



Clinical Rotations II

MEDC 432.34
Year 4 Term 1 and 2

COURSE SYLLABUS
2025/2026



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

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DRAFT

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.

CLINICAL ROTATIONS II Course Overview

COURSE CONTACTS

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COURSE DESCRIPTION

Clinical clerkship allows students to apply basic knowledge and skills acquired in the first 2 years of medical school in a clinical setting. Students continue to work under the supervision of clinical faculty and other health care providers to care for patients. Students engage in rotations as senior clerks furthering their practice in surgery and internal medicine. Students have continued opportunity to take on a graduated level of responsibility in caring for patients. Year 4 also provides students with the opportunity to further

explore their career interests as they participate in electives.

Students will follow patients over time, and in different settings, thus experiencing relationship and responsibility of care. Finally, students will participate in an ethics discussion forum that promotes their growth in critical thinking and approach to ethical dilemmas.

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

COURSE SCHEDULE

Clerks will complete up to 20 weeks of electives, a 4-week Internal Medicine rotation, and a 2-week Surgery rotation. Students will also participate in an Ethics module.

Clerks may request up to 1 day off-call per 4-week block. For clinical experiences of less than 4 weeks, off-call requests will typically not be accepted. All requests are at the discretion of the department.

Clerks are required to engage in at least 2 weeks of clinical activity (either a rotation or clinical elective) following the -CaRMS interview period. For the 2025-2026 academic year, this period spans from March 16 to April 12. See Elective Summary Table below.

INDEPENDENT LEARNING

Up to 2 weeks of Independent Learning Time is available to students during the academic year.

Please note, students are encouraged and expected to enhance and expand their knowledge of clinical rotation objectives through self-directed learning, consistent with their 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.

OVERALL COURSE OBJECTIVES

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

Medical Expert

1. Describe human development, structure, and function including the inherent variability in health and disease.
2. Address the determinants of health to support individuals, families, and communities.
3. Develop an approach to acute and chronic diseases.
4. Apply evidence-informed principles of surveillance and screening.
5. Apply population health promotion and public health principles.
6. Describe the spectrum of pathology and pathophysiology of acute and chronic diseases.
7. Describe the range of presentations of acute and chronic diseases.
8. Obtain an appropriate and accurate patient-centred history.
9. Proficiently perform an appropriate physical examination.
10. Respond appropriately to the patient with a potentially urgent/emergent presentation.

11. Develop a prioritized differential diagnosis through clinical reasoning and integration of clinical information.
12. Select appropriate diagnostic investigations and interpret results.
13. Demonstrate proficiency in basic procedural skills relevant to clinical care.
14. Develop and implement an appropriate patient-centered and evidence-informed management plan.
15. Discuss how to address patient safety issues.

Collaborator

1. Work constructively with other health care team members utilizing effective collaborative skills.

Communicator

1. Utilize effective communication skills to develop/maintain professional, therapeutic, and culturally sensitive relationships with patients and their families.
2. Facilitate shared decision making with patients and their families.
3. Document and share written and verbal information that is accurate, comprehensive, and timely to optimize clinical decision making, patient safety, while ensuring confidentiality, and privacy.

Health Advocate

1. Develop effective advocacy skills for application toward improving the health of individuals and communities.

Leader

1. Engage in stewardship of healthcare resources using best practices.
2. Employ technologic resources effectively in patient care.
3. Manage career planning recognizing personal and societal considerations.
4. Contribute to the improvement of healthcare delivery.
5. Employ effective leadership skills.

Professional

1. Demonstrate reflective practice including maintaining competence and recognizing personal wellness and limitations.
2. Demonstrate responsibility to patients and family through competent and safe professional care.
3. Utilize ethical and legal principles important in medicine, including informed consent, confidentiality, capacity, patient autonomy, boundaries, and privacy.
4. Demonstrate honesty, altruism, integrity, commitment to duty and responsibility, compassion, empathy, and respect for others.
5. Demonstrate social accountability including recognizing community health concerns and social determinants of health.
6. Demonstrate accountability to the profession as outlined in rules, regulations, and ethical codes fostering mutual respect and collegiality.

7. Demonstrate culturally safe and respectful care of all patients including First Nations, Inuit, and Metis.
8. Demonstrate time management for effectively meeting professional responsibilities and personal needs.

Scholar

1. Demonstrate self-directed learning skills utilizing appropriate resources and critical research appraisal strategies.
2. Integrate best available evidence into practice.
3. Apply principles of research and health information literacy to learning and practice.
4. Facilitate the learning of others.

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 \(usask.ca\)](#)

COURSE MATERIAL ACCESS

Each rotation will have different resources based on the specialty and location.

It may be helpful to review websites such as <http://www.choosingwiselycanada.org> which is an evidence-based resource aimed at reducing unnecessary testing and treatments for patients.

RECOMMENDED RESOURCES

Diagnostic and Statistical Manual of Mental Disorders (DSM5) (5th ed). American Psychiatric, 2013 Print (in stacks, reserve and reference): [RC455.2 .C4D54 2013](#); Online: <http://sundog.usask.ca/record=b3643275~S8>

Corton MM et al: Williams Obstetrics (25th ed). McGraw-Hill Education, 2018 in AccessMedicine; <http://sundog.usask.ca/record=b4448604~S8>

Goldman L and Schafer, A: Goldman-Cecil Medicine (25th ed). Saunders, 2016 in Clinical Key <https://sundog.usask.ca/record=b4816736~S8>

Hoffman B and Schorge J: Williams Gynecology (4th ed). McGraw-Hill Education, 2020 <https://sundog.usask.ca/record=b5275028~S8>

Kliegman RM et al: Nelson Textbook of Pediatrics (20th ed). Elsevier, 2020, <https://sundog.usask.ca/record=b4703045~S8>

Lawrence PF: Essentials of General Surgery (5thed) Lippincott Williams & Wilkins, 2012 Print RD31.E837 2013 NOT AVAILABLE ONLINE

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>

Marx J et al: Rosen's Emergency Medicine- Concepts and Clinical Practice (10th ed). Mosby/Elsevier 2023 in Clinical Key <https://www-clinicalkey-com.cyber.usask.ca/#!/browse/book/3-s2.0-C20181032357>

Ruldoph CD et al: Rudolph's Pediatrics., (23rded) McGraw-Hill Education, 2018 in AccessPediatrics <http://sundog.usask.ca/record=b4362021~S8>

Tintinalli JE et al: Tintinalli's Emergency Medicine: A Comprehensive Study Guide (9th ed). McGraw-Hill Education, 2017; <http://sundog.usask.ca/record=b4448603~S8>

Townsend CM et al: Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice (21st ed). Elsevier, 2022 in <https://sundog.usask.ca/record=b5593958~S8>

[Canadian Family Medicine Clinical Cards](#)

Undergraduate Diagnostic Imaging Fundamentals E-Book

Undergraduate Diagnostic Imaging Fundamentals, by Dr. Brent Burbridge (MD, FRCPC), is an e-book resource which discusses the role of imaging for common clinical conditions. Guiding principles related to minimizing radiation exposure, requesting appropriate imaging, and basic image interpretation are discussed. Additionally, users can access imaging from an interactive DICOM viewer (ODIN) to further advance their experience with viewing diagnostic imaging pathologies. <https://openpress.usask.ca/undergradimaging/>

MEDICAL INSTRUMENTS

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

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

COURSE ASSESSMENT OVERVIEW

Component	Component Requirement	Weighting in Final Mark
Year 4 Multiple Choice Exam	Benchmark = 60%	Formative
Internal Medicine II <ol style="list-style-type: none"> 1. NBME 30% 2. Clerkship Summative Assessment – ITAR 70% 3. EPA Observations 4. 6.2 Logs 5. Webinars/Podcasts 	<ol style="list-style-type: none"> 1. 70% 2. 70% 3. Completion with majority entrustable 4. Completion 5. Completion 	Pass
Surgery II <ol style="list-style-type: none"> 1. Clerkship Summative Assessment- ITAR 100% 2. EPA Observations 3. Learning Plan 	<ol style="list-style-type: none"> 1. 70% 2. Completion with majority entrustable 3. Completion 	Pass
Ethics <ol style="list-style-type: none"> 1. Discussion Forum (Term 2) 	<ol style="list-style-type: none"> 1. Pass 	Pass
Electives <ol style="list-style-type: none"> 1. EPA plan submission 2. Clinical Assessment- Electives (In Training Assessment Report or ITAR)* from Electives 100% 3. EPA Observations 4. Socially Accountable Care Elective 	<ol style="list-style-type: none"> 1. Submission of plan 2. 70% for each elective 3. Completion with the majority entrustable by the end of year 4 4. Pass 	Pass
Total Course Mark		Pass

The specifics of each rotation are outlined in their specific section of the syllabus.

Components that are universal (Clinical Assessment ITAR and EPAs) are further explained below.

Year 4 Multiple Choice Exam

The final assessment for the course will be a written exam typically made up of multiple-choice questions and may take up to 3 hours to complete. The exam will cover the breadth of knowledge required to graduate as a medical student from the University of Saskatchewan. Please consider reviewing course objectives listed above.

This exam will be formative this year. It will occur on February 27, 2026 and must be completed in person at the student's home site. Students will complete the exam on their own computers.

Students who do not obtain a grade of 60% on the examination will be required to participate in a remediation process that will be directed towards student learning needs. Students will meet with the course director and academic support team to develop their individual learning/remediation plans.

SUMMATIVE CLINICAL ASSESSMENT (In Training Assessment Report or ITARs)

The Clerkship Student assessments (ITARs) are set to a pass mark of 70%. A minimum of one must be obtained from each elective and clinical rotation. ITARs are weighted equally in the determination of the final grade. In instances where there is more than one ITAR for a given elective, they will be compiled and averaged for each individual elective.

Entrustable Professional Activities (EPAs)

For the 2025/2026 academic year, all fourth-year Clerks will be required to complete EPAs during their Internal Medicine II, Surgery II and Elective rotations. The EPA requirements are for the entirety of Year 4.

Please note there are two benchmarks to meet:

- 2 EPAs per week on **clinical** rotations.
- A minimum number of each specific EPA. See below.

