must** show up on time.

- Clerks must dress professionally: scrubs or professional clothing. If a Clerk chooses not to wear scrubs, a lab coat or a gown will be required 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/EPAs 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 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 both the midpoint and 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 professionalism form being submitted.
- Clerks must write their end of rotation exam. This is a CLOSED book exam, and Clerks are required to do this independently. An email reminder will be sent out prior to the exam confirming the date, time and location. Students MUST bring their laptop and charger to the exam.
- 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 One45 for details.
- Clerks must evaluate the rotation AND 3-4 individual preceptor(s) with whom they worked. Evaluations will be sent through One45 for completion.

TEACHING SESSIONS

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

Saskatoon:

1200-1530 - Sasktel Theatre (please check your email regularly 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.

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

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 generally 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 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 lead 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

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 also an opportunity to participate in collaborative care. 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.

Saskatoon:
The sessions occur in the CLRC in the Health Sciences building. Sessions run every 2nd Monday from 1230-1630.

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)

https://emottawablog.com (blog + EM handbook)

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)

Hans, L., Mawji, Y. (2012). The ABC's of Emergency Medicine. University of Toronto.

- **Available on One45 as a pdf**

Clerkship Directors in Emergency Medicine, Society of Academic Emergency Medicine. *Emergency Medicine Clerkship Primer: A Manual for Medical Students*. Lansing, MI: Clerkship Directors in Emergency Medicine; 2008.

- 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**

Tintinalli, J.E., G. D. Kelen, et al. Tintinalli's Emergency Medicine: A Comprehensive Study Guide. New York: McGraw-Hill, Health Professions Division, 2011.

- Covers almost all relevant EM topics in depth
- Available through the U of S library, in print, and on-line
- Access Medicine
  http://www.accessmedicine.com.cyber.usask.ca/resourceTOC.aspx?resourceID=40

Clerkship Directors in Emergency Medicine Website: 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:

	Assessment Type	Weight
1.	Clinical Performance (ITAR)	65%
2.	Written examination	35%

3.	Triage Reflection	Completion
4.	6.2 logs	Completion
5.	On-Line Interpretive Assignment	Completion
6.	Ultrasound Module	Completion
7.	EPAs	Completion
	Total	100%

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

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

1. **Clinical Performance** as measured by daily evaluations filled out by attending physicians for **every** Emergency shift. If a Clerk fails to submit all of the daily evaluations, the clinical component is considered to be incomplete and may constitute a failure of the rotation. A failure of clinical performance is indicated by any of the following:

    - Failure to achieve a minimum of "Meets Expectations" on all categories for the final Summative Assessment (ITAR).
    - Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR). This will contribute to 65% of the mark. All narrative comments as well as the rating scales will be utilized to formulate a final summative ITAR.

2. **Written Exam**: Clerks will write a rotation-based exam consisting of multiple choice and short answer questions focusing on an approach to undifferentiated patients and common EM presentations. Clerks must achieve 70% on this exam to pass. The exam will be written on the last Thursday of the 4-week rotation. Students will receive an email confirming the location and time of the exam.

    Clerks must achieve a minimum of 70% on the written exam. If a Clerk has a score of less than 70%, he or she may be offered an opportunity to remediate and write a supplemental exam; however, this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, he or she 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. **Triage Reflection:** The student must submit the reflection no later than seven (7) consecutive calendar days following the shadowing experience. See Assignment Submission Policy. The reflection will be marked according to a rubric which is posted on One45.

4. **6.2 Log:** Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.

5. **Online Interpretive Assignment:** This is an online formative assignment to provide Clerks an opportunity to develop their interpretive skills through case based, independent learning of 'must not miss' diagnoses. Clerks are expected to complete and submit the assignment during the EM rotation.

6. **Online Ultrasound Module:** This is an online, formative module designed to provide Clerks additional opportunities to interpret POCUS images. Clerks are expected to complete the module on Canvas during their EM rotation.

7. **Entrustable Professional Activities (EPAs)**

   Clerks must complete a **minimum** of 10 EPAs during the rotation with the following distribution:

   - EPA 1 x2
   - EPA 2 x1
   - EPA 3 x1
   - EPA 4 x1
   - EPA 5 x1
   - EPA 6 x1
   - EPA 8 x1
   - EPA 11 x1
   - EPA 12 x1
   - EPA 13 (optional)

Clerks are not required to be "entrustable" but must achieve the required number of observations.

**If students do not meet the EPA requirements by the end of the rotation, they will be required to have a discussion with their rotation coordinator to arrange additional clinical experiences needed to obtain the missing EPAs within 30 days of the end of rotation. Depending on circumstances, students who fail to complete the required number of EPAs may receive a professionalism form. If the EPAs are still incomplete after the 30-day time period following the end of rotations, this will prompt a meeting with the Year Chair/Site Coordinator and may result in 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 the preceptor at the end of each shift.
3. A copy of the daily evaluation form is available on one45.
4. Please ensure all forms are submitted for review at the mid-rotation and exit interviews.

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.

Please note: Attendance at all learning activities, with the exception of the Emergency Academic Half-Days is mandatory. If a student is absent from any learning activity (suturing lab, SIMs, 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.

A maximum of one remediation attempt on any rotation component may 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) an additional supplemental assessment, or (2) a FAILED rotation.

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
Dr. Rejina Kamrul
Email: rejina.kamrul@usask.ca
Phone: (306) 766-0444

Rotation Coordinators

SASKATOON SITE
Dr. Chantal Ansell
Email: chantal.ansell@usask.ca
Phone: (306) 655-4200
West Winds Primary Health Centre

REGINA SITE
Dr. Payton Pederson
Email: payton.pederson@usask.ca
Phone: (306) 766-0444
Regina Centre Crossing

PRINCE ALBERT SITE
Dr. Vipul Parekh
Email: vzp472@usask.ca
Phone: (306) 763-6464
Community Clinic

Rotation Administrators

Tracy Lewis
Email: dafm@ugme.saskatoon.usask.ca
Phone: (306) 655-4211
Fax: (306) 655-4895

Jeanette Bellavance
Email: jeanette.bellavance@usask.ca
Phone: (306) 766-0449

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

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 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.

Family Medicine Lists

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

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

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

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**.
2. Perform 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**.
3. Develop a relevant, prioritized differential diagnosis through clinical reasoning and integration of clinical information for a problem from List 1**.
4. Select and interpret results of appropriate and evidence-informed diagnostic tests in the evaluation of patients with a problem from List 1 and propose an initial management plan with consideration of patient context **.
5. Develop and apply 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 and/or complications related to the conditions from List 2**.
6. Actively participate in the following patient encounters from List 3**. Understand normal development and aging processes and recognize deviations from the norm.
7. Describe evidence-informed principles of surveillance and screening for the normal/healthy population and for at-risk populations.
8. Identify the four principles of family medicine.

9. Describe how the four principles of family medicine differ from other specialities.
10. Differentiate between rural and urban family medicine from the perspective of the physician.
11. Differentiate between rural and urban family medicine from the perspective of the patient.
12. Discuss reportable illnesses.
13. Discuss advantages of pharmacologic and non-pharmacologic treatment based on patient's context and issues.

COMMUNICATOR

1. Maintain clear, accurate, and appropriate records of clinical encounters.
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.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

COLLABORATOR

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

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
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.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; 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.

ROTATION 6.2s

1. Interpret the BMI (body mass index) of a patient in the outpatient setting.
2. Interpret vital signs of a patient in the outpatient setting.
3. Obtain vital signs of a patient in the outpatient setting.
4. Assess and participate in the management of a patient with abdominal pain in the outpatient setting.
5. Assess and participate in the management of a patient with coronary artery disease in the outpatient setting.
6. Assess and participate in the management of a patient with diabetes mellitus in the outpatient setting.
7. Assess and participate in the management of a patient with chest pain in the outpatient setting.
8. Assess and participate in the management of a patient with dyspnea/cough in the outpatient setting.
9. Assess and participate in the management of a patient with fatigue in the outpatient setting.
10. Assess and participate in the management of a patient with fever in the outpatient setting.
11. Assess and participate in the management of a patient with headache in the outpatient setting.
12. Assess and participate in the management of a patient with hypertension in the outpatient setting.
13. Assess and participate in the management of a patient with joint pain in the outpatient setting.
14. Assess and participate in the management of a patient with lung disease in the outpatient setting
15. Assess and participate in the management of a patient with mental health issues in the outpatient setting.
16. Assess and participate smoking cessation counseling in the outpatient setting.
17. Participate and recognize the potential social determinants of health in the management of a patient with sexual health issues in the outpatient setting.
18. Assess and participate in the management of a patient with syncope/vertigo in the outpatient setting.
19. Participate and recognize potential social determinants of health in the provision of prenatal care on a patient in an outpatient setting.
20. Participate and recognize the social determinants of health in the provision of the periodic health exam to a child/adolescent in the outpatient setting.
21. Participate and recognize the social determinants of health in the provision of the periodic health

exam to an adult female in the outpatient setting.

22. Participate and recognize the potential social determinants of health in the provision of the periodic health exam to an adult male in the outpatient setting.
23. Perform a breast examination in the outpatient setting.
24. Participate in a Pap smear in the outpatient setting.
25. Perform minor wound closure on a patient in the inpatient or outpatient setting.
26. Perform otoscopy on a patient in the outpatient setting.
27. Plot and interpret a growth curve of a pediatric patient in the outpatient setting.

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).

Family Medicine self-directed learning time is built into the rotation. Clerks will be excused from clinical duties the first Thursday afternoon of the urban rotation and the third Thursday afternoon of the rural rotation (total of 2 half-days). This time is also allotted to help students complete their mandatory Family Medicine Project and study for the end of rotation exam.

A mandatory teaching session will be facilitated on the third Tuesday afternoon of the rotation via videoconference. The session will include interactive case-based teachings on Family Medicine topics and students should be excused from clinical duties during this time.

Orientation

8:30 – 9:00 am on the first day of the 6-week block there is a mandatory videoconference orientation to review important Family Medicine rotation information and answer any questions clerks may have.

Teaching Sessions

Every Tuesday morning students attend the mandatory Selected Topics in Medicine (MEDC 308.16) course/videoconference. **On the third Tuesday afternoon of the rotation there is a mandatory teaching session.**

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 – Tracy Lewis at dafm.ugme.saskatoon@usask.ca 655-4211
Regina – Jeanette Bellavance at Jeanette.bellavance@usask.ca 766-0449
Prince Albert – Nicole Toutant at 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.

Please note that the COM (College of Medicine) will not guarantee family stay requests for 4-week rotations. We can try to make arrangements for accommodation, if available and given enough time (at least 2 months' notice). The COM does not reimburse costs if we are unable to make arrangements, except in cases where the duration is > 4 months.

Also, clerks are responsible for finding out whether pets are allowed at their designated accommodation site and make their own arrangement regarding pets.

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

Saskatoon – Tracy Lewis dafm.ugme.saskatoon@usask.ca 655-4211
Regina – Jeanette Bellavance Jeanette.bellavance@usask.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 as this would constitute a conflict of interest for evaluation.

Expectations while in rural rotation

It is expected that students work and stay at their assigned rural site to get the full breadth of exposure and experience that rural communities have to offer. The integration into rural communities emphasizes 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, and family medicine is community based.

Mistreatment

There is zero tolerance for student mistreatment. If students experience any kind of mistreatment from faculty, nursing staff, other allied health care professionals, etc. while on rotation, they are advised to contact the Rotation Director/Coordinator immediately.

INSTRUCTIONAL METHODS

- Ambulatory and hospital patient contact under direct supervision, with graded responsibility.
- Morning sign-in rounds and presentation.
- Mandatory teaching session which include interactive case-based teachings on Family Medicine topics and a project (see "Student Assessment" below).
- Optional and scheduled community based clinical experiences with direct supervision.

CLERK DUTIES/EXPECTATIONS

Charting /Clinical Documentation

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 – Tracy Lewis at dafm.ugme.saskatoon@usask.ca 655-4211
Regina – Jeanette Bellavance at Jeanette.bellavance@usask.ca 766-0449
Prince Albert – Nicole Toutant at nicole.toutant@usask.ca 765-6787
For other community preceptors, please contact your preceptor's office.