EPA	Requirement
1	6
2	4
3	6 (1 x IMII)
4	4 (1 x IMII)
5	4 (1x IMII)
6	6 (1xIMII)
7A and B	4 (2 Each) (1xIMII)
8	3 (1xIMII)
9	3 *
10	3*
11	3*
12	3*
13	3 (1xIMII)

The Internal Medicine II (IMII) rotation has specific EPAs that must be obtained which are shown in the chart above and in the rotation description.

*1 EPA must be obtained from EPAs 9-12 during your IMII rotation.

EPAs are reviewed 4-5 times a year by the Competency Committee. An elective/EPA plan must be submitted to your Competency Committee faculty advisor at the start of year 4. This is to ensure diversity is met as well as an appropriate overall plan.

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 complete additional EPAs in different categories if there are concerns about entrustability. Discussing your EPA plan with your supervisor early helps ensure that your plan will be successfully completed by the end of each elective/clinical rotation.

We recognize that not all clinical opportunities provide equal opportunity to obtain EPAs. It is acceptable to have less than the expected amount for a given clinical/non-clinical experience; however, you are still required to make up these EPAs in the preceding or following rotations. The student should formulate a plan of which EPAs to achieve in each elective/rotation. Your faculty advisor should be advised of any issues in obtaining EPAs or other barriers. Please provide timely communication to your faculty advisor of anticipated challenges or changes to your assessment plans.

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 interprofessional team members.

***EPA 13:** This EPA is intended to collect feedback from an interprofessional team member about your collaboration skills within the team. Feedback on your clinical work or clinical skills is not acceptable. Please ensure the allied health care provider is aware they are being asked to provide feedback specific to your collaboration. **Please request they input their contact information with their feedback.**

Completion of all EPAs is **mandatory** and is a requirement to successfully complete Year 4 and graduate medical school. 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 graduation. 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 faculty submitting EPAs without narrative, you may wish to request they provide some as soon as possible or obtain additional EPAs to support assessment and achieve entrustability. If you have requested narrative feedback and a faculty member is not responsive, please contact the Year Chair or Site Coordinator.

Process:

If an elective is completed in Saskatchewan, faculty are expected to input into 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 with their email in the notes section for confirmation.

EXAMINATION SCHEDULING

Examinations must be written on the date scheduled.

Students should avoid making prior travel, employment, or other commitments for in-term exams and final 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 on Canvas for the relevant session.

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 Rotation II Course are listed below. Please note that students must meet the overall Year 4 graduation standards in order to graduate: (see Student Information Guide)

- A) Students will be considered to have successfully completed the Clinical Rotations II Course if they have achieved a pass in each of the Clinical Rotations (IMII, Surg II, Electives), and Ethics Forum, completed the written examination, and achieved entrustability on the required EPAs.
- B) Students who have not met the passing requirements of any rotation or the ethics forum will be deemed to be experiencing academic difficulty. Students in academic difficulty at any point in the course will be required to meet with the Course Director and/or a course sub-committee of at least 3 people (made up of a relevant Elective coordinator; Year 4 Chair and Year 3 chair or

designates) to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Affairs representative to be present if desired.

- C) Students who are identified as being in academic difficulty as defined above MAY be offered remediation for the rotation and/or exam for which they did not achieve the standard. The Year 4 Chair, in consultation with a relevant 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. Students who are unsuccessful with remediation or require remediation on more than two rotations or electives will fail the Clinical Rotations II course.
- D) Success in any supplemental assessment will earn a maximum grade equivalent to the minimum requirement for that component of the course (i.e., 70% for a rotation exam).
- E) 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 FAILED clinical experience.
- F) Students who obtain less than a score of 60% on Multiple Choice Exam will be required to participate in a remediation process that includes meeting with the academic support team, development of a learning plan and possible case-based review of exam components and/or a remedial exam.
- G) EPAs: Completion of the EPAs is mandatory and required to successfully complete the individual rotations and this course overall. Student progress is reviewed and followed by the Competency Committee. Entrustability is required by the end of Year 4. Failure to complete the required number of EPAs, lack of narrative feedback or not meeting overall entrustability with the majority entrustable by the end of the year, will have academic and/or professionalism consequences and may require additional clinical time to complete and/or attain entrustability.
- H) A student who does not pass ALL components of the Clinical Rotations II Course will be considered to have been unsuccessful in the Clinical Rotations II Course and will NOT be offered further remediation/supplemental assignments and/ or examinations in this course. Further decisions regarding academic outcomes will be adjudicated by the Clerkship Promotions Committee and the Student Academic Management Committee.
- I) A student may be deemed to have failed a rotation based on their clinical performance alone.
- J) Students with significant professionalism concerns may also be deemed unsuccessful in the course on the basis of unprofessional conduct.

ATTENDANCE EXPECTATIONS

See the Clerkship Attendance and Absence Policy. <https://medicine.usask.ca/policies/clerkship-attendance-and-absence-policy.php>

All scheduled electives are mandatory – see Electives Policy. <https://medicine.usask.ca/policies/clerkship-elective-policy.php#relatedForms>

Unexplained absences will be treated very seriously and will prompt a meeting to discuss professionalism, with associated documentation. 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 UGME office, and rotation coordinator or departmental administrative assistant and preceptor for that particular elective as soon as possible if an absence is necessary.

VACATION

In Year 4, Clerks are entitled to one week of vacation of their choice, in addition to the December break. To ensure proper work-life balance and maintenance of overall wellness, it is strongly encouraged that all Clerks utilize the entirety of their allotted vacation time. Clerks may defer up to 1 week of vacation time from Year 3 into Year 4. Specific clinical rotations may differ so please review the detailed portion of the syllabus but in general:

- There is no time away allowed during a 1-week elective.
- Up to 2 days leave can be taken from a 2-week elective (See elective info for exceptions)
- A maximum of 3 days leave is allowed from Internal Medicine II. See IMII rotation information for limitations
- No leave is allowed on the Surgery II rotation.

COURSE EVALUATIONS QUALITY IMPROVEMENT

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

1. The Clinical Rotations II course now includes Electives, Internal Medicine II, Surgery II and Ethics.
2. The final OSCE was replaced by a written exam
3. The Radiology elective is now offered as three different tracks.
4. EPA 13 was revised for clarity.
5. The Chronic Pain elective was divided into two site specific streams.
6. The Socially Accountable Care elective was added.
7. Addictions Medicine elective is now classified as its own category within Family Medicine Subspecialties.

COURSE ROTATIONS

Internal Medicine II – Rotation Overview

MODULE CONTACTS

Rotation Coordinators

PROVINCIAL

Dr. David Reid (Provincial Director)

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ROTATION DESCRIPTION

Duration: 4 weeks

Call: 1-in-4

Absences/Leave:

A maximum of 3 working days can be taken during the Internal Medicine II rotation. This could include education, vacation and/or flex time. Vacation/Leave approval is on a first come-first granted basis. Off call is not permitted for 4-week rotations. 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.

It is anticipated that students will be able to build 4 hours per week (10%) of independent learning time into their schedule in the Subspecialty/ambulatory care blocks. This independent learning time is not available while on CTU rotation. Students should have approximately 2 days for ILT or the equivalent during the 4-week rotation

The following is site specific:

Saskatoon site: Absences are NOT allowed during the two weeks on CTU rotation

Regina: Absences are NOT allowed during the two weeks on CTU rotation.

PA: Absences can be taken anytime during the 4-week rotation under the conditions outlined above.

ROTATION OVERVIEW/STURCTURE

The Internal Medicine rotation is 4 weeks.

Students are required to complete their rotations at their home site.

Saskatoon

- A 4-week rotation in year 4 on the Clinical Teaching Unit/Internal Medicine Sub-specialty including (Cardiology, Endocrinology, Gastroenterology, Nephrology, Neurology, Respiriology). Students will be attending inpatient sub-specialty services and any outpatient if offered during the rotation.

Regina

- A 4-week rotation in year 4 on the Clinical Teaching Unit/Internal Medicine comprising of 2 weeks of CTU and 2 weeks Subspecialty rotation

Prince Albert

- A 4 -week rotation in year 4 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 rotation supervisor and, if not resolved, then with Dr. D Reid.

ROTATION OBJECTIVES

Core IM Conditions/Diseases (List 1)

Cardiac: Hypertension, Primary; Arrhythmias; Valvular Heart Disease; Coronary Artery disease; Heart Failure, Pericarditis/Myocarditis.

Respiratory: Thromboembolic Disease; COPD; Asthma; Pneumonia; Pleural Effusion; Tuberculosis, Interstitial lung diseases, Lung nodule, Type 1 and Type 2 Respiratory failure, Obstructive Sleep Apnea

Gastrointestinal: Irritable Bowel Syndrome; Inflammatory Bowel Disease; Gastroesophageal Reflux Disease; Gastrointestinal Bleeding; Hepatitis; Cirrhosis; Peptic Ulcer Disease; Pancreatitis; Biliary Tract Disease (Cholelithiasis, Cholecystitis, Choledocholithiasis)

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, Prostate Cancer, Plasma Cell Disorder.

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

Neurology: Stroke; Seizure; Delirium; Movement Disorders; Dementia, Meningitis

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

Infectious Disease: Infections of Bodily Systems; HIV, Cellulitis, Infective Endocarditis, Urinary Tract Infection, Osteomyelitis, Sepsis, Sexually Transmitted Diseases

Geriatrics: End of life support, Dementia, Functional Assessment, Decubitus Ulcers, Polypharmacy

Health Promotion: Smoking Cessation, Drug and Opioid/Alcohol use disorder, Immunization, nutrition and exercise counselling

Miscellaneous: Skin Rash/Ulcer, Hypovolemia, Substance Abuse, Drug Reaction/Allergies, Weight loss, Tylenol overdose, ASA overdose, Pain Management.

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 diabetes mellitus and/or diabetic ketoacidosis in the inpatient or outpatient setting.
14. Educate the patient at discharge from hospital or service using patient handouts and the teach-back technique.
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 substance use disorder or addiction (opioid, alcohol, or stimulant use) 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.
28. Assess and manage polypharmacy, including deprescribing strategies, in the inpatient or outpatient setting.
29. Develop and implement health promotion and disease prevention strategies in the inpatient or outpatient setting.
30. Interpret arterial blood gas on a patient in the inpatient setting.

ORIENTATION

Saskatoon: Clerks will receive specific instructions and location information by an email from the Department of Medicine prior to orientation. There will be no formal in-person orientation. The program administrator will email clerks their responsibilities and other essential details.

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 they are 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 (0800-0800) unless otherwise noted.