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 confirmed with the site preceptor on the first day of the rural rotation.

TEACHING SESSIONS IN FAMILY MEDICINE ROTATION

Mandatory teaching sessions will be facilitated on one-half day of the third week of the rotation. Clerks will be excused from clinical duties to attend the session. The session will include interactive case-based teaching on key and pertinent topics in Family Medicine. Topics will be based on core Family Medicine objectives. The teaching session will be 3 - 4 hours long. The teaching half day will be the third Tuesday afternoon of the rotation. Clerks will be excused from clinical duties the second Thursday afternoon of the urban rotation and the third Thursday afternoon of the rural rotation (total of 2 half days) for self-directed learning time. This time is also allotted to help students complete their mandatory Family Medicine Project and study for the end of rotation exam.

Learning Resources

Ian R. McWhinney. An Introduction to Family Medicine. New York: Oxford University Press; 2016 (4th)

edition.

David B. Shires, Brian K. Hennen, and Donald I. Rice. Family Medicine: A Guidebook for Practitioners of the Art." Columbus, OH: McGraw-Hill, 1986.

M. Stewart et al. Patient-Centered Medicine: Transforming the Clinical Method (3rd Ed). London: Radcliffe Medical Press, 2014.

Wolpaw TM, Wolpaw DR, Papp KK. "SNAPPS: a learner-centered model for outpatient education." Acad Med 2003; 78(9): 893-898.

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 forms must be reviewed at the midpoint of the longer rural rotation by the clerk and preceptor as part of the mid-term interview and be reviewed at the end of both rural and urban rotations.

ASSESSMENT COMPONENTS

The Family Medicine mark breakdown is as follows:

	Assessment Type	**Weight**
1(A)	Rural ITAR	30%
1(B)	Urban ITAR	20%
2	Project	20%
3	Written Exam	30%
4	6.2 logs	Completion
5	EPAs	Completion

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

A maximum of one remediation attempt on any rotation component will be offered. If a student fails the supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerkship Coordinator, the Academic Support Specialist 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.

**If a student has accommodations in place through Student Affairs +/- AES (Access and Equity Services), they are to contact the administrator (Jeanette Bellavance for Regina, Tracy Lewis for Saskatoon or Nicole Toutant for Prince Albert) as soon as possible before the rotation so arrangements for accommodations can be made.

The final assessment for Family Medicine rotation includes all of the following:

1. ITARs: Clinical performance is measured by the clinical assessment by the preceptor with whom they are assigned during the rural (A) and urban (B) portion of the rotation. Summative assessments will be provided at the end of both rural (A) and urban (B) components of the rotation. It is highly recommended that clerks seek assessment and feedback at all stages of their rotation. If a student is deemed to be in academic difficulty during the rotation, the rotation director/coordinator will meet with them to provide feedback and develop a plan to improve their performance.

   All clerk assessments will be reviewed by the Department Rotation Director/Coordinator at each site at the completion of the rotation. The assessments from preceptors from each of the rural (A) and urban (B) components of the rotation will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final summative assessment (ITAR) for each of the Rural and Urban rotations. The final clerk grade sheet will be available to each student in One45 following the completion of the rotation.

   The following criteria are required to pass:

   - The student must have a minimum of "Meets Expectations' on all categories for the final Summative Assessments (ITARs)
   - Assessments of professionalism must be at a minimum "Meets Expectations" on the summative ITAR for each of the Rural and Urban rotations.

2. Project: During the 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. Detailed instructions regarding the project requirements can be found on One45 and can also be obtained from the rotation administrator. Proposed project topics should be decided upon by the mid-point of the rotation. The project should be presented orally during morning rounds (at the academic teaching units) or to their preceptor and his/her colleagues at a mutually agreed upon time.
   Learners are expected to submit either a written report or PowerPoint of the project to the rotation administrator (for grading by the rotation coordinator) by the last day of the Family Medicine rotation. The rubrics for grading are available on One45. The student must achieve a "meets expectations" on the project in order to pass the rotation.

   Pass Mark for project is 9/13*: To pass, this project needs to achieve 9 marks out of 13
   * Students who do not achieve a passing grade will be asked to resubmit their assignment. Following re-submission, if successful, the project will be awarded a grade equivalent to the minimum pass mark. Assignments must be re-submitted within 2 weeks of students receiving their mark, or by 6 weeks after the end of rotation (whichever comes first).
   NOTE: If a student requires an extension due to personal/health reasons the student should contact the Rotation Coordinator prior to the end of rotation to make this request.

3. Written Exam: Clerks must achieve a minimum of 70% on the written exam. If a Clerk has a score of less than 70% he or she may be offered an opportunity to remediate and write a supplemental exam, however this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, he or she 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.

A mark of at least 70% on the supplemental exam is required to pass. Students successful on the supplemental examination will be awarded a grade equivalent to the minimum pass mark for that examination.

4. 6.2 Logs: Completion of 6.2 logs is required to pass each clerkship 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. Clerks must ensure they are keeping track of the exposures they have on rotation.
   It is recommended to track these activities daily. It is recommended that students review their logs with their preceptors at the mid-point (formative) evaluation. Accurate recording of 6.2 logs also allows the program to identify which exposures students have difficulty obtaining. If students are having difficulty obtaining these procedures, they are to contact the site coordinator and admin as soon as possible. A student cannot pass the block without having the logs completed.

   Timely completion of alternative experiences: Clerks should contact the Family Medicine Clerkship Coordinator if deficiencies are present in the 6.2 logs for an assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame determined by the rotation coordinator.

5. Entrustable Professional Activities (EPAs): Completion of the appropriate EPAs are required for this rotation. Students will be required to obtain a minimum of 14 EPAs during this 6-week rotation.

   EPA Requirements:

   EPA 1 x2
   EPA 2 x1
   EPA 3 x1
   EPA 4 x1
   EPA 5 x1
   EPA 6 x2
   EPA 12x2

EPA 7 – 11 and 13: the remainder will be chosen from EPAs 7-11 and 13. For a total number of 14 EPAs.

Incomplete EPAs: If students do not meet the EPA requirements by the end of the rotation, they will be required to have a discussion with their rotation coordinator to arrange additional clinical experiences needed to obtain the missing EPAs. Clerks are not required to be “entrustable” but must achieve the required number of observations. Depending on circumstances, students who fail to complete the required number of EPAs will receive an informal professionalism form. If the EPAs are still incomplete after the 30-day time period following the rotation, this will prompt a meeting with the Year Chair/Site Coordinator.

INTERNAL MEDICINE

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE

Dr. Anmol Cheema (Provincial Director)
Email: anmol.cheema@saskhealthauthority.ca

Dr. Rabia Shahid (RUH Site)
Email: rks032@usask.ca

Rotation Administrators

Melissa Pardy
Email: im.ugme@usask.ca
Phone: (306) 844-1153
Fax: (306) 844-1525

REGINA SITE

Dr. Anmol Cheema (Regina Campus)
Email: anmol.cheema@saskhealthauthority.ca
Phone: (306) 766-3704

Blessy Rajan
Email: blessy.rajan@saskhealthauthority.ca
Phone: (306) 766-3779
Fax: (306) 766-4883

PRINCE ALBERT SITE

Dr. Joma Kondi
Email: jkondi71@gmail.com
Phone: (306) 765-6787

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

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

ROTATION DESCRIPTION

Duration: 4 weeks
Call: 1-in-4

Vacation/Educational Leave: 3 working days and 1 off-call day **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.

Saskatoon site: Vacation time is not allowed during the CTU rotation. Educational leave during the CTU rotation will be approved on a case-by-case basis. Appropriate documentation of the educational session being attended will be required.

ROTATION OVERVIEW

-The Internal Medicine rotation is 4 weeks (Note: there will be another 4 weeks of Internal Medicine in Year 4). Year 3 focuses on mastering history-taking, physical examinations, and understanding patient management plans.

ROTATION OBJECTIVES

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; Pruritis

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**
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**
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.
3. Communicate in a language easily understood by patients and family members.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

COLLABORATOR

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

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, such as: maintaining patient confidentiality, privacy, and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.

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.

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

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.

ROTATION 6.2s

1. Interpret a chest radiograph on a patient in the inpatient/outpatient setting.
2. Interpret an abdominal radiograph in the inpatient/outpatient setting.
3. Interpret an electrocardiogram on a patient in the inpatient/outpatient setting.
4. Perform an evaluation of a patient with abdominal pain in the inpatient or outpatient setting.
5. Perform an evaluation of a patient with acute gastrointestinal bleeding in the inpatient or outpatient setting.
6. Perform an evaluation of a patient with acute renal or chronic renal failure in the inpatient or outpatient setting.
7. Perform an evaluation of a patient with altered mental status in the inpatient or outpatient setting.
8. Perform an evaluation of a patient with anemia in the inpatient or outpatient setting.
9. Perform an evaluation of a patient with arrhythmia in the inpatient or outpatient setting.
10. Perform an evaluation of a patient with chest pain in the inpatient or outpatient setting.
11. Perform an evaluation of a patient with congestive heart failure in the inpatient or outpatient setting.
12. Perform an evaluation of a patient with COPD or asthma in the inpatient or outpatient setting.
13. Perform an evaluation of a patient with cough in the inpatient or outpatient setting.
14. Perform an evaluation of a patient with diabetes mellitus and/or diabetic ketoacidosis in the inpatient or outpatient setting.
15. Perform an evaluation of a patient with diarrhea in the inpatient or outpatient setting.
16. Perform an evaluation of a patient with dyslipidemia in the inpatient or outpatient setting.
17. Perform an evaluation of a patient with dyspnea in the inpatient or outpatient setting.
18. Perform an evaluation of a patient with dysuria in the inpatient or outpatient setting.
19. Perform an evaluation of a patient with fever in the inpatient or outpatient setting.
20. Perform an evaluation of a patient with fluid or electrolyte or acid-base disturbance in the inpatient or outpatient setting.
21. Perform an evaluation of a patient with hypertension in the inpatient or outpatient setting.
22. Perform an evaluation of a patient with liver disease in the inpatient or outpatient setting.
23. Perform an evaluation of a patient with obesity in the inpatient or outpatient setting.
24. Perform an evaluation of a patient with pneumonia in the inpatient or outpatient setting.
25. Perform an evaluation of a patient with thromboembolic disease in the inpatient or outpatient setting,
26. Perform an evaluation of a patient with valvular heart disease in the inpatient or outpatient setting.
27. Perform an insulin adjustment in the inpatient/outpatient setting.

STRUCTURE OF THE ROTATION

Saskatoon

- A 4-week rotation in year 3 on the Clinical Teaching Unit/Internal Medicine.

Regina

- A 4-week rotation in year 3 on the Clinical Teaching Unit/Internal Medicine.

Prince Albert

- A 4 -week rotation in year 3 based between the hospital/ICU and the internist's clinics. The individuals responsible for supervising each hospital's program are detailed below.

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

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. The rotation administrator 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 8:00 am 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. Nicole will arrange clinic days on your behalf. All other days, your preceptor will be the internist on call. Clinic phone numbers are as follows:

Dr. A. Bensaleh (Associate Medical Clinic) - (306) 764-1513
Dr. Joma Kondi (Associate Medical Clinic) 306-953-1681
Dr. Radu Ilie-Haynes 306-763-9580

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 4-6 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.

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 Administrative Coordinator.

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.

Duties on Call -

Saskatoon

Weekday call starts at 5:00 pm until handover the next morning. Clerks will be seeing new consults in the emergency room and also deal with any ward related concerns as need arises.

Weekend call is 24 hours unless otherwise noted.

If call is a Sunday and is the last day of the rotation, call ends by 5:00pm or if call in a Monday, call ends at 11:00pm.

Changes in Assigned Call

Where the clerk desires a substitute to provide call, or another change in the call schedule, they may arrange for this using the following procedure:

1. In Saskatoon contact Melissa Pardy in the Department of Medicine Office 844-1153 (or if unavailable, Dr. R. Shahid for permission. In Regina, contact Blessy Rajan at 766-3447.
2. If permission is granted, the clerk who is in agreement to switch must also contact Melissa Pardy 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.
5. Clerks contact the program admin immediately with discrepancies or other changes. If clerks switch call shifts, both clerks need to agree to the change, and both must send a confirmation email to the program administrator.
6. If a clerk requests leave after the call schedules have been posted, it is understood that the request may be declined, and clerks are advised not to make any travel or other arrangements until they have received confirmation of the leave either by email or copy of the call schedule.
7. It is the clerk's responsibility to ensure their call schedules align with their approved leaves.

TEACHING SESSIONS

Webinars and Podcasts

A series of video webinars and podcasts are accessible for all clerks for viewing. They will be kept on Canvas and must be viewed by the students. Objectives for these sessions are the following:

a) Describe key features on history and physical exam in patients presenting with the following listed conditions.
b) Describe key features of the pathophysiology and clinical features of the listed conditions.
c) Select and interpret necessary investigations required to confirm the diagnosis of the listed conditions.
d) List the common complications of the listed conditions.
e) Develop a management plan for the listed conditions based on evidence informed medicine.

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.

Morning Teaching:
Monday-Thursday at 0800 hours.
Jeopardy on Friday at 0800 hours. Students are expected to participate actively.

Department of Medicine Grand Rounds

These are held in the SaskTel Theatre Wednesdays at 1200 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. Students are encouraged to attend the weekly video-conferenced grand rounds.

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:

Longo D et al: Harrison's Principles of Internal Medicine (20th ed). McGraw-Hill Education, 2018 in McGraw-Hill Education, 2018 https://sundog.usask.ca/record=b4602567~S8 and AccessMedicine http://sundog.usask.ca/record=b4362005~S8

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

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 faculty 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. Input from Residents and other health care providers are received.
Please Note: While a formal assessment will be provided at the midpoint and end of the rotation, it is highly recommended that clerks seek interim assessment and feedback at all stages of their rotation.

The final Year 3 assessment for Internal Medicine includes all the following:

	Assessment Type	**Weight**
1.	Final ITAR (Clinical Summative assessment)	50%
2.	Oral examination	25%
3.	Clinical Skills Test	25%
4.	6.2 logs	Completion
5	Webinar & Podcast viewing	Formative

		Completion
6.	EPAs	Completion
	Total	100%

The final evaluation and pass criteria for Internal Medicine includes ALL of the following:

Clinical Summative Assessment:

1. Clinical performance as measured by clinical assessments filled out by attending physicians during CTU and Clinical Preceptorships. These assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

   The student must have a minimum of "Meets Expectations" on all categories for the final ITAR (clinical summative assessment), including professionalism, to pass the clinical portion.

2. Oral Examination. The following are required to pass:
   The oral examination score must be 70% or greater. A maximum of one remediation/supplemental assessment attempt on the oral examination will be offered. If a student fails the supplemental assessment, a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); and a Rotation Coordinator from a different rotation) will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation. A student may be deemed to have failed a rotation based on their clinical performance alone.

3. Clinical Skills Exam:

   - Clerks must achieve a minimum of 70% on the Clinical Skills exam.
   - Should a student be unsuccessful on their first attempt, they will be offered a second attempt three weeks later.
   - If a Clerk has a score of less than 70% on the second attempt, they may be offered an opportunity to remediate and write a supplemental exam, however this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, they 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.

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. Failure to do so will result in an incomplete rotation until alternative experiences are complete.

- 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 must successfully 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. The rubric will be available on Canvas. This assignment is designed to continue the development of the student's critical appraisal skills. Unsuccessful completion will result in one attempt at remediation, and a successful resubmission will be required.

6. Webinar & Podcast viewing

- The clerk will view and listen to all webinars and podcasts available on the Canvas site. Student viewing will be tracked electronically by Canvas reports.

- The rotation will not be deemed complete until all webinars and podcasts have been viewed.

7. Entrustable Professional Activities (EPAs)

Completion of the appropriate EPAs are required for this rotation. Clerks are not required to be "entrustable" but must achieve the required number of observations. Students will be required to obtain a minimum of 13 EPAs during this 4-week rotation (4 weeks in Year 3). In addition to the required EPA's, the balance of EPA requirements are obtained by completing EPAs 7-12.

EPA Requirements:
EPA 1 x2 (2)
EPA 2 x1(1)
EPA 3 x1 (1)
EPA 4 x1 (1)
EPA 5 x1 (1)
EPA 6 x1 -(1)
EPA 7 - 12: students are required to obtain 5 from EPAs 7-12.
EPA 13 x1c (1)

Incomplete EPAs: If students do not meet the EPA requirements by the end of the rotation, they will be required to have a discussion with their rotation coordinator to arrange additional clinical experiences needed to obtain the missing EPAs. Depending on circumstances, students who fail to complete the required number of EPAs will receive an informal professionalism form.
If the EPAs are still incomplete after the 30-day time period following the rotation, this will prompt a meeting with the Year Chair/Site Coordinator.

Ward Assessment

Clerks need to contact their supervising physician during the final week of the ward service. A mutually suitable time will be established for the Clerks to review their performance on the ward with the supervising physician. 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. The exam may include lab and X Ray or ECG interpretation. 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, backpacks, etc.

OBSTETRICS AND GYNECOLOGY

MODULE CONTACTS

Rotation Coordinators	Rotation Administrators
SASKATOON SITE Dr. Bobbi Batchelor Email: bobbi.batchelor@usask.ca Phone: (306) 954-9939 YXE Women's Health	Chelsea Malkowich Email: chelsea.malkowich@usask.ca Phone: (306) 844-1023 Fax: (306) 844-1536 RUH 4515
REGINA SITE Dr. Rashmi Bhargava Email: rbhargava@accesscomm.ca Phone: (306) 522-2229 1711 Badham Boulevard	Trish DeMars Email: trisha.demars@saskhealthauthority.ca Phone: (306) 766-3771 Fax: (306) 766-4883 RGH
PRINCE ALBERT SITE TBD Email: Phone: Victoria Hospital	Nicole Toutant Email: nicole.toutant@usask.ca Phone: (306) 765-6787 Fax: (306) 765-6783 Victoria Hospital Room 420

WEBSITE: https://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 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 the first or last week of the rotation. For any block where the NMBE exam is not in the last week of the rotation, holidays during the last two weeks are at the discretion of the clerkship coordinator at that site. 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 their 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 – Labour Dystocia, Breech, Malpresentation, Forceps and/or Vacuum Assisted, Caesarian, Abnormal Fetal Health Surveillance

Uncomplicated Post-Partum Care

Core Gynecological Presentations (List 2)

Abdominal Pain

Hirsutism and Virilization

Endometriosis, Infertility

Abnormal Bleeding – Dysmenorrhea, Dysfunctional Uterine Bleeding

Urinary Incontinence

Vaginal Discharge

Amenorrhea, Delayed Menarche, Premenstrual Syndrome, Menopause

Contraception

Management of untimely pregnancy

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.

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.

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

4. Interpret relevant diagnostic tests in the evaluation of patients with a Core Obstetrical and Gynecologic presentations (see list 1 and 2).

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).

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

7. Select and defend the choice of contraception (reversible and irreversible) for a patient including application, contraindications, and side effects.

8. Assess fetal health and viability by examination, prenatal screening, ultrasound, and non-stress testing.

9. Assign gestational age by menstrual history and/or ultrasound.

10. Manage, with assistance, a patient with abnormal bleeding.

11. Assist in surgical procedures specific to the Core Obstetrics and Gynecology presentations (see Lists 1 & 2)

12. Assist in procedural tasks on an ante-partum or intra-partum patient.

13. Develop and apply 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 and/or complications related to the conditions from core presentations

COMMUNICATOR

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

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.

4. Communicate in a culturally competent and sensitive manner.

5. Participate in obtaining informed consent.

COLLABORATOR

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

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

LEADER

1. Manage workload effectively.

2. Identify and address potential barriers to efficient and safe workflow.

HEALTH ADVOCATE

1. Recognize cultural and socio-economic issues that impact patient and population health.

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

SCHOLAR

1. Practice evidence informed medicine.

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

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

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

5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.

3. Provide culturally safe and respectful care to all patients.

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.

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

6. Recognize and be sensitive to self-limitations and biases; 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.

ROTATION 6.2s

GYNECOLOGY

1. Perform a pelvic examination (speculum, bimanual, inspection of vulva) in the inpatient or outpatient setting.
2. Participate in a Pap smear in the inpatient or outpatient setting.
3. Participate in an endoscopic or laparoscopic or laparotomy procedure in the inpatient setting.
4. Participate in a vaginal and/or bladder surgery in the inpatient or outpatient setting.
5. Perform placement of a Foley catheter.
6. Participate in the management of a patient with vaginal discharge (STIs/PID) in the inpatient or outpatient setting.
7. Participate in management of early pregnancy loss in the inpatient or outpatient setting.
8. Participate in the management of a patient with abnormal uterine bleeding in the inpatient or outpatient setting.
9. Participate in the contraceptive counselling of a patient in the inpatient or outpatient setting.
10. Participate in the management of a patient with urinary incontinence in the inpatient or outpatient setting.
11. Participate in the management of a patient with chronic pelvic pain and/or endometriosis in the inpatient or outpatient setting.

OBSTETRICS

1. Perform the assessment of cervical changes during labour in the inpatient setting.
2. Perform artificial rupture of membranes or fetal scalp electrode placement in the inpatient setting.
3. Interpret a fetal heart tracing in the inpatient setting.
4. Participate in the induction of labour for a patient in the inpatient setting.
5. Participate in the management of an uncomplicated pregnancy in the inpatient or outpatient setting.
6. Participate in the management of an uncomplicated delivery in the inpatient setting.
7. Observe the management of a complicated pregnancy (APH, GHTN, GDM, PPROM, STD) in the inpatient or outpatient setting.
8. Participate in the management of a medical disease complicating the pregnancy in the inpatient or outpatient setting. (Asthma, Crohn's, SLE).
9. Observe the management of a complicated delivery - i.e. vacuum, forceps in the inpatient setting.
10. Participate in repair of a perineal laceration following a vaginal delivery in the inpatient setting.

11. Participate in a Caesarean delivery in the inpatient setting.
12. Participate in the management of a post-partum patient in the inpatient or outpatient setting.

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 RUH Room 4501 for orientation at 0800 hours on the first day of the rotation, regardless of hospital assignment.
Regina: Clerks will meet with Clerkship Co-ordinator in the large conference Room (CoM office) at 0730 hours on the first day of the rotation. It is expected that the students will have reviewed the material in the introductory email sent out by the UGME Admin Assistant the Friday before the rotation commences.

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 Labour 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

OTHER MANDATORY ROUNDS (Sept- June)	**SASKATOON**	**REGINA**
PROVINCIAL GRAND ROUNDS (1st Friday of the month)	0700-0800- RUH Vivian Asher Lecture Theater	0700-0800- TBA
PROVINCIAL MFM ROUNDS (2nd Wednesday of the month)	0700- 0800- RUH Vivian Asher Lecture Theater	0700- 0800 -TBA
PROVINCIAL QI rounds (4^{th} Friday of the month)	0700-0800- RUH Vivian Asher Lecture Theater	0700-0800- TBA

RESOURCES

Textbooks

Hacker and Moore's Essentials in Obstetrics and Gynecology, Neville F. Hacker et al. (most recent edition)

Beckmann and Ling's Obstetrics and Gynecology- Eighth Edition

Websites

SOGC (Society of Ob/Gyne of Canada) https://www.sogc.org/

ACOG (American College of Ob/Gyne) www.acog.org

WHO (World Health Organization) https://www.who.int/

Health Canada https://www.canada.ca/en/health-canada.html

CDC (Center for Disease Control) https://www.cdc.gov/

STUDENT ASSESSMENT OVERVIEW

	Assessment Type	**Weight**	**Passing**
1	Clinical ITAR Assessment	45%	70%
2.	NBME	40%	adjusted 70%
3.	Departmental OSCE	10%	60%
4.	Case Presentation	5%	70%
5	EPAs	N/A	Completion
6	6.2 logs	N/A	Completion
Total		100%	

Students will be assessed on the following in the Obstetrics and Gynecology rotation:
The final evaluation and pass criteria for Obstetrics and Gynecology includes all the following:

Clinical assessments (45%) by the attending staff and/or residents occur on an ongoing basis and are based on the stated objectives. These assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

Written NBME Exam

Clerks must achieve a minimum of 70% on the written exam. On rotations where the written exam is the NBME, the pass mark on the NBME is externally set at 60%. 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. If a Clerk has a score of less than 70% they may be offered an opportunity to remediate and write a supplemental exam, however this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, they 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.