If call is on a Sunday and is the last day of the rotation, call ends by 5:00pm or if call is on 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 Angela Vanderlinde in the Department of Medicine Office 844-1153 (or if unavailable, Dr. R. Shahid for permission. In Regina, contact TBD at 766-3447.
2. If permission is granted, the clerk who is in agreement to switch must also contact Angela 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. Student viewing will be tracked electronically by Canvas reports. The rotation will not be deemed complete until all webinars and podcasts have been viewed.

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.
-
- 1) Clinical Practice Guideline Update – Hypoglycemia <https://youtu.be/XZQtQjiZXcU>
 - 2) Insulin Therapy: How to Choose with So Many Options <https://youtu.be/OA9Uvh487DE>
 - 3) Screening + Diagnosis in HFrEF and HFpEF: Recognizing and managing risk factors

- 4) Guidance from the CCS/CHFS 2021 Heart Failure Guideline Panel <https://register.gotowebinar.com/recording/610559222000027660>
- 5) Peripheral Arterial Disease: Screening and Diagnosis <https://register.gotowebinar.com/recording/823500550469488646>
- 6) Workup and management of resistant hypertension <https://youtu.be/ACLDIfcLH8E>
- 7) How to talk to my patient about stroke in Atrial Fibrillation <https://youtu.be/66cEqb5Owso>

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.

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 Vivian Asher 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, Respiriology, 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 and reflex hammer are required. The hospitals provide examination kits consisting of ophthalmoscope/otoscope 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 4 assessment for Internal Medicine includes all the following:

	Assessment Type	Weight
1.	NBME	30%
2.	Final ITAR (Clinical Summative assessment)	70%
3.	EPAs	Completion
4.	6.2s	Completion
5.	Webinars/Podcasts	Completion
	Total	100%

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

1. NBME

The pass mark on the NBME is externally set at a 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 toward the rotations grade.

A maximum of one remediation/supplemental assessment attempt on any rotation written examination MAY be offered. 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 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 **the student's responsibility** to schedule a meeting with the Rotation Director/Coordinator and Academic Support Team. Students are encouraged to reach out to the Academic Support Team at any time.

2. Clinical Summative Assessment:

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. There is also a minimum pass mark of 70%.

3. 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 8 EPAs during this 4-week rotation (4 weeks in Year 4). In addition to the required EPA’s, the balance of EPA requirements are obtained by completing EPAs 7-12.

EPA Requirements:

EPA 1 x 1 (1) (optional)

EPA 2 x1 (1) (optional)

EPA 3 x1 (1)

EPA 4 x1 (1)

EPA 5 x1 (1)

EPA 6 x1 (1)

EPA 7 x 1

EPA 8 x 1

EPA 9 - 12: students are required to obtain 1 EPA from each of EPAs 9-12.

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.

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. 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.

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.

***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.

Surgery II – Rotation Overview

MODULE CONTACTS

SASKATOON SITE

Dr. Alexandra Mortimer
Dr. Laura Sims

Sweta Soni (Rotation Administrator)
Email: surgery.clerkship@usask.ca
Phone: (306) 966-5678

REGINA SITE

Dr. Abdalla Butt
Email: abdalla.butt@gmail.com
Phone: (306) 766-6900
Fax: (306) 766-6917

Beverly Chavez (Rotation Administrator)
Email:beverly.chavez@saskhealthauthority.ca
Phone: (306) 766-3772

COURSE DESCRIPTION

This course is designed to allow medical students to explore additional areas of surgery not encountered in their year 3 surgery rotation. This rotation is a two-week course in which the student will select a surgical specialty to complete.

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

ATTENDANCE EXPECTATIONS

Leave: Leave is not permitted on this rotation. Exceptional circumstances may be considered on a case-by-case basis.

OVERALL ROTATION OBJECTIVES

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

1. Recognize the role of the specialist surgeon in the delivery of healthcare to the population.
2. Demonstrate professional behavior through punctuality, appropriate attire, and respectful attitudes to patients, families, and other health care providers.
3. Recognize and advocate for addressing the needs of patients, families, communities, and populations in all areas that affect health and well-being.
4. Perform a patient-centered history and physical examination that pertains to the patient's presenting problem.

5. Develop initial working diagnostic hypotheses based upon history and physical examination findings.
6. Select and interpret appropriate and resource-conscious diagnostic tests, including laboratory, imaging, electrophysiologic and other modalities, to complement your clinical diagnosis.
7. Integrate clinical information to arrive at a working diagnosis to guide patient care.
8. Develop an initial management plan with the patient addressing their presenting problem, including pharmaceutical, non-pharmaceutical and surgical approaches.
9. Discuss primary and secondary strategies to prevent the development of illness and disease.
10. Work in and appreciate the role of intra/inter-professional teams, by collaborating together on improving patient care, including through effective consultation.
11. Perform procedural skills appropriate for the specialty (see objectives of each specialty rotation for detailed objectives).
12. Develop effective communication skills to include maintaining clear, accurate, and appropriate records of clinical encounters and/or communicating in a language easily understood by patients and family members.

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 most current objectives through the link below:

<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/documents/vptl/LearningCharter.pdf>

ROTATION SCHEDULE

This course is a 2-week rotation, completed in one surgical specialty. Students were sent a survey asking them to rank the top 3 surgical specialties they would like to complete for their Surgery II rotation. Notification of the survey will be sent out 1 week prior to its release date.

INDEPENDENT LEARNING

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

Students will typically have one half day for independent learning time.

COURSE DELIVERY

Students will learn through a variety of methods including:

- Independent self-directed reading and exercises
- In-patient and out-patient exposure

COURSE MATERIAL ACCESS

Course information will be posted to One45.

RECOMMENDED MEDICAL INSTRUMENTS

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

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

RESOURCES

Lawrence PF: Essentials of General Surgery and Surgical Specialties (5th ed.). Baltimore, MD: Lippincott Williams & Wilkins, 2018.

Townsend CM and Beauchamp RD, Evers BM, Mattox KL: Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice (21st Ed.). Philadelphia, PA, Elsevier, 2012

ROTATION ASSESSMENT OVERVIEW

The following components are required for successful completion of Surgery II. Each 2-week rotation mark will be calculated as follows:

Assessment Type	Weight
1. Clinical Assessment (ITAR)	100%
2. EPA #1 through #12 (minimum 4)	Completion
3. Learning Plan and Report	Completion
Total	100%

1. Clinical Performance Assessment (ITAR) – Filled out by an attending physicians at the end of the rotation. This should be the attending physician that the student spent the most amount of time working with. The following criteria are required to pass.

- A grade of 70% or greater
- Assessments of professionalism must be at a minimum “Meets Expectations”.

2. Entrustable Professional Activities (EPAs) – A minimum of 4 EPAs must be completed during the Surg II rotation. These can be any of EPA 1 through 12, in accordance with Year 4 expectations. Please refer to general course assessment section for more information regarding EPA expectations.

3. Learning Plan and Report – Students are required to create a learning plan for their Surgery II rotation. This should be reviewed and signed with their preceptor at the start of their rotation. The learning plan must include two goals for the rotation and 4 EPAs the learner plans to complete. At the end of the rotation, the student should review their progress on their learning plan with their preceptor. They must complete the report, answering the two questions provided. This is due on the Friday following the Surg II rotation at midnight. Both the signed Learning Plan and Report should be uploaded to Canvas (due one week following the Surgery II rotation, Friday at midnight). A template is provided below.

An individualized learning plan will help a learner create a habit of identifying their own learning needs and strategies to meet them. It fosters a foundation for goal-based feedback and self-reflection. The student on Surgery II will create a learning plan (aka “learning contract”) for their 2-week surgery subspecialty rotation. They should create a list of learning goals for what they hope to achieve while

on the rotation (minimum of two) as well as which EPAs they would like to obtain during the rotation (minimum of four EPAs). A template is provided below with an example for each.

The student will share the learning plan with a faculty preceptor near the start of the rotation. Both the student and the preceptor will sign the learning plan and the student will keep a copy.

At the end of the rotation the student will write a brief report reflecting on their learning during the rotation (maximum 500 words). In the report they will answer the two questions provided below.

A copy of the learning plan and the report are due *within one week* of completing the rotation (due by the following Friday at midnight) and should be uploaded onto Canvas. It will be marked for completion only with no numerical grade assigned.

DRAFT

Student name: _____

Subspecialty: _____

Learning goals (minimum of 2)

#	Goal	Strategies & Resources	Evidence of achievement
1	Improve my suturing technique	Discuss with my preceptor ways to improve, watch videos	Preceptor tells me my wound closure technique is good
2			
3			
4			

EPAs (minimum of 4)

#	EPA number	Narrative feedback reflection	How to incorporate feedback into future practice
1	1	Work on more detailed history	Think about the most pertinent points for a given chief complaint and include them in a succinct yet complete history
2			
3			
4			
5			
6			

Student signature: _____ Date: _____

Preceptor signature: _____ Date: _____

Learning plan report: Please answer the following two questions in a maximum of 500 words.

1. What is the most valuable thing you have learned on your two weeks of the Surgery II rotation? and
2. How will you apply what you learned moving forward in residency and your medical career?

SURG II Rotations

Surg II is designed to allow medical students to pursue their own interests and to design programs in keeping with their individual goals. Opportunities are available in the program areas listed below (not all are available at all sites). Further information may be found under the specific program in discipline-specific sections below.

	Saskatoon	Regina
Surgery		
Cardiothoracic Surgery		X
ENT	X	X
Neurosurgery	X	X
Pediatric Surgery	X	X
Plastic Surgery	X	X
Thoracic Surgery	X	
Vascular Surgery	X	X
Urology	X	X

Students who are interested in subspecialties not listed above may be granted approval by the module/site director. This will be assessed on a case-by-case basis at both sites. Students will be required to submit 4-5 learning objectives and a letter from a preceptor confirming acceptance of the student for the dates of the rotation and completion of all necessary assessments.

ROTATION OBJECTIVES

SPECIFIC SPECIALITY SURGERY OBJECTIVES

Cardiothoracic Surgery

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

1. Perform a focused patient-centered history and physical on a patient with a core thoracic surgery presentation/condition.
2. Discuss the investigations required for a patient presenting with a core thoracic surgery presentation/condition.
3. Generate a differential diagnosis for the thoracic surgery core presentations/conditions.
4. Formulate a management plan for patients presenting with a core thoracic surgery presentation/condition.
5. Perform a focused patient-centered history and physical examination in a patient with cardiovascular disease (specifically coronary artery disease, valvular diseases and heart conduction abnormalities).
6. List the indications and investigative tools to evaluate cardiovascular disease.

7. Appreciate the role of medical and physical supports for circulation, including: inotropes, vasopressors, afterload reducers, intra-aortic balloon pumping (IABP), and ventricular assist devices (VAD).
8. Recognize early and intermediate complications of cardiac procedures.
9. Discuss the indications for and expected benefits of surgical management of cardiovascular disease, including cardiac device implantation (pacemakers/ICD's), and the pertinent ethical consideration thereof.

ENT

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

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

Neurosurgery

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

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

6. Based on the differential, determine initial management, including ordering of appropriate investigations.

Pediatric Surgery

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

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

Plastic Surgery

1. Perform a focused, patient-centered history and physical examination (including detailed hand and face examination) on a plastic surgery patient.
2. Discuss the processes that occur during each phase of wound healing.
3. Describe the different options available for wound closure.
4. Discuss common hand disorders and basic treatment approaches to these disorders (including carpal tunnel syndrome, trigger finger, common hand fractures, common soft tissue injuries of the hand (tendons, ligaments etc), hand infections and common

- hand tumours.
5. Apply a splint on the hand.
 6. Identify common facial fractures on clinical examination and imaging modalities.
 7. Discuss the initial assessment and management of a patient presenting with a burn (thermal, electrical, chemical).
 8. Identify the features of common skin malignancies (basal cell carcinoma, squamous cell carcinoma, melanoma) and premalignant skin lesions (actinic keratosis).
 9. List options for breast reconstruction following mastectomy.

Thoracic Surgery

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

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

Vascular Surgery

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

1. Perform a focused patient-centered history on a patient presenting with a core vascular surgery presentation/condition.
2. Perform a focused physical examination on a vascular surgery patient, including the assessment of pulses and the circulation with the ankle-brachial index and hand held Doppler device.

3. Discuss the key symptomatic findings and initial investigations and management for patients presenting with a core vascular surgery presentation/condition.
4. Review the anatomy of the arterial and superficial and deep venous system of the lower extremity.
5. Discuss the pathophysiology of superficial venous hypertension.
6. Describe the unique anatomic and pathophysiologic changes that occur in diabetes which predispose to foot complications.
7. List the types of aortic aneurysms.
8. List the potential complications and indications for elective repair of abdominal aortic aneurysms.
9. Discuss the epidemiology, risk factors, and primary and secondary prevention strategies for the core vascular surgery presentations/conditions.
10. Recognize the roles of community resources available for patients presenting with vascular surgery problems.

Urology

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

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

Ethics Discussion Forum

CONTACTS

Ryan Meneses

Email: r.meneses@usask.ca

Phone: (306) 491-4636

This discussion forum is designed to promote critical thinking and reinforce ethical concepts and topics learned in Pre-Clerkship. It is also an opportunity to personally reflect on current issues and to gain insight from peers. Topics will be selected from recent news articles relevant to Saskatchewan.

Students will participate in one discussion forum throughout the course in Term 2. Discussion posts will be graded using a competency rubric. Each discussion forum is worth 5 competency points. Students will need to demonstrate competency 4 times out of 5 to pass the forum. The Rubric is available for review on Canvas.

The discussion forum can be accessed on Canvas - Forum Discussions start **January 7, 2026**. Posts to the Discussion Forum must be completed by March 27, 2026.

ELECTIVES

ELECTIVE COORDINATOR (ALL SITES)

Shari Smith (med.electives@usask.ca)

Dr. Ashley Selvig (Ashley.selvig@usask.ca)

Elective Rotation Overview/General Information

All Clerks must complete a minimum of 20 weeks of electives throughout Year 3 and Year 4. There are 20 weeks of electives scheduled in Year 4, with the potential for 1 week (plus 1 week carry over from Year 3) of vacation time, and 2 weeks of bookable independent learning/remediation time to a maximum of 24 weeks total elective time in Clerkship. Students may book/schedule 1 or 2 weeks of independent learning during any block set aside for electives. Please use the leave request SharePoint site to schedule independent learning. Should remediation be required, or electives need to be rescheduled due to illness, then this time may be required for remediation or rescheduling of electives. Please note, students must have something booked for all of the weeks in Year 4. If they do not have vacation or independent learning weeks left, they will need to do additional elective time. It is recommended that Clerks choose to participate in electives in Saskatchewan during the CaRMS match results to facilitate working on the second iteration and accessing the support to do so.

It is recommended to focus on the weeks of elective time prior to the deadline for CaRMS applications and MSPR letters, in order to obtain appropriate comments and/or reference letters. The Office of Career Advising and Mentorship is available for further guidance for elective planning. Protected time will be set aside for CaRMS interviews.

Specific elective schedules will be dependent on the elective chosen. Call may be expected on some of the elective rotations. Off-call requests are not allowed on 2 and 4 week rotations. This will need to be arranged individually between the preceptor and/or the department coordinator for that elective.

Electives Rotation Objectives:

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.

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.

Elective Assessment

Electives	
1. Elective/EPA plan submission	1. Submission of plan
2. Clinical Assessment- Electives (In Training Assessment Report or ITAR)*	2. 70% for each elective
3. EPA Observations	3. Completion with the majority entrustable by the end of year 4
4. Socially Accountable Care Elective	4. Pass

Please submit your Elective plan to your Competency Committee Faculty reviewer by Aug 30, 2025.

Clinical Assessment ITAR and EPA information is available in the general course information above.

Please review the Socially accountable Care information contained in the electives policy below. There is more information found on the Sharepoint site linked below. This elective is assessed with a specific ITAR that is available on canvas.

Students who are unsuccessful or require remediation of more than 2 electives will be deemed unsuccessful on the electives rotation. Students must complete/pass all components of the electives rotation to be successful on this rotation.

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:

6.5 ELECTIVE OPPORTUNITIES

The faculty of a medical school ensures that the medical curriculum includes elective opportunities that supplement required learning experiences, permit medical students to gain exposure to and deepen their understanding of medical specialties and pursue their individual academic interests.

- 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 pursue 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_

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 accredited Canadian medical school
- Approved international sites.
- Other sites as approved by the UGME Year Chair.

Electives must be completed within the designated elective blocks. Electives scheduled outside of these blocks will be not approved.

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/

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. All medical schools across Canada will use a capacity-based model to schedule visiting electives on the AFMC Portal. The application timelines will open 12 weeks in advance and applications will be processed through a lottery system.

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.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.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. Clerks who have completed an international elective are given the opportunity to submit an anonymous evaluation of their experiences within 4 weeks of the elective's end.

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. Clerks who have secured a visiting elective at the University of Toronto must contact the U of S Electives Office (med.electives@usask.ca) within 6 weeks before the start date to ensure they have adequate insurance coverage.

6. Cancellation Policy

6.1 Cancelling a Home Elective

Home electives must be cancelled by the Clerk at least 6 weeks prior to the start date of the elective. Please be aware that changing a 2-week elective to a 1-week elective is considered a schedule change and must be done at least 6 weeks in advance. 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. If a home elective is cancelled within 6 weeks of the start date, it will prompt a discussion regarding professionalism and may result in documentation through a Professionalism Report/Discussion Form. Exceptional circumstances requiring an elective cancellation will be considered.

6.2 Cancelling a Visiting Elective

Visiting electives scheduled through the AFMC Student Portal using the capacity-based model cannot be cancelled, except for unforeseeable reasons. If you must cancel a visiting elective due to extenuating circumstances, 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, Neurology, Non-Clinical, O&G, Pathology, Pediatrics, PM&R, Psychiatry, Public Health, Radiation Oncology, 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.

7.3 Socially Accountable Care Elective

During the electives course in either Year 3 or Year 4, students will be required to participate in a 2-week socially accountable care elective. This elective can come from any diversity category and will contribute to the overall diversity caps that the elective typically falls under. This elective allows students flexibility in identifying an experience that focuses on addressing priority health concerns of the communities they serve. We encourage you to be thoughtful and creative in choosing an experience that supports your future career plans and enhances your understanding of socially accountable care.

Elective opportunities can be chosen from existing electives (e.g., Indigenous Health, Addictions Medicine, Rural Family Medicine) or from an opportunity you identify within or outside the province.

Many elective opportunities could offer a socially accountable care perspective. For example, several electives are offered in rural and regional locations, serving special populations (e.g., Infectious Disease, ENT, Social Pediatrics, Child Psychiatry, Geriatric Medicine). Consider the impact of healthcare resources and patient needs for those struggling with access.

Review additional resources available on the [Socially Accountable Care Elective SharePoint site](#), including the Guide to Designing your Socially Accountable Care Elective, the Conversation Guide, and a review of the Priority Health Concerns.

Application process:

Step 1: Secure an elective spot, either within Saskatchewan or out-of-province. Schedule your elective through the usual process, using the elective SharePoint site for home electives and the AFMC Portal for visiting electives.

Step 2: After securing an elective spot, complete the socially accountable care elective application. This application will be reviewed by the Year Chairs and the Division of Social Accountability (DSA) for approval. Please ensure you submit your application at least six weeks before the start date.

Link to the electives landing page: https://usaskca1.sharepoint.com/sites/ugme_electives

Under the Socially Accountable Care Electives section, you will find useful documents, including instructions on how to print your application form.

1. Select “New Socially Accountable Care Elective” to start a new application.
2. Complete the form, including the elective dates, specialty, location, learning plan, and personalized objectives. To make reviewing easier, please label each objective with a number (#1) and leave spaces between objectives. You will also need to include the standard learning objectives from the syllabus for the specific elective opportunity. The electives syllabus is linked at the bottom of the form. Please copy and paste the objectives.
3. Select “Save”. The student status should automatically change to “Submitted”. To view your submitted application(s), click the “View Social Accountability Elective Request Status” button on the main landing page.
4. If revisions are required, you will receive a notification email from SharePoint. The Year Chairs and DSA will leave suggestions under the “Approver Comments” section. Please revise your application, including adding notes under the “Student Comment” section. To resubmit, please change the student status back to “Submitted” and select “Save”.
5. You will receive a notification email from SharePoint once your application is approved.

Step 3: Please print the form and bring it with you on your first elective day to discuss your learning plan and objectives with your preceptor.