The NBME is an American-based exam and the domains assessed vary somewhat from our curriculum. Therefore, there may be some content on the exam that is not directly covered during the clerkship rotation. In order to ensure success on the exam, it is important to review the topics covered on the exam. A general breakdown of the topics covered on the exam can be found on the NBME website.

Department OSCE

There will be a departmental OSCE held during the last week of the rotation which will test the students on content learnt throughout the rotation. It is a 5-station OSCE with each station worth 2% for a total contribution of 10% to the overall mark. Minimum pass mark for the OSCE is 60%. The same OSCE is run at both sites at the same time – students in PA who are on the O&G block will be asked to come to Saskatoon or Regina in order to participate in the OSCE. Students who are unsuccessful in their first round departmental OSCE will be offered a remediation OSCE and if they are again unsuccessful a subcommittee meeting will be scheduled.

Case Presentation

Students will make a presentation of a case seen in clinical scenarios with the following components: history, physical exam and differential diagnosis. Students may make their presentations interactive and have their peers answer questions posed during the session itself. One of the goals for the students should be to teach the clinical relevance of the case and share what they learned. The student presenting can ask their peers to provide a ranked differential diagnosis. Students are to ensure case presentations are completed individually and refer to the assessment rubric which is posted on Canvas to confirm all components of the presentation are addressed. The presentation itself should be no longer than 15 mins total. The pass mark is 70%.

EPA's

The Clerks will be required to complete a **total of 14 EPAs 1-13** for the current academic year. Clerks are not required to be "entrustable" but must achieve the required number of observations. Students must complete three of EPA 1, a minimum of one EPA 2-5 and two of EPA 6. For the remaining EPA 7-13 categories the student needs to complete a total of five EPAs.

EPA Requirements:
EPA 1 x3
EPA 2 x1
EPA 3 x1
EPA 4 x1
EPA 5 x1

EPA 6 x2
EPA 7 – 13: students will obtain five of these EPAs as opportunities arise during their rotation to complete the remainder of what is required for the rotation.

Together, the students and rotation coordinators will ensure the appropriate number of EPAs, EPAs 1-13 have been completed prior to the completion of the rotation.

Incomplete EPAs: If students do not meet the EPA requirements by the end of the rotation, they will be required to have a discussion with their rotation coordinator to arrange additional clinical experiences needed to obtain the missing EPAs. Depending on circumstances, students who fail to complete the required number of EPAs will receive an informal professionalism form.

If the EPAs are still incomplete after the 30-day time period following the rotation, this will prompt a meeting with the Year Chair/Site Coordinator

6.2 logs
It will be mandatory for the Clerks to complete ALL of the 6.2 logs listed in the logbook and transcribe them into One45 before the rotation is finished.

Note: The student must pass all assessment types to pass the rotation with an overall combined mark of 70%.

Requirements for the student to successfully complete the rotation include:

1. Minimum of "Meets Expectations" on all categories for the Summative ITAR (assessment form) to pass the clinical portion. The student must pass the summative ITAR with a grade of 70%.
2. Pass the NBME (corrected to 70%).
3. Pass the OSCE at 60%.
4. Pass the Case Presentation (70%+)
4. Completion of a minimum of 14 EPAs.
5. Completion of the 6.2 logs or alternative experiences.
6. An overall combined mark of 70% or greater.

A maximum of one remediation followed by a supplemental assessment for any rotation component will be offered, (other than the NBME where students are permitted a second attempt as described above). 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. If a student is unsuccessful on more than one component within the assessment structure this may be grounds for failure of rotation. Further remediation may not be offered. The student will be expected to meet with a subcommittee as explained earlier in the syllabus.

PEDIATRICS

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE
Dr. Janna Brusky
Email: janna.brusky@usask.ca

REGINA SITE
Dr. Naeem Parvez
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RGH

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Rotation Administrators

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Victoria Hospital 420

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

ROTATION DESCRIPTION

Duration: 6 weeks
Call: Maximum of 6 per rotation (regardless of vacation/educational leave)

Vacation/Educational Leave: -5 working days and either the weekend before OR the weekend after.
-Cannot take vacation the last week of the rotation, or the date of the NBME exam.
-Cannot take vacation the date of Orientation

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, and 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

1. Pallor (Anemia)
2. Bruising and Bleeding
3. Lymphadenopathy
4. Respiratory Symptoms – Cough, Wheeze, Stridor, Acute Respiratory Distress
5. GI Symptoms – Vomiting, Diarrhea, Constipation, dysphagia and appetite loss
6. Abdominal pain and abdominal mass
7. Edema
8. GU Symptoms – Polyuria/Nocturia, Dysuria, Hematuria, Frequency/Urgency
9. Limp with/without extremity pai n
10. Rash
11. Fever
12. Heart Murmur
13. Headache
14. Head and Neck Symptoms – Otalgia, Pharyngitis, sinusitis, mouth pain, red eye, vision changes, strabismus, and amblyopia
15. Dehydration
16. Acute CNS Symptoms – Altered Level of Consciousness, Seizures, paroxysmal events (BRUE)
17. Acutely ill neonate and child
18. Inadequately explained pediatric injuries
19. Disorders of growth
20. Care of a Child with a chronic Illness/complex care
21. Development, behavioral and learning problems.
22. Care of the well child
23. Specific issues pertaining to the care of the adolescent patient
24. Common clinical disorders in newborns
25. Jaundice in neonates
26. Dysmorphic facial features and congenital anomalies

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.

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:

    Positioning and immobilizing the pediatric patient

    Optimization of patient comfort with consideration for age and whether caregiver is present

    Measuring height, weight and head circumference

    Taking a complete set of vital signs

    Assessing hydration status when pertinent and with consideration of age of patient

    Examining for dysmorphic features

    Tanner staging when clinically appropriate

    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.

4. Provide a diagnostic work-up of patients with a core Pediatric presentation based on initial working diagnosis and differential diagnosis

5. Select and interpret appropriate diagnostic tests using evidence informed decision making and considering the patient and family preference/risk tolerance.

6. 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.

7. 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.

8 . Discuss the pathophysiology, epidemiology, natural history, clinical presentation and prognosis of common Core Pediatric Presentations.

9. 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.

10. Revise and re-evaluate the presumptive diagnosis and/or treatment plan based on new information and/or response to treatment.

11. Demonstrate the ability to perform 'Well Child Care' for a newborn, infant, toddler, school age child and adolescent.

12. Demonstrate an understanding anticipatory guidance for pediatric patients and tailor it according to specific age categories in the following areas.

    - Immunizations
    - Safety
    - Growth
    - Nutrition [appropriate diet and sequencing of feeding advancements in infants]

- Development
- Mental Health and behavior
- Literacy/Digital health

13. Describe and when appropriate apply how health promotion and public health principles apply to clinical care in pediatrics.
14. Develop and apply appropriate knowledge of skills and resources to prevent harm in patients both in the medical and non-medical settings in regards to:

    - Trauma informed care
    - Child Maltreatment (Sexual Abuse, Physical Abuse, Neglect)
    - Mental Health and Safety Planning (i.e. suicide)

15. Demonstrate proficiency in basic procedural skills relevant to pediatric clinical care as documented in the 6.2 Pediatric Clinical Learning Experiences logs.**

COMMUNICATOR

1. Maintain clear, accurate, and appropriate records of clinical encounters.
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.
    - Communicate with pediatric patients at a level appropriate for age and development.
4. Communicate in a culturally competent and sensitive manner.
5. Identify clinical situations where assistance from appropriate health care services (e.g., Language translation, Child Life and Social Work services) is required for appropriate communication with the patient and/or family.
6. Participate in obtaining informed consent.
7. Communicate care plan effectively to third parties, pediatric patients, and care givers.
8. Recognize issues pertaining to disclosure of pediatric patient health information.

COLLABORATOR

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.
3. Identify the role of healthcare services specific to pediatrics (e.g., Child Life Services) in the provision of care to pediatric patients.

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
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.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; 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.

ROTATION 6.2s

1. Interpret a chest radiograph of a pediatric patient in the inpatient or outpatient setting.

2. Interpret a complete set of vital signs of a pediatric patient in the inpatient or outpatient setting.
3. Participate in the management of a pediatric patient with a chronic illness in the inpatient setting.
4. Participate in the management of a pediatric patient with a GI symptom (vomiting, abdominal pain, vomiting and diarrhea) in the inpatient or outpatient setting.
5. Participate in the management of a pediatric patient with a head and neck symptom (otalgia, pharyngitis, sinusitis, mouth pain) in the inpatient or outpatient setting.
6. Participate in the management of a pediatric patient with dehydration in the inpatient or outpatient setting.
7. Participate in the management of a pediatric patient with fever in the inpatient or outpatient setting.
8. Participate in the management of a pediatric patient with respiratory symptom (cough, wheeze, shortness of breath) in the inpatient or outpatient setting.
9. Participate in the provision of anticipatory guidance to a newborn or infant or toddler in the inpatient or outpatient setting.
10. Participate in the provision of anticipatory guidance to a school age child or adolescent in the inpatient or outpatient setting.
11. Participate in the assessment of a pediatric patient with behavior/mental health concerns.
12. Perform a complete newborn examination in the inpatient or outpatient setting.
13. Perform an assessment of hydration status in a pediatric patient in the inpatient or outpatient setting.
14. Perform otoscopy on a pediatric patient in the inpatient or outpatient setting.
15. Plot and interpret a growth curve of a pediatric patient in the inpatient or outpatient setting.

STRUCTURE OF THE ROTATION

Saskatoon

- Three-week rotation on one of the two pediatric inpatient teams (Orange or Purple) at Jim Pattison Children's Hospital (JPCH).
- Two weeks in Pediatric Outpatient Clinics and Pediatric Emergency shifts.
    - Outpatient exposure includes:
        - Pediatric ER shifts- JPCH Children's ER
        - General pediatric clinics: JPCH Outpatient clinic and Saskatoon Pediatric Consultants Practice.
        - Pediatric subspecialty clinics: JPCH Outpatient Clinic
        - Social Pediatric clinics: School based clinics at St. Mary's and WB Bate, Refugee Health clinics. Sanctum infant visits.
        - NICU follow-up clinic and ½ day shadowing in the NICU.
- Developmental Pediatric Clinics: Alvin Buckwold Child Development CentreOne week with a Pediatric Subspecialty.

Regina

- Four-week rotation on the Pediatric Teaching Unit (PTU)

- One week rotation in the Neonatal Intensive Care Unit
- 1 week on outpatient pediatrics
    - Outpatient exposure includes general and subspecialty pediatric clinics (e.g., Asthma Clinic, Cystic Fibrosis Clinic, Pediatric Cardiology Clinic, Developmental Assessment Clinic, Pediatric Oncology Clinic, Wascana Rehabilitation clinic)

Prince Albert

- Six-week rotation with clinical experience in the outpatient general pediatric clinics, inpatient pediatric wards in PA Victoria Hospital, newborn care in nursery and Emergency.
- 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.
- Outpatient and Inpatient care is split 50/50. Three weeks will be spent on the inpatient unit with time spent in the NICU and seeing consultations within the emergency department, and three weeks will be spent in the outpatient clinic.

ORIENTATION

- **Saskatoon**: A virtual one hour orientation will be provided at 0715 on the first day of the rotation (time subject to change-Zoomlink provided). 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. The clerks will meet with the PTU Nurse Coordinator, Joanne Reid, and then Dr. Parvez.

- **Prince Albert**: Clerks must contact the Pediatric Clinic Office Leader, Mariann Lopinski (pedsadmin@sasktel.net 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.