Assessment: This elective will be evaluated in the same manner as other electives. The ITAR will assess your clinical performance and include confirmation that a mandatory discussion/debrief was completed with the supervisor regarding your experience and reflections on your learning plan. Further assessment of socially accountable care may be included on the Year 4 written exam.

A comprehensive approach will be assessed through these guiding objectives:

1. Identify personal learning objectives to support growth in knowledge and delivery of socially accountable care.
2. Identify the roles and members of the collaborative health care team including the patient and community representatives.

3. Engage in socially accountable care that prioritizes equity, freedom from discrimination, and person-centered and trauma-informed approaches to care.
4. Reflect on how the practice model of the chosen elective supports community needs, education/research, accountability, and/or 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.

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 2 days (including statutory holidays). Please note that certain electives and shift-based electives may not permit leave. 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. Accommodations

Clerks are responsible for arranging and covering the cost of their own housing during electives, whether they are in Year 3 or Year 4, and regardless of whether the elective is in-province or out-of-province.

11. 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/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.

12. N95 Mask Fittings

All Clerks are required to have a current and valid N95 mask fitting. Your fitting is valid for 2 years.

13. 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.

14. 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>

15. 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.

16. Distribution

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

17. College of Medicine Responsibilities

The Academic Director, 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.

18. 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.

INDEPENDENT LEARNING (IF APPLICABLE)

Independent, self-directed reading and exercises applicable to each elective will be important. Students are strongly encouraged to read around important clinical concepts specific to each elective. For the 2025/26 academic year, there are two independent learning/remediation weeks that are bookable on the Leave Request SharePoint Site. You are not required to use this time. It was added as an option to allow students time to remediate/reschedule when unexpected challenges arise.

COURSE DELIVERY

Students will learn through a variety of methods including:

- Independent self-directed reading
- In-patient and out-patient exposures

University of Saskatchewan Elective Information

The elective program is designed to allow medical students to pursue their own interests and to design programs in keeping with their individual goals. Elective opportunities are available in the program areas listed below (not all electives are available at all sites). Further information may be found under the specific program in discipline-specific sections below.

The following opportunities are available exclusively as 1-week electives:

- Palliative Care (Saskatoon)
- Chronic Pain (Saskatoon, Regina)
- Pediatric – Allergy (Regina)

The following elective opportunities are limited to a maximum of 2 weeks at each site:

- Anesthesia
- CTU/CTU Emergency (Saskatoon)
- Dermatology (Saskatoon)
- Emergency Medicine
- ICU (Saskatoon)

The following elective opportunities do not accept 1-week requests:

- Anesthesia (Regina)
- Diagnostic Radiology (The initial elective must be 2 weeks in duration. Subsequent electives may be either 1 or 2 weeks long.)
- Internal Medicine (All Subspecialties)
- Medical Education
- O&G (Prince Albert)
- Palliative Care (Regina)
- Public Health
- Surgery (All Subspecialties)

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural	Virtual
Addictions Medicine	Family Medicine	Addictions Medicine		X				
Anatomic Dissection	Anatomy	Anatomy	X					
Anesthesia	Anesthesia	Anesthesia	X	X	X	X	X	
Arts & Humanities	Non-Clinical	Non-Clinical						X
Clinical Neurophysiology	Surgery	Neurosurgery						
Clinical Ultrasound	Radiology	Radiology	X					
Diagnostic Radiology	Radiology	Radiology	X	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	X					
• CTU Emergency	Internal Medicine	General Medicine	X					
• CTU/General	Internal Medicine	General Medicine		X				
• Dermatology	Dermatology	Dermatology	X	X				
• 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	X	X				
• Nephrology	Internal Medicine	Nephrology	X	X				
• Neurology	Neurology	Neurology	X	X				
• Occupational Medicine	Internal Medicine	Occupational Medicine	X					
• Oncology - Medical	Internal Medicine	Medical Oncology	X	X				
• Oncology - Radiation	Radiation Oncology	Radiation Oncology	X	X				
• Palliative Care	Internal Medicine	Palliative Care	X	X				
• Respiriology	Internal Medicine	Respirology	X	X				
• Rheumatology	Internal Medicine	Rheumatology	X	X				
• Transplant Medicine	Internal Medicine	Transplant Medicine	X					

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural	Virtual
Laboratory Medicine	Pathology	Pathology (D+C)	X					
Leadership	Non-Clinical	Non-Clinical	X	X				
Medical Education	Non-Clinical	Non-Clinical						X
Medicine Chest Virtual Care	Virtual Health	Virtual Health	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		
• 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				
• Respiriology	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		
• Child	Psychiatry	Psychiatry	X	X			
• Forensic	Psychiatry	Psychiatry	X				
• 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							

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural
• Cardiac	Surgery	Cardiac Surgery					
• Cardiothoracic	Surgery	Cardiac Surgery		X			
• ENT	Surgery	ENT Surgery	X	X			
• General	Surgery	General Surgery	X	X	X	X	X
• 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

"X" = NON-CLINICAL ELECTIVE OPPORTUNITY

Addictions Medicine

CONTACTS

SASKATOON SITE

Angela Vanderlinde (Placement Coordinator)
Email: angela.vanderlinde@usask.ca
(306) 844-1476

REGINA SITE

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

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in addiction medicine. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Demonstrate competency using a patient-centered approach.
2. Maintain clear, accurate, and appropriate records of clinical encounters.
3. Communicate in a language easily understood by patients.
4. Describe the intricate relationship between the social determinants of health and addictions, and how these dynamics may influence intervention and treatment.
5. Describe generally the DSM 5 psychiatric diagnosis of substance use disorders and the treatment continuum.
6. Describe generally the physiology of opiate addiction and opioid agonist therapy treatment and be able to explain these at a level appropriate for patient education.
7. Describe and participate in the multidisciplinary approach to addictions.
8. Demonstrate an awareness of the common psychiatric concurrent disorders and medical co-morbidities, as well as the ability to screen for these conditions.
9. Practice the art of comforting patients and alleviating suffering.
10. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.
11. Identify and appropriately use resources.
12. Demonstrate an understanding of and practice evidence-based medicine within the continuum of addiction treatment.
13. Demonstrate a basic understanding of 'Transtheoretical Model of Change' and 'Motivational Interviewing'.

Anatomic Dissection

CONTACTS

SASKATOON

General Anatomic Dissection or Abdominal/Pelvis Dissection

Dr. Adel Mohamed – adel.mohamed@usask.ca

Neuroanatomy Dissection

Dr. Jen Chlan – jen.chlan@usask.ca

Anatomic Dissection is only available between **Blocks #7 - #11 (October 13 to December 21)**.

Students may choose 1 Elective from the three options below. Please list your preference on your SharePoint elective application.

DESCRIPTION

There are three dissection electives available with different areas of focus.

1. General Anatomic Dissection

This elective may be of particular interest to students considering careers in Family Medicine, Pathology, Anesthesia, Orthopedics, Physical Medicine and Rehabilitation, Surgery and Diagnostic Imaging. The Elective will consist of a 2-week Anatomy rotation involving anatomic dissection of a human cadaver which may include anatomy of the thorax, abdomen, upper and lower limbs using appropriate dissection methods. The dissection will be based on regional anatomy and explore the anatomy of different surgical incisions used in surgical procedures which may include:

- Limbs: knee, hip, ankle, shoulder, elbow, and hand anatomy
- Procedures such as arthroplasty incisions
- Thorax and Abdomen: heart, lung, and abdominal organs
- Surgical incisions associated with open-heart surgery and abdomen laparotomy

2. Neuroanatomy Dissection

This elective may be of particular interest to students considering careers in Neurology, Neurosurgery, Neuropathology, Anesthesia, ENT and Neuroradiology/Diagnostic Imaging. The Elective will consist of a 2-week Anatomy elective rotation involving anatomic dissection of a human cadaver which may include neuroanatomy, head, neck, and back anatomy using appropriate dissection methods. The dissection will be based on the regional anatomy of the brain, spinal cord, head, and neck and explore different surgical procedures which may include anatomy of scalp incisions, disc surgery, removal of parotid and thyroid glands.

3. Abdominal/Pelvis Dissection

This elective may be of particular interest to students considering careers in Family Medicine, Obstetrics/Gynecology, Urology, Surgery, Diagnostic Imaging and Pathology. The Elective will consist of a 2-week Anatomy elective rotation involving anatomic dissection of a human cadaver focusing on the abdomen and pelvis using appropriate dissection methods. The dissection will be based on the regional anatomy of abdomen and pelvic structures and explore different surgical procedures which may include C-section, and kidney or urinary bladder removal.

A comprehensive approach will be assessed through these guiding objectives:

1. Identify and locate specific gross anatomical structures using the appropriate anatomical terminology.
2. Demonstrate competent dissection techniques with appropriate instruments.
3. Apply anatomical concepts to clinical situations or discuss the clinical significance of anatomical concepts.
4. Demonstrate and convey to others a respectful and professional demeanor toward human specimens.

ASSESSMENT

These dissection electives will have two (2) formative oral assessments, based on a study guide of the structures and clinical correlations to be covered in the elective, each of which will occur at or near the end of each week of the elective.

Students will be provided a study guide of the structures and clinical correlations that may be expected.

Summative assessment and feedback will be given through an ITAR.

SECTION SCHEDULE

October, November and December months.

Labs: 9:00AM – 4:30PM, HLTH 3B59.

Group Discussion weekly AM or PM.

All information relating to this course is available on Canvas. Please check Regularly to ensure that you have the most current information.

REQUIRED RESOURCES

For the anatomy lab sessions, students will conduct dissections on preserved embalmed human bodies, or study on prosected specimens. Occasionally the lab techs will provide the lab materials if they have extra otherwise, students will need to bring the following items (mostly will be provided by the Lab except goggles and lab coat or scrub).

- Sharp scalpel blades
- Forceps, blunt point (1)
- Dissecting needles or probes (1)
- Examination Gloves
- Eye protection if needed (e.g., glasses or goggles)
- Protective clothing (e.g., lab coat)

For the anatomy lab, the students need to wear lab coats.

Recommended Textbooks:

- Essential Clinical Anatomy by Moore KL, Agur MR [987 1145 1187496]
- Grant's Atlas of Anatomy [978 0781796125] Or Netters Atlas of Human Anatomy [9781455704187]

Make sure you keep up with the learning objectives throughout and ask questions if something is unclear.