- A medical student pediatric orientation manual will be provided to the clerks starting the pediatric rotation (Authors and Editors: Dr. Tehseen, Dr. Purewal and pediatric residents) in the next academic year. It covers the following aspects:
    - Brief rotation orientation [accumulation of existing resources in one place with clear expectations for clinical responsibilities, documentation etc.]
    - Brief overview of health aspects pertinent to pediatrics (development, immunization, fluids, electrolytes, and nutrition)
    - Summary of common pediatric disorders for quick reference

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 or the ward attending. A minimum of 1 and maximum of 5 discharge summaries should be documented during the rotation.
    - Discharge summaries will only be documented on the patients directly followed by the clerk.
    - Clerks will receive feedback on their discharge dictations from the pediatric residents or the ward attending.
- **In Regina**, Clerks will be expected to complete the dictated discharge summaries for their patients.
    - Some complicated admissions may not be suitable for a Clerk to dictate so please discuss these cases with Joanne or the attending physician.
- **In Prince Albert,** Clerks will be expected to review children on the pediatric inpatient unit. As there is a new NICU unit, they can attend rounds, and assist/learn procedures if interested. They should be involved in the daily care of all patients that are under the pediatric service, with direction from the Attending, and/or FMR or Peds Resident that are on Service.
    - Clerks are expected to be complete with chart documentation.
    - There is no requirement to complete dictated discharge summaries.

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 fulfill clinical responsibilities. See details of working hours under the "Call" and "Post-Call" section for Pediatrics (below).

- **Prince Albert:** Clinic days start at 9:00 am and 1:00 pm. Exception is Dr. Lambos clinic which begins at 8:45. Inpatient rounds are physician dependent and will be discussed with the student.

CALL

Saskatoon

- Maximum of 6 per rotation (regardless of vacation/educational leave).
- Call 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 the 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 attending's 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. **IF YOU CALL IN SICK FOR CALL, YOU MUST MAKE THIS SHIFT UP LATER IN THE ROTATION.**

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

- Maximum of 7 per rotation (regardless of vacation/educational leave).
- MUST carry your pager at all times when on call as well in addition to your cell phone
- Can be scheduled during any week of the rotation (PTU, NICU or outpatient) and will consist of a mix of night call (until 2300) and overnight/weekend call.
- Holidays cannot be taken during the four 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 Monday and Tuesday ends at 2300 so students are expected to be present for clinical duties and teaching the following day.
- Call Wednesday through Sunday 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 their assigned call shift. Call changes are to be communicated to RGH Switchboard and Lana Filby, or the College of Medicine (306-766-3705). As a courtesy, also inform the residents and attendings. **IF YOU CALL IN SICK FOR CALL, YOU MUST MAKE THIS SHIFT UP LATER IN THE ROTATION.**

On-Call Duties

- When on-call, Clerks cover the general pediatric inpatient ward/PTU (4F) and consults from the Emergency Department.
- Clerks are always under the supervision of an Attending Pediatrician. The Pediatricians are not in-house overnight but are readily available when needed.

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

- Maximum of 6 per rotation (regardless of vacation/educational leave).
- 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. **IF YOU CALL IN SICK FOR CALL, YOU MUST MAKE THIS SHIFT UP LATER IN THE ROTATION.**

On-Call Duties

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

TEACHING SESSIONS

Clerks are expected to return to their clinical duties immediately following the conclusion of their mandatory teaching sessions.

All Sites:

Clerkship Teaching

Clerkship seminars occur on the first three Wednesday of the block from 1230-1630, and then the fourth Wednesday for one additional hour from 1230-1330. They are video conferenced to all three sites. Clerkship seminars consist of 9 topics given once each during the 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 consult the provided schedule for room location.
In Prince Albert – Clerks are to proceed to the College of Medicine Office.

SASKATOON

Clerkship Seminars (As above):

These are provided first three Wednesdays of the rotation from 1230-1630 and fourth Wednesday of the block 1230pm-1330. The majority are held in Saskatoon, with some sessions being video conferenced from Regina.

ER Clinical Half Day: Monday AM

Protected time when clerks are scheduled for their outpatient component of the rotation. ER teaching will alternate between case based teaching and simulation sessions. These sessions are attended by pediatric clerkship students, pediatric residents on their ER block and ER residents.

3.Pediatric Bootcamp: Friday 12pm Small group sessions with pediatric preceptors. Topics and reading material will be circulated prior to the sessions.

Other Teaching Opportunities: **Saskatoon Pediatric Grand Rounds:** Thursdays 12-1pm in the Vivian K. Asher Lecture Theatre (G763). Presented via Webex to other sites in Saskatchewan, including Regina and Prince Albert. Clerks are welcome but this is not mandatory teaching for the Clerks.

Pediatric Resident Academic Half-Day: Thursdays from 1pm-4pm. 1-2pm is Case Rounds/Journal Club; 2-4pm Subspecialty Rounds. Location: M2206/M2208 (2nd Floor JPCH) or via Zoom (link provided weekly). *Handover on wards will occur on Thursdays at 430pm in Saskatoon to accommodate this recent change in schedule. Video conferenced to Regina and Prince Albert if there are pediatric residents on-site. Lunch is provided at the Saskatoon site for residents only. Clerks attending these sessions will need to provide their own lunch. 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)
Pediatric seminars are offered on the first three Wednesdays of the rotation from 1230-1630 and on Fourth Wednesday from 1230pm-1330. These are 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 – one of this sessions is an LP simulation.

Simulation Scenarios
We will endeavor to have 2 simulation sessions per 6-week rotation – these are multidisciplinary with nursing students.

NICU Lectures
Time/Location TBD. Additional brief sessions on various Neonatal topics are discussed during the NICU rotation.

Saskatoon Pediatric Grand Rounds
Thursdays 12-1pm virtual 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 12-1pm, Telehealth Room. These sessions are not mandatory.

RESOURCES

Pediatric Clerkship Manual – prepared by local pediatricians and pediatric residents. Approaches to common problems seen on the pediatric rotation. Updated 2022. Distributed prior to start of the rotation.

Pedscases https://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.

http://cards.ucalgary.ca. Cards are free, open-access clinical pediatric cases based on current MCC objectives and developed by pediatricians involved in under graduate pediatric education. Hosted by University of Calgary Website

TREKK: https://trekk.ca/ Excellent resource for Pediatric ER. Contains clinical snapshots of common conditions, resources for additional reading and parent handouts.

Textbooks

Nelson Essential of Pediatrics (KJ Marcdante and RM Kliegman 2022 9th Edition, Elsevier)*

Nelson Textbook of Pediatrics (Kliegman et al 2019 2 volumes, 21st Edition, Elsevier)

Rudolph's Pediatrics (Rudolph et al 2018 23rd Edition, McGraw-Hill)*

Pediatric Clinical Skills (R. Goldbloom 2010 4th Edition, Saunders)

Berman's Pediatric Decision Making (L. Bajaj and S. Hambidge 2011 5th Edition, Mosby)

Pediatric Secrets (RA Polin and MF Ditmar 2020 7th Edition, Elsevier)

* Available as an e-book at: http://libguides.usask.ca/c.php?g=16462&p=91000

Journals

Pediatrics
Journal of Pediatrics
**Pediatrics in Review – Excellent case-based approaches to common pediatric topics. Sample MCQ on many of these topics.
**Pediatrics and Child Health – Canadian Pediatric Society – Position Statements are used in many clinical scenarios. Excellent resource.

Additional Resource Material

As referenced in handouts for Clerkship seminars.

ASSESSMENT

Assessment will occur via encounter assessments for each inpatient week, outpatient clinic and ER shift if applicable.

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. Clerks are required to hand in

completed assessments prior to the midterm (and exit) interview, failure to do so by the requested deadline may result in receipt of a Professionalism Informal Discussion Form. 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.

Assessment Overview:

The final assessment for Pediatrics includes ALL the following:

	Assessment Type	**Weight**
1	ITAR	60%
2	NBME	40%
3	6.2	Completion [within 1 week of rotation end]
4	EPAs- Total Number: 14 EPA 1: 3 required EPA 2-5: 1 of each EPA 6: 2 required EPA 7-13: 5 total from 7-13, as opportunities arise	Completion of EPAs
		100%

Criteria for success in rotation:

The final evaluation and pass criteria for Pediatrics include ALL the following:

1. **Clinical performance** as measured by assessments from Attending Physicians and Pediatric Residents during the Inpatient rotation, Outpatient Clinics, Community Clinics and Pediatric Emergency shifts. The following criteria are required to pass:

    - Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR). This will contribute to 60% of the mark.
    - The student must have a minimum of "Meets Expectations" on all categories for the final ITAR (assessment form), including professionalism, to pass the clinical portion.
    -

2. **Written Exam:** Clerks must achieve a minimum of 70% on the written exam. On rotations where the written exam is the NBME, the pass mark on the NBME is externally set at 60%. 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 to allow the NBME to count towards the rotations grade.

3. **Completion of 6.2 logs.** If deficiencies are present in the 6.2 logs, the clerks should contact the rotation coordinator for assignment of alternative experiences such as: additional clinical time to complete the clinical observations. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

4. **Entrustable professional activities EPA (1-13):** Completion of appropriate EPAs is required for this rotation. Clerks are not required to be "entrustable" but must achieve the required number of observations.
   Fourteen EPA observations are required during this 6-week rotation. If EPAs are not completed by the end of the rotation the rotation will be considered incomplete. After discussion with the coordinator, additional clinical experiences may be arranged to obtain the missing EPAs. Depending on circumstances, clerks who fail to complete the required number of EPAs will receive an informal professionalism form.

   a. **3 of EPA1**

   b. **1 each of EPA 2-5**

   c. **2 of EPA6**

   d. **Total of 5 observations in EPA 7-13, as opportunities arise**

   e. **Total Number of EPAs: 14**

Remediation-clinical experience:

A maximum of one remediation on any rotation component will be offered (other than the NBME where students are permitted a second attempt as described below). If a student fails a supplemental assessment, following the remediation, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, academic support team and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) an additional supplemental assessment, or (2) a FAILED rotation. If a student is unsuccessful on more than one component within the assessment structure this may be grounds for failure of rotation. Further remediation may not be offered. The student will be expected to meet with a subcommittee as explained earlier in the syllabus.

Remediation-end of pediatric rotation NBME:

Should a student be unsuccessful on their first attempt, they will be offered a second attempt three weeks later. If a Clerk has a score of less than 70% on the second attempt, he or she may be offered an opportunity to remediate and write a supplemental exam; however, this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, he or she may NOT be offered an opportunity to remediate and may be required to repeat a portion of/all the rotation.

- A meeting with a subcommittee consisting of the Clerkship Chair, the Rotation Director, academic support team and a Rotation Coordinator from another discipline may be convened in this circumstance to make decisions regarding remediation.

NBME Preparation

The NBME is an American-based exam and the domains assessed vary somewhat from our curriculum. Therefore, there may be some content on the exam that is not directly covered during the clerkship rotation. Many topics relevant to the NBME were covered in pediatric lectures in the first two years of the curriculum. In order to ensure success on the exam, it is important to review the topics covered on the exam. A general breakdown of the topics covered on the exam can be found on the NBME website.

PSYCHIATRY

MODULE CONTACTS

Rotation Coordinators	Rotation Administrators
SASKATOON SITE	
Dr. Rachana Bodani Email: rachana.bodani@usask.ca Phone: (306) 306-321-7384	Nadine Loran Email: nadine.loran@usask.ca Phone: (306) 844-1312 Ellis Hall – Room 110
REGINA SITE	
Dr. G. Udoh Email: godwin.udoh@saskhealthauthority.ca Phone: (306) 999-1901 Regina Mental Wellness Centre	Carlotta Stephenson Email: carlotta.stephenson@saskhealthauthority.ca Phone: (306) 766-3705 Fax: (306) 766-4883 RGH
PRINCE ALBERT SITE	
Email: Phone:	Nicole Toutant Email: nicole.toutant@usask.ca Phone: (306) 765-6787 Fax: (306) 765-6783 Victoria Hospital 420

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

Duration: 6 weeks

Call: Maximum 1-in-4

Vacation/Educational/Other Leave: Maximum 5 working days.
Cannot be on the first day or during the last week of the rotation.
No leave will be approved on the date of the mid-rotation exam.
No more than 50% of clerks can be away from the rotation on any given day (Saskatoon and Regina sites)

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).
2. Develop an appropriate differential diagnosis for a patient presenting with psychiatric symptoms
3. Select and interpret investigations with respect to a patient with a core psychiatric condition* (see List 1).
4. Demonstrate the ability to develop a basic treatment plan for a patient with a core psychiatric condition* (see List 1).
5. Demonstrate competency in performing risk assessments for suicide, self-harm, and potential for violence.
6. Participate in the ongoing follow-up care of a patient with a core psychiatric condition* (see List 1).
7. Demonstrate awareness of the diagnostic groups related to the core psychiatric disorders* (see List 1).
8. Demonstrate awareness of the etiology of the core psychiatric conditions* (see List 1).
9. Describe the rationale, principles, indications, contra-indications, and complications related to pharmacotherapy (such as: antidepressants, antipsychotics, anxiolytics, mood stabilizers, hypnotics, stimulants).
10. Describe the rationale, principles, indications, contra-indications, and complications related to Electro Convulsive Therapy (ECT).
11. Describe the rationale, principles, indications, contra-indications, and complications related to psychotherapy.
12. Recognize non-psychiatric health conditions in a patient and derive a differential diagnosis.
13. Identify an initial management plan of a non-psychiatric health condition in a patient.
14. Use an accurate mental status exam to guide diagnosis assessment of risk and capacity.
15. Participate in providing psychoeducation/counselling to patients/family members.
16. Discuss the importance and process of obtaining informed consent.
17. Identify the elements of capacity.
18. Promptly identify emergency situations and respond appropriately.

COMMUNICATOR

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

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.

4. Communicate in a culturally competent and sensitive manner.

5. Participate in obtaining informed consent.

COLLABORATOR

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

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

LEADER

1. Manage workload effectively.

2. Identify and address potential barriers to efficient and safe workflow.

HEALTH ADVOCATE

1. Recognize cultural and socio-economic issues that impact patient and population health.

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

SCHOLAR

1. Practice evidence informed medicine.

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

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

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

5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy, and autonomy.

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

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.

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

6. Recognize and be sensitive to self-limitations and biases; 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.

8. Develop insight into one's own feelings towards patients and manage one's responses in the best interest of the patient.

ROTATION 6.2s

1. Observe the completion of legal certification forms in the inpatient or outpatient setting.
2. Participate in counseling regarding sleep hygiene in the inpatient or outpatient setting.
3. Participate in medication monitoring and counseling in the inpatient or outpatient setting.
4. Participate in psychoeducation regarding diagnoses in the inpatient or outpatient setting.
5. Participate in the assessment of capacity of a patient in the inpatient or outpatient setting.
6. Participate in the assessment of the child and their family in the inpatient or outpatient setting.
7. Participate in the management of a patient with a disorder usually diagnosed in childhood or adolescence in the inpatient or outpatient setting,
8. Participate in the management of a patient with a major depressive episode in the inpatient or outpatient setting.
9. Participate in the management of a patient with a personality disorder in the inpatient or outpatient setting.
10. Participate in the management of a patient with an anxiety disorder in the inpatient or outpatient setting.
11. Participate in the management of a patient with bipolar disorder in the inpatient or outpatient setting.
12. Participate in the management of a patient with schizophrenia in the inpatient or outpatient setting.
13. Participate in the management of a patient with substance use disorder (primary or secondary) in the inpatient or outpatient setting.
14. Participate in the management of a violent or agitated patient in the inpatient or outpatient setting.
15. Perform a sexual history in assessment of a psychiatric patient in the inpatient or outpatient setting.
16. Perform an assessment of suicide risk in the inpatient or outpatient setting.
17. Perform an observed mental status exam in the inpatient or outpatient setting.

STRUCTURE OF THE ROTATION

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 could see outpatients, psychiatric consultations, children and families, or other subspecialty

populations, and will be on call for emergencies. Clerks may have an opportunity to participate in community and home visits with team members.

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. The six-week rotation will be divided into four or five weeks of adult psychiatry and one or two weeks of subspecialty (child and adolescent psychiatry and/or geriatric psychiatry). An effort will be made to have clerks work in more than one setting.

Regina: Clerks will be assigned to work at the Regina General Hospital with duties also at Regina Mental Health Clinic and other outpatient clinics. Child Psychiatry experience will be at Child and Youth Services, Regina General Hospital and at private clinics, geriatric psychiatry experience will also be offered at outpatient 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 and 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 may be spent 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.

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 before the rotation starts.

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

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 calls begin at 16:30 and end 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. Handover for call takes place via online at 16:30 and 08:00 on weekdays and at 08:00 on Saturday, Sunday, and Statutory Holidays. Clerks are expected to participate in these handover

conference calls. Information on how to join the handover conference calls will be provided with the rotation orientation materials. On Saturdays, Sundays, and Statutory Holidays, the team starting call that day will meet at the Dube Centre – Main Floor at 0900.

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 consultations 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). The clerk will post-call the next day at 10:30 am, except for Monday and Thursday call shifts, which end at 2300, so there is no post-call on Tuesday and Friday. This is to ensure mandatory attendance at Tuesday and Friday's Selected Topics seminars. It is the clerk's responsibility to inform their preceptor that he/she was on call the night prior and thus will be leaving for post-call at 10:30 am.

Prince Albert: Clerks in Prince Albert continue the regular ER call schedule with Clerks rotating in other disciplines. However, 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 the agreement with ER department.

TEACHING SESSIONS

SASKATOON

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

Seminars

All seminars will take place on Friday afternoons and will be *combined with Regina via video conferencing*. Prince Albert will be video conferenced into these seminars as well:

Week 1:	Biological Treatments in Psychiatry
	Emergency Psychiatry and Review of Mental Status Exam/Psychiatric Interview
Week 2:	Depressive Disorders
	Bipolar Disorders
Week 3:	Substance Use Disorders
	Schizophrenia and Related Disorders
Week 4:	Child Psychiatry
	Child Psychiatry
Week 5:	Geriatrics
	Anxiety Disorders
Week 6:	Personality Disorders Psychotherapy

Rounds

- Psychiatry Rounds (1st and 3rd Fridays of the month)
- Daily Multidisciplinary Team Rounds (Inpatient Unit)
- Morning Teaching Rounds (MTR) (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
Seminars will be combined with Saskatoon via Video conferencing. See above for list of topics.

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 twice a 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
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association

Kaplan and Sadock's Concise Textbook of Clinical Psychiatry, Benjamin J and Virginia A Sadock – Available online through the U of S Library

The Psychiatric Interview: A Practical Guide, Daniel J. Carlat

Lange Q&A Psychiatry, Sean Biltzstein, 11th Ed.

McMaster University Psychotherapy e-Resource (PTeR)

Videos for Psychiatric Interview and Mental Status Exam:

https://www.youtube.com/results?search_query=university+of+nottingham+psychiatric+interviews+for+teaching

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)

McMaster University Psychotherapy e-Resource (PTeR)

Videos for Psychiatric Interview and Mental Status Exam:

https://www.youtube.com/results?search_query=university+of+nottingham+psychiatric+interviews+for+teaching

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 six areas.

	Assessment Type	Weight
1	Clinical Summative Assessment (ITAR)	50%
2	NBME Exam	35%
3	In-House MCQ Exam (midpoint)	15%
4	6.2 Logs	Completion
5	EPAs	Completion
6	Critical Appraisal Assignment	Pass
Total		100%

Clinical Summative Assessment: The clinical assessments completed by supervisors will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR). This will contribute to 50% of the mark.

Note: In addition to achieving a cumulative average of 70% to pass the rotation, students must also pass/successfully complete ALL assessment types, except for the in-house MCQ exam. Students are not required to pass the in-house MCQ exam, but the mark will still contribute to the cumulative average for the rotation.

A student will be deemed to have failed the rotation for **any** of the following:

1. A failure of clinical performance as indicated by any of the following:
    - Failure to achieve a minimum of "Meets Expectations" on all categories for the final Summative Assessment (ITAR), including professionalism.
2. A failure of the NBME - Please see below for further information.
3. Failure to complete the 6.2 logs. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 logs must be completed by the end of the rotation.
4. Failure to complete 6.2 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 period.
5. Failure to complete the mid rotation in-house MCQ exam. Clerks are not required to pass this exam and a supplemental assessment will not be offered; however, clerks are required to write the exam and failure to do so may result in failure of the rotation. Although clerks are not required to pass the in-house exam, the grade achieved will still contribute to the cumulative average for the rotation
6. Failure to successfully complete the critical appraisal assignment. A numeric mark is not assigned to this assignment as it is pass/fail; however, students must achieve a "pass" on this assignment to pass the rotation.
7. Failure to obtain the required number of EPA observations. EPAs are a required component of the Psychiatry rotation. Clerks are not required to be "entrustable" but must achieve the required number of observations. Failure to do so will result in an incomplete rotation until the required EPAs can be completed. Failure to complete the required EPAs may also result in professionalism consequences for the clerk.
8. A failure to achieve a cumulative mark of at least 70% on the rotation. The cumulative average will be based on:
    - The Clinical Summative Assessment (ITAR) grade
    - The NBME grade
    - The In-House MCQ exam grade
9. A maximum of one remediation attempt on any one rotation component will be offered (other than the NBME where students are permitted a second attempt as described in the core assessment policy). If a student fails a supplemental assessment, a course sub-committee consisting of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); and a Rotation Coordinator from a different rotation) will meet to determine a course of action, which may include either (1) remediation followed by a supplemental assessment, or (2) a FAILED rotation.

Entrustable Professional Activities (EPAs)

Completion of appropriate EPAs are required for this rotation. A minimum of 15 EPA observations from EPAs 1-13 are required. Specific requirements for EPAs 1-13 are outlined below.
EPA 1: 3 observations
EPA 2: 1 observation
EPA 3: observation optional
EPA 4: 1 observation
EPA 5: 2 observations
EPA 6: 2 observations
EPA 7: observation optional
EPA 8: observation optional
EPA 9: 2 observations
EPA 10: observation optional
EPA 11: observation optional
EPA 12: 1 observation
EPA 13: 1

Additional EPA requirements: Students must obtain a minimum of an additional 2 EPA observations from EPAs 7-13, excluding EPA 9 (as 2 observations are already required for this EPA) for a total of 5 observations from EPAs 7-13.
Total: 15 observations
As EPAs are an excellent source of feedback, students are encouraged but not required to complete additional EPAs, which will be listed on the One45 app.

Mid Rotation MCQ Exam
An in-house Psychiatry MCQ exam will be administered on the *third* Friday of the rotation unless otherwise specified. Clerks are not permitted to take a vacation or flex day on the day of the mid-rotation exam.

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

NBME Preparation
The NBME is an American-based exam and the domains assessed vary somewhat from our curriculum. Therefore, there may be some content on the exam not directly covered during the clerkship rotation. To ensure success on the exam, it is important to review the topics covered on the exam. A general breakdown of the topics covered on the exam can be found on the NBME website.

NBME Exam
On rotations where the written exam is the NBME the pass mark on the NBME is set at 60%. 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 to allow the NBME to count towards the rotation grade. If a Clerk has a score of less than 70%, they may be offered an opportunity to remediate and write a supplemental exam, however this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, he or she may NOT be offered an opportunity to remediate and may be required to repeat a portion of, or all of the rotation. A meeting with a subcommittee consisting of the Clerkship Chair, the Rotation Director and a Rotation Coordinator from another discipline will be convened in this circumstance to make decisions regarding remediation.

Clinical Summative Assessment (ITAR)
The student will be assessed in their rotation on Psychiatry 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 in a ward setting and to take part in a treatment team. The ability to function in the emergency call setting may also be considered.

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 provided at the start of the rotation. The rubric will be posted on Canvas. The assignment will be due on the *fourth Friday* of the rotation.