Anesthesia

CONTACTS

SASKATOON SITE

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

REGINA SITE

Hazel Rich (Placement Coordinator) Email: Hazel.Rich@saskhealthauthority.ca 306-766-3956

PRINCE ALBERT SITE

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

ELECTIVE LENGTH

Anesthesia in Regina does not offer 1-week electives.

Blackout Period: Anesthesia in Saskatoon does not offer electives in July and August. Regina also has a slowdown period in the summer.

***2-week cap (Saskatoon and Regina):** Clerks can complete 2 weeks in Year 3 and 2 weeks in Year 4 at each site.

It is strongly recommended that Year 3 Clerks complete their core rotation before pursuing an Anesthesia elective.

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in anesthesia. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common anesthetic disorders/presentations
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common anesthetic disorders/presentations
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities
5. Manage workload effectively
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered anesthesia situations which may include but are not limited to: pre-operative evaluation and

optimization, intraoperative anesthesia management and monitoring, and post-operative care including recovery room, intensive care unit and pain management, vascular access and airway management.

DRAFT

Arts and Humanities

CONTACTS

Dr. Helen Chang (Medical A&H Director)

Email: hsc125@mail.usask.ca

DESCRIPTION

An initial meeting with faculty/mentor where learners would decide on a plan for their elective. Dedicated time during the elective will allow learners to work independently, with check-ins as needed. At the conclusion of their elective, students would reflect on their work and project. Students will also have the opportunity to present their project (live or recorded) or submit their work to appropriate arts-based research exhibits and showcases.

Through exploring the medical/health humanities, learners will:

1. Develop insights into the body and lived experiences of illness/disease and health care.
2. Develop empathy and compassion for patients, oneself, and others.
3. Advocate for compassionate health care settings and environments.
4. Envision and express a humanistic future for health care.

Approach to Chronic Pain (Saskatoon)

CONTACT

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

Approach to Chronic Pain is a 1-week elective available in Saskatoon.

DESCRIPTION

This elective focuses on broadening the Clerk's knowledge base and foundational clinical skills in chronic pain management including management of comorbid opioid use disorder. This will be achieved through a variety of learning opportunities in Saskatoon including direct patient care, observation of interdisciplinary health care team members, and self-study. A comprehensive approach will be assessed and guided by the following learning objectives:

- 1) Develop skills for a comprehensive approach to chronic pain assessment and management.
- 2) Develop a differential diagnosis, clinical approach, and multi-modal management strategy for patients presenting with common chronic pain disorders. Management strategies will include pharmacological, physical, psychosocial, and interventional modalities.
- 3) Describe the use of comprehensive pain assessment by using validated assessment tools (Ex. Brief Pain Inventory (BPI), Pain Disability Index (PDI), Central Sensitization Index (CSI), Pain Catastrophizing Scale (PCS) and Douleur Neuropathique 4 (DN4).
- 4) Demonstrate skills for empathic listening and validation of the pain narrative while appreciating the importance of the psychosocial and functional impacts of chronic pain.
- 5) Participate in an interdisciplinary team approach in the management of chronic pain and describe the roles of other professionals (Pharmacists, Physiotherapists, Nurses, Psychologists, Social Workers).
- 6) Explain the significance of close collaboration and effective communication skills with the interdisciplinary team.
- 7) Identify when to refer a chronic pain patient for relevant specialist care including identification of surgical indication.
- 8) Develop an approach to the diagnosis and management of opioid use disorders including using opioid agonist therapy.
- 9) Identify advocacy measures relevant to chronic pain patients and their families.
- 10) Demonstrate self-directed learning using the resources provided through the rotation (learning modules, articles, and guidelines).

11) Demonstrate professional behaviour informed by ethical/legal standards such as: informed consent, confidentiality, and patient autonomy.

DRAFT

Chronic Pain (Regina)

CONTACT

Hazel Rich (Regina Placement Coordinator) Email: hazel.rich@saskhealthauthority.ca

Chronic Pain is a 1-week elective available in Regina.

DESCRIPTION

This elective focuses on broadening the Clerk's knowledge base and foundational clinical skills in chronic pain management including management of comorbid opioid use disorder. This will be achieved through a variety of learning opportunities in Regina including direct patient care, observation of interdisciplinary health care team members, and self-study. A comprehensive approach will be assessed and guided by the following learning objectives:

- 1) Obtain a patient-centred history and physical examination on patients presenting with chronic pain.
- 2) Develop a differential diagnosis, clinical approach, and multi-modal management strategy for patients presenting with common chronic pain disorders. Management strategies will include pharmacological, physical, psychosocial, and interventional modalities.
- 3) Conduct a comprehensive pain assessment by using validated assessment tools (Ex. Brief Pain Inventory (BPI), Pain Disability Index (PDI), Central Sensitization Index (CSI), Pain Catastrophizing Scale (PCS) and Douleur Neuropathique 4 (DN4).
- 4) Demonstrate skills for empathic listening and validation of the pain narrative.
- 5) Describe the importance of the psychosocial and functional impacts of chronic pain.
- 6) Participate in an interdisciplinary team approach in the management of chronic pain and describe the roles of other professionals (Pharmacists, Physiotherapists, Nurses, Psychologists, Social Workers).
- 7) Demonstrate effective communication skills with the interdisciplinary team.
- 8) Identify when to refer a chronic pain patient to another specialist including identifying who would be an appropriate surgical candidate.
- 9) Identify appropriate interventional pain candidates and be exposed to procedures for chronic pain disorders including using landmark, ultrasound, and fluoroscopic guided techniques.
- 10) Develop an approach to the diagnosis and management of opioid use disorders including using opioid agonist therapy.
- 11) Identify advocacy measures relevant to chronic pain patients and their families.
- 12) Demonstrate self-directed learning using the resources provided through the rotation (learning modules, articles, and guidelines).
- 13) Demonstrate professional behaviour informed by ethical/legal standards such as: informed consent, confidentiality, and patient autonomy.

Clinical Ultrasound (Diagnostic Imaging Subset)

CONTACT

Dr. Linden Kolbenson (Electives Coordinator) Email: linden.kolbenson@gmail.com

ELECTIVE LENGTH

Clinical Ultrasound elective is only offered once during the academic year. It will be offered from March 16 – March 29, 2026 (Block #12).

APPLICATION REQUIREMENTS

Elective requests must include a completed CUSEC application (sent out to students after elective request in SharePoint is received). The CUSEC application includes proof of logbook completion. Students will be accepted on the basis of merit and at minimum must be in good standing with the College of Medicine.

DESCRIPTION

Clinical Ultrasound or Point-of-Care Ultrasound (POCUS) is focused ultrasonography performed and interpreted at the patient's bedside by a health care provider and integrated into the overall clinical presentation with other clinical data. It is distinct from the physical examination, adding anatomic, functional, and physiologic information to the management and care decisions of the patient.

CUSEC is a two week elective offered annually to fourth year clerkship students. The goal of CUSEC is to build on POCUS skills acquired during pre-clerkship and the first year of clerkship. To be eligible for CUSEC during the second year of clerkship students are required to complete a logbook of scans prior to the elective start.

Prerequisite Scan Logbook

Students record supervised and unsupervised scans in a logbook. The focus of the logbook is on image generation skill development. This will require a combination of directly and indirectly supervised scans (in the form of saved images). Students should complete several scans before the beginning of their second year of clerkship to be eligible for CUSEC.

Logbooks can be completed and documented in any way the student chooses, a few examples are listed below:

- EchoLog App
- Butterfly IQ+ Sign-out Program
- Paper / Electronic Spreadsheet

Approximate logbook scan requirements

Clinical Application	# of supervised scans (approx.)	# of unsupervised recorded scans
Scan for pericardial effusion	25	25
Scan for pleural effusion/hemothorax	15	15
Scan for free fluid in the abdomen/hemoperitoneum	25	25
Scan for hydronephrosis (moderate and severe)	15	15
Scan for bladder volume	5	10

Elective Description

The elective is an intensive 2-week clinical ultrasonography training experience (taking place in the 2nd year of clerkship) in Saskatoon, SK. The first week of the CUSEC is non-service in nature. It comprises a 5 day “finishing school” where skills will be honed on standardized as well as real patients, pathology cases and video libraries reviewed, and competency assessed.

During the 2-week-long elective, trainees will spend time with instructors polishing their skills (both on real and standardized patients), reviewing cases, and completing a competency assessment. During the first week, students will hone skills introduced in pre-clerkship in addition to learning new applications (AAA and Advanced Lung Ultrasound). The students will then spend the 2nd week on clinical rotation employing their new skills.

Sample schedule for week 1

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (Didactic Teaching Sessions)	Clinical Review Skills	AAA Lung US	Focused Cardiac Ultrasound POCUS In Shock	Procedural POCUS Learner Presentations	Competency Assessment (visual, clinical integration)
Afternoon (Scanning in the CLRC)	Abdominal POCUS Kidney POCUS	AAA Lung US	Focused Cardiac Ultrasound	Review Procedural Task Trainers	Competency Assessment (OSCE)

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered point of care ultrasound situations which may include but are not limited to: pleural effusion/hemothorax, ascites/hemoperitoneum, pericardial effusion, hydronephrosis, bladder volume, thoracic ultrasound, and abdominal aortic aneurysm.

A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common point of care ultrasound disorders/presentations. (when applicable)
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common point of care ultrasound disorders/presentations. (when applicable)
3. Apply basic ultrasound physics, machine controls and transducers in acquiring ultrasound images on patients.
4. Achieve comfort in generating quality ultrasound images across different organ systems in a patient.
5. Describe the limitations of ultrasound technology: its user-dependence, common imaging artifacts and imaging pitfalls.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

ASSESSMENT

Assessment will include the following components:

1. Formative assessment of skills during the first 4 days of the elective.
2. Summative assessment of all POCUS domains including indication, image acquisition/optimization, image interpretation, and clinical integration via a MCQ Examination and OSCE.
3. During the clinical week of CUSEC learners will be required to have at least one evaluation filled out.