If a student fails the critical appraisal assignment, they will receive feedback from the Rotation Coordinator and will be given an opportunity to resubmit the assignment. The rotation will be considered incomplete until the supplemental assessment is completed to an acceptable level. The supplemental assessment must be completed by the agreed upon date, or this may constitute a rotation failure. The assignment can be resubmitted a maximum of two times.

Mid-Rotation (Formative) Assessments
Saskatoon, Regina, and Prince Albert: A mid-term assessment for the student will occur on or before the fourth Friday of the rotation. This assessment will not count towards the final assessment but will give feedback to the student as to how they are doing at that time.

SURGERY

MODULE CONTACTS

Rotation Coordinators

SASKATOON SITE

Dr. Alexandra Mortimer (Surgery Clerkship Co-Director)
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PRINCE ALBERT SITE

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Rotation Administrators

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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: Students are responsible for contacting the Pasqua Surgeons and the Orthopedic Surgeons the week prior to the beginning of that assigned week in order to confirm a start time and meeting location. Contact information for the surgeons can be found on One45 or through contacting the college of medicine.

The surgery rotation consists of exposure to clinical work in general surgery and orthopedics. There will be a combination of trauma ward exposure, clinics and the operating room. Students will participate in directed learning activities throughout the rotation.

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

Vacation/Educational Leave: Vacation will not be granted during the Surgery rotation, given the modular structure of the rotation. Educational leave will be granted on a case-by-case basis, at the discretion of the Rotation Coordinator at your site. Flex days are available for students use through the college of medicine policy governing the fair use of flex leave.

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. Discuss the pathophysiology, epidemiology, natural history and prognosis of the core surgical conditions (see list 2).
2. Perform an appropriate and focused observed patient and family-centered history for patients with a core surgical presentation (see list 1).
3. Perform an appropriate and focused observed patient-centered physical examination for patients with a core surgical presentation (see list 1).
4. Provide a diagnostic work-up for patients with a core surgical presentation (see list 1).
5. Interpret relevant diagnostic tests in the evaluation of patients with a core surgical presentation (see list 1).
6. Synthesize clinical and laboratory/diagnostic data to develop a differential diagnosis for a patient with a core surgical presentation (see list 1).
7. Manage the results of common pre-operative laboratory investigations prior to surgery.
8. Identify patients with life-threatening conditions and urgently initiate appropriate management.
9. Develop an appropriate management plan for a patient with a core surgical condition (see list 2).
10. List the indications for surgical referral (see List 2).
11. Identify patients at risk of post-operative complications based on their perioperative comorbidities and the surgical procedure performed.

12. Develop an approach to venous thromboembolism prophylaxis, antibiotic prophylaxis, and fasting guidelines.

13. Manage the fluid and electrolyte needs of surgical patients such as: dehydration, fluid overload, hyperkalemia, hypokalemia, hypercalcemia, hyperglycemia and hypoglycemia.

14. Demonstrate basic skills in the use of common surgical instruments (forceps, scalpel, retractor, suction, electrocautery, needle driver, scissors,).

15. Discuss the indications, contraindications and toxicities of local anesthetics and describe how to administer them for procedures.

16. Discuss the step involved in safely performing the following procedures:
    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. Application and Removal of a Splint or Cast

17. Perform the diagnostic work-up for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venous thromboembolism.

18. Perform the initial management for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venous thromboembolism.

COMMUNICATOR

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

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.

4. Communicate in a culturally competent and sensitive manner.

5. Explain the importance of informed consent and be able to list and explain the components of informed consent for a surgical procedure (explanation of the proposed treatment/procedure, benefits, risks, expected outcomes, alternative treatments, consequences of no treatment, answering of questions, documentation).

6. Explain the importance of informed consent and be able to list and explain the components of informed consent for administration of blood products.

COLLABORATOR

1. Collaborate effectively with patients, families/caregivers, and healthcare team members to provide safe, comprehensive care for patients.
2. Describe and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

1. Practice evidence informed medicine.
2. Utilize appropriate evidence-based resources and critical appraisal strategies.
3. Appropriately participate in the education of patients, family members and other health care team members.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent patient encounters based on personal reflection and/ or preceptor feedback.

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
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.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; 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.

ROTATION 6.2s

1. Assess and manage a patient's postoperative wound in the inpatient or outpatient setting
2. Be a surgical assistant (1st or 2nd assist) to operating surgeons in the inpatient or outpatient setting.
3. Observe the process of informed consent of a patient in the inpatient or outpatient setting.
4. Participate in the evaluation of patients with non-infectious postoperative complications in the inpatient or outpatient setting,
5. Participate in the management of patients with infectious postoperative complications in the inpatient or outpatient setting.
6. Participate in the management of postoperative fluid and electrolyte needs of a patient in the inpatient setting.
7. Participate in the management of postoperative pain of a patient in the inpatient setting.
8. Perform a simple wound closure in the inpatient or outpatient setting.
9. Perform acceptable sterile scrub, gown and glove technique in the inpatient or outpatient setting.
10. Perform foley catheter insertion (male and female) in the inpatient or outpatient setting.
11. Perform nasogastric tube insertion in the inpatient setting.
12. Perform removal of skin sutures or staples in the inpatient or outpatient setting.
13. Perform safe application and removal of a splint or cast in the inpatient or outpatient setting.
14. Write an appropriate operative report in the health record in the inpatient setting.
15. Write appropriate postoperative orders in the health record in the inpatient setting.
16. Write progress notes in the health record documenting an inpatient's hospital course.

ORIENTATION

There will be a **MANDATORY** orientation session the first day of the student's Surgery rotation. It is important that students 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 between sites and this will be discussed at the orientation session. Orientation may be provided by one, or multiple individuals including the site director, their delegate, nurse navigator, or college of medicine coordinator.

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.

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 aggregated over 6 weeks. Students may be on call more frequently. (e.g., over the weekend).
- 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 rounding the next morning once appropriate hand over of patients has been accomplished, but no later than 9:00am.
- 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 (Selected Topics in Medicine sessions, 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 four textbooks are recommended as primary resources:

Klingensmith ME, Vemuri C, Oluwadamilola MF, Robertson JO et al.: *The Washington Manual of Surgery* (7th Ed.). Philadelphia, PA, Wolters Kluwer, 2016.

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

Townsend CM, Beauchamp RD, Evers BM, Mattox KL: *Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice* (19th Ed.). Philadelphia, PA, Elsevier, 2012.

Sheth, Neil and J Lonner. *Gowned and Gloved Orthopedics: Introduction to Common Procedures.* Philadelphia, PA, Saunders Elsevier (1st Ed), 2009

The following musculoskeletal physical examination videos will serve as resources for the Orthopedic Surgery component of your rotation. These should be watched prior to, or at the beginning of, your Orthopedic Surgery rotation. They are posted to Canvas.

1. **Shoulder Examination with Dr. Sauder (https://youtu.be/n4Q1c8S7y3E)**
2. **Elbow Examination with Dr. Laura Sims (https://youtu.be/9UvZl9DlPkY)**
3. **Wrist Examination with Dr. Laura Sims (https://youtu.be/IJbLIQ0LVR4)**
4. **Hand Examination with Dr. Chris Thomson (https://youtube.com/watch?v=j1KaBm2o3Hg)**
5. **Spine Examination with Dr. Spiess (https://youtu.be/xSep4yPHU9s)**
6. **Hip Examination with Dr. Lutz (https://youtu.be/UJa6hsAmGxA)**

7. **Pediatric Examination with Dr. Dzus and Dr. Mortimer (https://youtu.be/GU-mllRN4QM)**
8. **Knee Examination with Dr. Buchko (https://youtu.be/cXQp2etzteM)**
9. **Foot & Ankle Examination with Dr. Lee Kolla (https://youtu.be/XCisJKYWLxA)**

Many students have found the following resources useful for the rotation:

C. Pestana. *Dr. Pestana's Notes Surgery Notes* (2nd Ed.). New York, NY: Kaplan Medical, 2013.

E. Toy, T. Liu, and A. Campbell. *Case Files Surgery* (4th Ed.). Chicago, IL: McGraw Hill, 2012.

L.S. Kao and T. Lee. *Pre-test Surgery* (13th Ed.). Chicago, IL: McGraw Hill, 2012.

L.H. Blackbourne. *Surgical Recall* (6th Ed.). Philadelphia, PA: Lippincott Williams & Wilkins, 2012.

B.E. Jarrell BE and S.M. Kavic. *NMS Surgery* (6th Ed.). Philadelphia, PA: Wolters Kluwer, 2015.

The Surgery 101 Podcasts are another excellent online resource that can supplement learning of the core knowledge material and can be accessed by the following links:

https://surgery101.org/

https://podcasts.apple.com/podcast/surgery-101/id293184847

Multiple Choice Exam Preparation

A multiple-choice examination will make up part of your assessment on your Surgical rotation. Due to the broad scope of surgery, there may be some content on the exam that is not directly covered during the clerkship rotation. In order to ensure success on the exam, it is important to review the topics covered on the exam. An exhaustive review of these topics is not necessary, but you should be familiar with the common and severe conditions. Toronto Notes, Lange Current Diagnosis & Treatment, Preclerkship lecture notes and the above listed resources are good brief texts to review these topics.

STUDENT ASSESSMENT

The Surgery grade breakdown is as follows:

Assessment Type	Weight
General Surgery Clinical Assessments	27%
Orthopedic Surgery Clinical Assessment	13%
Multiple Choice Exam	20%
Oral exam	15%
Webinar Quizzes	10%

Oral Presentation	10%
Orthopedic Surgery Written Submission	5%
6.2 logs or alternate experiences	Completion
EPAs	Completion
Patient as Teacher creative reflection	Completion

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 areas for improvement may be identified with the chance to work on these 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 assessment and pass criteria for Surgery includes all of the following:

1. Attain a cumulative average of 70% or greater across the rotation.
2. Attain the passing mark on each course component. *Note: Not all course components have a passing mark of 70% (see below).
3. Complete all required components.

The following criteria are required to pass the rotation:

1. Clinical Performance Assessment:
The student must have at least three clinical performance assessment forms completed (at least one of these from an Orthopedic Surgeon) AND must have a cumulative score of at least 70% on these assessments.

2. Entrustable Professional Activity (EPAs):
Students will be required to obtain a minimum of 14 EPAs for the 6-week rotation. Students will be allowed to select up to 3 of their EPA comments to be included in the final summative ITAR. The student should attempt to obtain *at least* two EPAs per week of the rotation. EPAs should be submitted through One45. Completion of these EPAs is a mandatory component of the rotation. Students will be required to return to the rotation on their own time to complete any missing EPAs. Failure to complete these EPAs may result in a letter of unprofessional conduct being placed on the student's file. EPAs remaining incomplete 30 days after the end of the rotation will prompt a meeting with the Year Chair and Site Coordinator.

EPA 1 x 3
EPA 2 x 1
EPA 3 x 1
EPA 4 x 1
EPA 5 x 1
EPA 6 x 2

EPA 11 x 3
EPA 12 x 1
EPA 7, 8, 9, 10, 13 x 1 as opportunities arise.

3. Written Examination:

Clerks must achieve a minimum of 60% on the written multiple-choice exam. As all other pass marks within rotations are set at 70%, a student's mark will be adjusted by 10% upon successful completion of the exam to reflect the 70% pass condition specified within the rotation. This adjustment will be made in order to allow the exam 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. If a clerk is unsuccessful on their second attempt, they may be offered an opportunity to remediate and write a supplemental exam, however this is contingent on overall performance in the other components and 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. If a clerk is performing poorly overall, they may NOT be offered an opportunity to remediate and may be required to repeat a portion of/all the rotation.

4. Oral Examination:

The oral examination involves standardized case scenarios with a focus on General Surgery topics. This examination is graded using a rubric available on Canvas. 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 earlier.

The following are required to pass the oral examination:

- A grade of 60% or greater.
- If the initial score is less than 60%, the student must meet with the Rotation Coordinator and will then be scheduled to attempt another oral examination.
    i. A score of 60% or higher on the supplemental oral exam is required to pass the rotation.

5. Oral Presentation (surgery seminar):

Surgery clerks will prepare and deliver an oral presentation on an assigned topic with learning objectives. These will be graded using a rubric, available on Canvas. To pass this component, a grade of 60% or greater is required.