Diagnostic Radiology (Medical Imaging)

CONTACTS

SASKATOON SITE

Kailey Friesen (Placement Coordinator)

Email: kailey.friesen@usask.ca

Phone: (306) 655-2410

REGINA SITE

TBD (Placement Coordinator)

Email:

Phone: (306) 766-3779

Provincial self-directed elective

TBD (Placement Coordinator)

Email:

Phone: (306) 766-3779

UGME Program Director, Medical Imaging

Dr. Scott Adams

Contact via Kailey Friesen or TBD (above)

ELECTIVE LENGTH

Electives in Diagnostic Radiology are 2 weeks in duration. After a Clerk's initial 2-week Diagnostic Radiology elective (Saskatoon, Regina, or Provincial Self-Directed), an additional 1-week or 2-week elective may be offered in Saskatoon or Regina on a case-by-case basis depending on capacity and demonstrated interest in the specialty. When applying for an additional elective, please include a brief personalized learning plan either as part of your elective application or send it via email to the Placement Coordinator.

Blackout Period: Diagnostic Radiology in Saskatoon does not offer electives in July and August.

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in Diagnostic Radiology. Clerks will develop a better understanding of Diagnostic Radiology as a medical specialty and gain fundamental skills in imaging interpretation which they can draw upon regardless of what area of medicine they will practice in the future.

By becoming familiar with guidelines developed to facilitate the appropriate use of medical imaging, clerks will enhance their knowledge of the most appropriate type of imaging examination for specific clinical questions and develop strategies for improved communication with the Medical Imaging department when ordering imaging examinations.

A comprehensive approach will be assessed through these guiding objectives:

1. Correlate knowledge of anatomy with the images viewed.
2. Describe how medical x-rays are generated and what imaging modalities use x-rays to create images.
3. Describe some of the potential hazards of radiation exposure for adults and children.
4. Apply a systematic approach for interpreting x-ray images of the abdomen, chest, and musculoskeletal system.
5. Describe imaging findings and diagnose common diseases using imaging technologies.

Three elective tracks are available:

Saskatoon Elective: Clerks will achieve the objectives of the elective by observing the clinical imaging workflow and working directly with radiologists, by attending rounds, and through self-directed learning materials. Saskatoon has a Diagnostic Radiology residency program and students will have the opportunity to work with faculty and residents throughout the elective.

Regina Elective: Clerks will achieve the objectives of the elective by observing the clinical imaging workflow and working directly with radiologists and through self-directed learning materials.

Provincial Self-Directed Elective: Clerks will achieve the objectives of the elective through self-directed learning materials (online book and videos) and case-based sessions with faculty via video conferencing.

Note: Students based at any site can participate in any of the above elective tracks.

Emergency Medicine

CONTACTS

SASKATOON SITE

Sherri Duggan (Placement Coordinator)
Email: sherri.duggan@usask.ca
Phone: (306) 655-1446

REGINA SITE

Katie-Lynn Jackson (Placement Coordinator)
Email: katie-lynn.jackson@saskhealthauthority.ca
Phone: (306) 766-3706

PRINCE ALBERT SITE

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

***2-week cap (Saskatoon, Regina and Prince Albert):** Clerks can complete 2 weeks in Year 3 and 2 weeks in Year 4 at each site.

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in emergency medicine. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in emergency medicine.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in emergency medicine.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered emergency medicine disorders/presentation which may include but are not limited to: abdominal pain, bone/joint pain, chest pain, syncope/vertigo, fever, headache, dyspnea/cough, respiratory distress, nausea/vomiting, intoxication/agitation, altered level of consciousness/seizures, back/flank pain, poisoning/overdose, vaginal bleeding in the first trimester, acute pain, cardiac arrest, anaphylaxis/airway obstruction, burns, injury related to temperature extremes, trauma, shock, stroke.

Environmental Medicine

CONTACT

SASKATOON

Dr. Lalita Bharadwaj (Elective Coordinator)

Email: Lalita.bharadwaj@usask.ca

DESCRIPTION

This elective course is designed to allow medical students to further pursue their own interests in environmental health and will facilitate the development of student's knowledge and skills so that they may respond effectively to environmental health issues in both the clinical care and public health contexts. This course will help build student's knowledge of the core principles and concepts of environmental health and awareness of emerging environmental issues and their role in addressing them. Student's may also experience an opportunity to conduct research relevant to assessing, responding and managing patient's environmental health concerns. A variety of instructional methods will be used and will include time allotted for self-directed learning. Students will complete several interactive and applied problem-based learning exercises and a minimum score of 70% on each must be achieved.

Students will be assessed on the following objectives:

1. Identify the environmental determinants of health at the individual, family, and community level.
2. Identify environmental risk factors within an individual and community context and develop appropriate care responses and management strategies.
3. Explain the ecosystems approach to health and apply it in the context of environmental problems and the responses to patient's environmental health concerns.
4. Explain the toxicity, pathophysiology and presentations of common and/or important environmentally-related conditions.
5. Demonstrate a systematic approach to the medical assessment and diagnosis of environmentally-related clinical presentations.
6. Obtain appropriate and accurate patient environmental history through a patient and family-centered interview.
7. Respond appropriately to patient's environmental concerns and develop a relevant prioritized differential diagnosis through clinical reasoning and integration of clinical, environmental and toxicological information.
8. With consideration of patient context, respond to and communicate appropriately regarding an environmental health concern.
9. Develop and implement an appropriate patient-centered and evidence-informed treatment or management and prevention plan to an environmental issue of concern.

Family Medicine

CONTACTS

SASKATOON SITE (AND RURAL)

Tracy Lewis (Placement Coordinator)

Email: Dafm.ugme.saskatoon@usask.ca

Phone: (306) 655-4211

REGINA SITE (AND MOOSE JAW)

Jeanette Bellavance (Placement Coordinator)

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Phone: (306) 766-0449

PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator)

Email: nicole.toutant@usask.ca

Phone: (306) 765-6787

Please note: In the event that you have a preference for a particular preceptor, prior to applying please add that information to the application in the comments section and administrative assistants will do their best to accommodate your request. All preceptors must have an active teaching appointment with the U of S. Applications will be considered at sites other than the ones listed as long as the preceptor has an active teaching appointment at the U of S. Applications will be processed by the date in which they were received regardless of the elective start date. It is advisable to apply early.

Turn around time to place an elective is on average 2 months but could be longer depending on the availability of preceptors or capacity at sites to take learners. It is NOT NECESSARY to complete an elective at a teaching unit in order to be considered for a Family Medicine residency program in Saskatchewan.

APPLICATION REQUIREMENTS

Urban Locations: Saskatoon and Regina

Rural Locations: Athabasca, Birch Hills, Estevan, Fort Qu'Appelle, Grenfell, Gull Lake, Hudson Bay, Humboldt, ILX, Indian Head, La Loche, La Ronge, Lloydminster, Maple Creek, Meadow Lake, Melfort, Moosomin, Nipawin, North Battleford, Pelican Narrows, Rosetown, Rosthern, Shellbrook, Strasbourg, Swift Current, Unity, Waldheim, Weyburn, Wynyard, Yorkton.

Other sites may be acceptable as long as a preceptor with an active faculty teaching appointment is available.

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in family medicine.

It is expected that the Clerk participating in an elective in Family Medicine will continue to build on the skills learned in their Core Rotation. Family medicine is a discipline committed to the care of an individual at any and all life stages, and as such family doctors accept responsibility for the full scope of care of patients in health and illness.

Because of the diverse nature of family medicine, an elective may concentrate on an area of special interest such as sports medicine, palliative care or women's or men's health. In this type of elective it will still be expected that the basic skills of family medicine (medical expert, communicator, collaborator, advocate, etc.) be practiced in a more focused population.

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in family medicine.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in family medicine.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, age etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy, legal documentation.

The Clerk will be expected to have an in-depth clinical knowledge about common procedures in family medicine which may include but are not limited to: excisions, suturing, applying casts, placing of IUDs and performing endometrial biopsies, joint aspirations and injections, vasectomies, IM injections, vaccinations

Hospitalist

CONTACTS

REGINA SITE

Jeanette Bellavance (Placement Coordinator)

Email: jeanette.bellavance@usask.ca

Phone: (306) 766-0449

Rotation Coordinator: Dr. Alana Kilmury (alana.kilmury@saskhealthauthority.ca)

DESCRIPTION

Accountable care units are a highly valuable learning exposure as they model high-performing teams who promote the principles of safety, timeliness, effectiveness, efficiency, equitable care, and patient-centeredness. Using a progressive approach to hospital care and training, optimally designed hospital units improve outcomes for patients, staff, and medical trainees. Accountable care units have *four key features* separating them from traditional hospital units:

- unit-based teams
- structured interdisciplinary bedside rounds
- unit-level performance reporting
- unit-level nurse and physician co-leadership.

A comprehensive approach will be assessed through these guiding objectives:

1. Manage common problems in family physician let inpatient unit.
2. Work collaboratively with patients, their families, other health care colleagues and key stakeholders to provide comprehensive care to individual patients, patient populations, and communities.
3. Share health care information and plans with patients and their families that are clear, accurate, and timely, while checking for patient and family understanding, and disclosing patient safety incidents to patients and their families accurately and appropriately.
4. Maintain timely, clear, accurate, and appropriate written or electronic records of clinical encounters.
5. Recognize and facilitate necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and/or handover of care to enable continuity and safety.
6. Engage in the stewardship of health care resources by allocating health care resources for optimal patient care, combining evidence and best practices with individual patient needs to achieve cost appropriate care, and managing health care resources judiciously.
7. Demonstrate collaborative leadership in professional practice to enhance health care by working with others in coalitions to achieve results that enable practice, organization, and system transformations.

Indigenous Health

CONTACT

Rachael Heiser (Indigenous Experience Electives Coordinator)

Email: rachael.heiser@usask.ca

Michelle Gabayan (Placement Coordinator)

Email: m.gabayan@usask.ca

DESCRIPTION

Before an elective is approved, the Clerk will be required to meet with Rachael Heiser the Indigenous Experience Elective Coordinator, to discuss their goals for the elective. Please contact Michelle Gabayan (m.gabayan@usask.ca) to schedule a meeting with the Indigenous Experience Electives Coordinator (rachael.heiser@usask.ca).