6. Orthopedic Surgery Written Submission and Reflection:

The Surgery Clerk will be required to write up a fracture case based on the initial patient assessment, radiographic interpretation, and steps in management of the patient with evidence supporting the decision. This write up will be graded using a rubric, available on Canvas. To pass this component, the submission must be made within one week of completing the orthopedic component of the course and a grade of 60% or greater is required. Please refer to UGME Assignment Submission Policy for more information.

7. Surgery Webinars:

To pass this component, all webinar quizzes must be completed by the end of the rotation and the average grade amongst all quizzes must be 60% or greater.

8. 6.2 Logs Clinical Skills Documentation

The Surgery Clerk must perform a document (in ONE45) completion of at least one of each of the mandatory 6.2 clinical experiences/skills (listed in the surgery clerkship manual). These must be completed within one week of the rotation in order to pass. Failure to do so will result in an incomplete rotation until alternative experiences are complete. Timely completion of alternative experiences is expected within 30 days after the rotation and Clerks should contact their specific site coordinator if deficiencies are present in the 6.2 log on the last week of the rotation for assignment of alternative learning experience.

9. Patient as Teacher Storyteller workshop

The surgical clerk will participate in a 1-hour patient-driven storytelling session in the second week of their surgery rotation. The session is led by a cancer survivor who shares their personal story, experience in the health care system and perspectives on how their illness has impacted their life. Students are asked to listen, engage in dialogue, and ask questions. The session uses a patient-centered approach to foster humanism in medicine. The session will take place virtually by zoom from 11am-12pm at the end of the scheduled STiM teaching sessions on the second Tuesday of the rotation block.

The students have the remaining weeks on the rotation to critically reflect on personal experiences, the effects of surgery and chronic illness, and on the patient-surgeon relationship. The student will produce a *creative reflection* piece in which they juxtapose what they learned in the session with an event or experience during their surgery rotation. This reflection piece can be made from any form of art (some ideas include but you are not limited to: drawing, painting, sculpture, poetry, spoken word, photography, song, short story, mixed media, graphic art, video). Students will discuss their reflection piece with a surgery director at their rotation exit meeting.

Attending the storytelling session and completing the reflection piece are for completion. Students will not be assigned a grade. Attendance and completion of the reflection piece are a mandatory component of the rotation.

Please note that a maximum of one remediation 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 coordinator/director, and a site coordinator from a different discipline will meet to determine a course of action, which may include either (1) an additional supplemental assessment, or (2) a failed rotation.

IMPORTANT AND RELEVANT STUDENT INFORMATION

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

UGME CONTACT INFORMATION

EMAIL COMMUNICATIONS

ETHICS AND PROFESSIONALISM

PROGRAM EVALUATION

GUIDELINES FOR PROVIDING FEEDBACK

EMERGENCY PROCEDURES

MD PROGRAM ATTENDANCE POLICY

ASSESSMENT POLICY

PROMOTION STANDARDS

CONFLICT OF INTEREST

NON-INVOLVEMENT OF HEALTH CARE PROVIDERS IN STUDENT ASSESSMENT

APPEALS PROCEDURES

STUDENT DISCRIMINATION, HARRASSMENT, AND MISTREATMENT PROCEDURE

ACCOMMODATION OF STUDENTS WITH DISABILITIES

TECHNICAL STANDARDS – ESSENTIAL SKILLS AND ABILITIES REQUIRED FOR THE STUDY OF MEDICINE https://medicine.usask.ca/policies/com-technical-standards.php#relatedForms

OFFICE OF STUDENT AFFAIRS

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

UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY

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

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

A late assignment may still be submitted up to three consecutive calendar days (72 hours) from the original deadline for that assessment. The assignment must be submitted to the appropriate year Administrative Coordinator in Saskatoon, or the Pre-Clerkship Coordinator in Regina for years 1-2. Years 3-4 must submit to the Rotation Coordinator. The student, if submitting a late assignment that is deemed to be at or above the pass mark for that assignment will receive the pass mark for the assignment. If it is assessed as below the pass mark, the student will receive the actual grade assigned for the assignment.

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

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

All requests for a deferral of an assignment due date must be received a minimum of 72 hours prior to the deadline. All such requests must be sent to the Course Director or Rotation Coordinator and copied to the relevant Administrative Coordinator. The course director, in consultation with the year chair and appropriate course/module/rotation director will make a final decision and notify the student of the outcome. Exceptional, unforeseen circumstances will be considered on an individual basis as above.

CITATION FORMAT

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

PROFESSIONALISM

Students can be deemed unsuccessful on any course assessment for not achieving course expectations of professionalism. This would include, but is not limited to, any unapproved absences from a mandatory session, and/or submission of late assignments. Students failing to meet professional expectations in the course should anticipate a meeting with the Module/Course Directors and/or Year Chair to discuss the concern, which may result in associated documentation. For further information on professionalism, please refer to the UGME Procedures for Concerns with Medical Student Professional Behavior.
http://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php

RECORDING OF THE LECTURES

Most lectures will be recorded and posted to the course Canvas site under Course Materials. However, each lecturer reserves the right to choose whether their lectures will be recorded. Lecture recordings are not intended to be a replacement for attending the session but rather to enhance understanding of the concepts.

Please remember that course recordings belong to your instructor, the University, and/or others (like a guest lecturer) depending on the circumstance of each session and are protected by copyright. Do not download, copy, or share recordings without the explicit permission of the instructor.

For questions about recording and use of sessions in which you have participated, including any concerns related to your privacy, please contact the UGME administrative coordinator for this course. More information on class recordings can be found in the Academic Courses Policy https://policies.usask.ca/policies/academic-affairs/academic-courses.php#5ClassRecordings.

REQUIRED VIDEO USE

At times in this course, you may be required to have your video on during video conferencing sessions, to support observation of skills, to support group learning activities, or for exam invigilation. It will be necessary for you to use of a webcam built into or connected to your computer.

For questions about use of video in your sessions, including those related to your privacy, contact your instructor.

COPYRIGHT

Course material created by your professors and instructors is their intellectual property and **cannot be shared without written permission**. This includes exams, PowerPoint/PDF lecture slides and other course notes. If materials are designated as open education resources (with a creative commons license) you can share and/or use them in alignment with the CC license. Other copyright-protected materials created by textbook publishers and authors may be provided to you based on license terms and educational exceptions in the Canadian Copyright Act.

You are responsible for ensuring that any copying or distribution of materials that you engage in is permitted by the University's "Use of Materials Protected By Copyright" Policy. For example, posting others' copyright-protected materials on the open internet is not permitted by this policy unless you have copyright permission or a license to do so. For more copyright information, please visit https://library.usask.ca/copyright/students/index.php or contact the University Copyright Coordinator at copyright.coordinator@usask.ca or 306-966-8817.

INTEGRITY

The University of Saskatchewan is committed to the highest standards of academic integrity (https://academic-integrity.usask.ca/).

Students are urged to read the Regulations on Academic Misconduct and to avoid any behaviours that could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence.

For help developing the skills for meeting academic integrity expectations, see: https://academic-integrity.usask.ca/students.php

Students are encouraged to ask their instructors for clarification on academic integrity requirements.

Students are encouraged to complete the Academic Integrity Tutorial to understand the fundamental values of academic integrity and how to be a responsible scholar and member of the USask community (tutorial link: https://libguides.usask.ca/AcademicIntegrityTutorial).

Assignments in this course are designed to support your learning and professional development, and the work you submit should demonstrate your own knowledge and understanding of the subject matter. Artificial intelligence text generator tools (also known as large language models, such as ChatGPT or similar), are not permitted to be used in any assessments for this course, unless permission is explicitly given in the assessment instructions that these tools may be used. Any unauthorized use of such tools is considered academic misconduct.

When the assignment instructions allow use of Artificial Intelligence text generator tools, students are required to disclose the use of the tools and explain how the tool was used in the production of their work. Disclosure on the use of AI should be similar to how other tools, software, or techniques are explained in academic research papers. AI cannot be cited as a resource or author. Please be aware that use of portions of another's work in an AI-generated text may be a breach of copyright – this is an area of evolving legal understanding. Students are accountable for the accuracy and integrity of their submissions

including references produced with AI. The submission of AI assisted work without disclosure is a breach of academic integrity and professionalism.

Students wanting to connect their assessment in this course to assessments they have completed in another course must get explicit permission of the instructor in order to avoid potential academic misconduct of self-plagiarism.

ACCESS AND EQUITY SERVICES (AES)

Access and Equity Services (AES) is available to provide support to students who require accommodations due to disability, family status, and religious observances.

Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Access and Equity Services (AES) if they have not already done so. Students who suspect they may have disabilities should contact AES for advice and referrals at any time. Those students who are registered with AES with mental health disabilities and who anticipate that they may have responses to certain course materials or topics, should discuss course content with their instructors prior to course add / drop dates.

Students who require accommodations for pregnancy or substantial parental/family duties should contact AES to discuss their situations and potentially register with that office.

Students who require accommodations due to religious practices should contact the Office of Student Affairs a minimum of four weeks in advance of the scheduled assessment.

Any student registered with AES may request alternative arrangements for mid-term and final examinations by submitting a request to AES by the stated deadlines. Instructors shall provide the examinations for students who are being accommodated by the deadlines established by AES.

For more information or advice, visit https://students.usask.ca/health/centres/access-equity-services.php, or contact AES at (306) 966-7273 (Voice/TTY 1-306-966-7276) or email aes@usask.ca.

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 AES.

STUDENT SUPPORTS

College of Medicine, Academic Support Team

Faculty Consultant: Dr. Ayla Mueen – ayla.mueen@usask.ca

Academic Support Specialist: Dr. Joshua Lloyd – joshua.lloyd@usask.ca

Academic Support Administration Office – med.academicsupport@usask.ca

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:

Student Affairs Coordinator (Saskatoon), Edith Conacher at edith.conacher@usask.ca or (306) 966-4751

COM and the School of Rehabilitation Science Coordinator (Saskatoon), Bev Digout at bev.digout@usask.ca or (306) 966-8224

Student Affairs Coordinator Regina, Sue Schmidt - sue.schmidt@saskhealthauthority.ca or (306) 766-0620

Student Affairs Site Director Regina, Dr. Nicole Fahlman - nicole.fahlman@usask.ca or (306) 209-0142

Student Affairs Site Director Regina, TBD

Director, Student Services, Dr. Ginger Ruddy – ginger.ruddy@usask.ca or (302) 966-7275

Academic Help for Students

Visit the University Library and Learning Hub to find supports for undergraduate and graduate students with first-year experience, study skills, learning strategies, research, writing, math and statistics. Students can attend workshops, access online resources and research guides, book 1-1 appointments or hire a subject tutor through the USask Tutoring Network.

Connect with library staff through the AskUs chat service or visit various library locations at the Saskatoon campus.

SHA Library: https://saskhealthauthority.libguides.com/home

Teaching, Learning and Student Experience
Teaching, Learning and Student Experience (TLSE) provides developmental and support services and programs to students and the university community. For more information, see the students' web site http://students.usask.ca.

Financial Support
Any student who faces challenges securing their food or housing and believes this may affect their performance in the course is urged to contact Student Central (https://students.usask.ca/student-central.php).

Gordon Oakes Red Bear Student Centre

The Gordon Oakes Red Bear Student Centre is dedicated to supporting Indigenous student academic and personal success. The Centre offers personal, social, cultural and some academic supports to Métis, First Nations, and Inuit students. The Centre is an intercultural gathering space that brings Indigenous and non-Indigenous students together to learn from, with and about one another in a respectful, inclusive, and safe environment. Visit https://students.usask.ca/indigenous/index.php.

International Student and Study Abroad Centre
The International Student and Study Abroad Centre (ISSAC) supports student success and facilitates international education experiences at USask and abroad. ISSAC is here to assist all international undergraduate, graduate, exchange, and English as a Second Language students in their transition to the University of Saskatchewan and to life in Canada. ISSAC offers advising and support on matters that affect international students and their families and on matters related to studying abroad as University of Saskatchewan students. Visit https://students.usask.ca/international/issac.php for more information.

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