Electives in Indigenous Health are offered, subject to availability, at:

Saskatoon:

- First Nations & Metis Health- St Pauls Hospital, Royal University Hospital
- First Nation Health Ombudsperson Office
- Metis Addiction Council of Saskatchewan Incorporated
- Saskatoon Tribal Health Clinic

Regina & Area:

- First Nations & Metis Health- Regina General Hospital, Pasqua Hospital
- Metis Addiction Council of Saskatchewan Incorporated
- Wellness Wheel
- All Nations Hope Network
- Nēwo-Yōtina Friendship Centre
- All Nations Healing Hospital- Fort Qu'Appelle
- Qu'Appelle Valley Friendship Center- Fort Qu'Appelle

Prince Albert & Area:

Prince Albert Indian Metis Friendship Center

- Metis Addiction Council of Saskatchewan Incorporated
- Health Center & Healing Lodge- Sturgeon Lake

La Ronge:

- La Ronge Medical Clinic - Northern Medical Services

Descriptions of Indigenous Health Elective Sites:

MACSI (Saskatoon):

In this elective, students are introduced to holistic programming, therapeutic group workshops, one-to-one counselling, educational sessions, self-help meetings, cultural teachings, recreational programming, and more. In this environment of inpatient treatment, individuals can return to a healthier life.

First Nations and Métis Health (Saskatoon):

Sites are St. Paul's Hospital and Royal University Hospital. In this elective, students are exposed to an integrated and culturally respectful approach to care for First Nations and Métis people coming into the Saskatoon Health Region for treatment and other services. They offer smudging, traditional medicine, and care packages for patients.

Saskatoon Tribal Council Health Centre (Saskatoon):

STC Health Centre offers accessible and culturally based health programs, including addictions, nursing, social work, mental health services, elder support, and peer support. STC Health Centre also offers a safe injection and inhalation supplies exchange program open 7 days a week.

First Nations Health Ombudsperson Office (Saskatoon):

The First Nations Health Ombudsperson Office is the first of its kind in Canada. Established to address grievances from First Nations peoples regarding their healthcare experiences, the office seeks to tackle both local and systemic racism and discrimination within the healthcare system. Its mandate is to foster a healthcare environment that respects and upholds the Treaty and Inherent Right to Health for First Nations individuals, ensuring it is culturally inclusive and responsive. Operating independently and impartially, the team of Health Analysts investigates a wide range of complaints, from routine concerns to complex issues. By engaging with firsthand patient experiences, the office aims to deepen understanding of the challenges faced by First Nations individuals when accessing healthcare and work towards meaningful systemic change.

Wellness Wheel (Regina):

Wellness Wheel is a Regina-based network of interdisciplinary health professionals (physicians in various disciplines including family medicine, infectious disease, general internal medicine, dermatology; nursing; pharmacy) that work in partnership with First Nations communities to promote holistic health and wellness through visiting outreach clinics in the First Nations' health centres, as well as through virtual clinics.

All Nations Hope Network (Regina):

All Nations Hope Network is a dynamic Indigenous-led organization committed to transforming lives in Saskatchewan. They empower individuals and families through a diverse range of programs, including educational training and cultural initiatives, designed to uplift and inspire. They promote community engagement through workshops, training sessions, and cultural awareness activities. They tackle social challenges head-on and enhance the overall well-being of Indigenous peoples affected by HIV, AIDS, and Hepatitis C. They believe in the power of collaboration and work closely with local agencies and stakeholders to foster a more inclusive environment that honors and celebrates Indigenous heritage. Through our workshops, mentorship opportunities, and advocacy efforts, All Nations Hope is dedicated to building a brighter, more sustainable future for the Indigenous communities we proudly serve.

Nēwo-Yōtina Friendship Centre (Regina):

The Nēwo-Yōtina Friendship Centre offers a comprehensive range of health and wellness programs designed to support the community's overall well-being. Holistic health programs are available, integrating traditional healing practices with modern health services to meet the diverse needs of community members. Nēwo-Yōtina operates Canada's only Indigenous-led safe consumption site, providing a supervised environment for substance use, which helps reduce harm and promote health. They offer mental health support through counseling and support groups, assisting individuals in navigating various life challenges, including the transition from rural to urban living. These initiatives aim to create a nurturing environment where individuals can access the resources they need to thrive.

First Nations and Métis Health (Regina):

Sites are Regina General and Pasqua Hospitals. In this elective, students are exposed to an integrated and culturally respectful approach to care for First Nations and Métis people coming into the Regina Health Region for treatment and other services. They offer smudging, traditional medicine, and care packages for patients.

All Nations Healing Hospital (Fort Qu'Appelle):

This unique elective places you in an interdisciplinary team of health care providers and engages you in patient-centred care in a rural community. All Nations Healing Hospital also has a holistic healing centre dedicated to residential school outcomes, addictions, abuse, family counseling, and crisis interventions.

Qu'Appelle Valley Friendship Centre (Fort Qu'Appelle):

The Qu'Appelle Valley Friendship Centre (QVFC) is an organization dedicated to enhancing the quality of life for urban Indigenous people. You can gain hands-on experience, develop cultural competence, and engage in community health initiatives. By participating in programs like child nutrition, homelessness support, and youth engagement, you could make a meaningful impact while building professional skills and fostering harmony between Indigenous and non-Indigenous communities.

MACSI

Same description as above.

(Prince**Albert):****Prince Albert Indian Métis Friendship Centre (Prince Albert):**

The Prince Albert Indian & Métis Friendship Centre (PAIMFC) offers a unique opportunity to gain practical experience and cultural insights. Participate in programs like family wellness, youth engagement, and homelessness support, and take part in cultural programming/ceremony. These experiences can deepen your understanding of Indigenous culture and your ability to navigate supports for underserved community members.

Sturgeon Lake Health Centre/Victoria Hospital (Prince Albert Area):

Work with a group of women, including midwives and Knowledge Keepers, at the Sturgeon Lake Health Centre who are reclaiming cultural birthing practices. Ensuring the inclusion of traditional birth teachings provides more culturally sensitive obstetrical care.

La Ronge Medical Clinic (La Ronge):

The La Ronge Medical Clinic offers students a unique opportunity to gain practical experience in a northern community setting. There is an opportunity to engage in diverse services such as primary care, chronic disease management, maternal and child health, and emergency care. The clinic also provides telehealth services, allowing students to learn about remote healthcare delivery. These experiences will enhance your clinical skills and cultural understanding while making a meaningful impact on the community.

Clerks will be under the supervision of a preceptor at their chosen site who will determine the Clerk's schedule.

Application and Debriefing Process

1. Students who are interested in this elective are required to make an appointment with the Indigenous Health Coordinator.
 - a. Orientation information will be provided at this time depending on the site.
2. Students must fill out an elective application on SharePoint.
3. After the completion of the elective, students are required to make an appointment with the Indigenous Health Coordinator to discuss their elective experience.

A comprehensive approach will be assessed through these guiding objectives:

1. Describe the social aspects of Indigenous health issues.
2. Examine personal clinical practices pertaining to Indigenous populations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

These electives are conducted within Indigenous organizations and communities. Students will gain insights into the current health inequities in our healthcare system and learn about strength-based approaches. The focus will be on delivering culturally safe and relationship-centered care for Indigenous patients, their families, and communities. Elective work is carried out alongside Indigenous community healthcare professionals and traditional healers (when available). Depending on the site, additional clinical experiences may be offered (Such as site visits with physicians to Indigenous communities at All Nations Healing Hospital, Wellness Wheel, etc.).

Integrative Medicine

CONTACT

SASKATOON SITE

Dr. Joseph Schnurr (Electives Coordinator)

Email: schnurr.ja@gmail.com

DESCRIPTION

This elective will allow the student to work closely with physicians who have advanced training in integrative and functional medicine. Working closely with the clinician, the student will actively participate in all aspects of the clinical encounter. A variety of instructional methods will be used and will include time allotted for self-directed learning. Students will complete the CME online course “Environmental Health: An Integrative Approach” available through the University of Arizona Center for Integrative Medicine and achieve a minimum score of 70% on the final assessment.

This course is available at no cost.)
https://integrativemedicine.arizona.edu/education/online_courses.html

Students will be assessed on the following guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered during an integrative medicine consultation.
2. Obtain an expanded patient centered history to identify potentially modifiable lifestyle, dietary and environmental risk factors.
3. Develop a differential diagnosis, clinical approach and initial individualized management plan of a patient presenting with common disorders/presentations encountered during an integrative medicine consultation.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, and patient autonomy.
9. Demonstrate use of assessment and educational tools to enhance the quality of the patient physician clinical encounter.

Internal Medicine (ELECTIVE)

CONTACTS

SASKATOON SITE

Angela Vanderlinde (Placement Coordinator)
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REGINA SITE

TBD (GIM/CTU Placement Coordinator)
Email:
Phone: 306-766-3779

Katie-Lynn Jackson (ICU Placement Coordinator)
Email: katie-lynn.jackson@saskhealthauthority.ca

Beverly Chavez (Placement Coordinator for all other IM subspecialties)
Email: beverly.chavez@saskhealthauthority.ca

PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator)
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Phone: (306) 765-6787

ELECTIVE LENGTH

Internal Medicine (all sites and all subspecialties) does not offer 1-week electives.

*It is strongly recommended that Year 3 Clerks complete their core rotation before pursuing a CTU elective.

DESCRIPTION

Cardiology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in cardiology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical exam on a patient presenting with a core cardiology presentation such as: chest pain.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core cardiology disorder/presentation such as: chest pain.
3. Interpret an ECG.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.

8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Clinical Teaching Unit (CTU)

NOTE: CTU/CTU Emergency has a 2-week cap.

It is strongly recommended that Year 3 Clerks complete their core rotation before pursuing a CTU elective. CTU in Emergency electives will be only offered to year 4 in Saskatoon.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered internal medicine situations. The Clerk will work in a team-based environment and be expected to contribute to the overall management of patients. The CTU consists of year 3 Clerks, junior and senior residents and an attending clinician. The year 4 Clerk will be expected to be more independent than a year 3 Clerk assuming a greater responsibility in the patient-care environment.

1. Obtain a patient-centered history and physical examination on a patient presenting with common undifferentiated internal medicine disorders/presentations
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common undifferentiated presentations
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities
5. Manage workload effectively
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy

Regina - The rotation is split as follows: one week on CTU and one week on GIM Bronze. The split depends on the number of clerks taking the rotation at the time your application is accepted.

Dermatology

NOTE: Dermatology in Saskatoon has a 2-week cap.

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in dermatology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core dermatologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common dermatologic disorders/presentations encountered in dermatology.
3. Discuss epidemiology, risk factors and management of common squamous cell carcinoma, basal cell carcinoma and malignant melanoma.

4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Endocrinology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in endocrinology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core endocrinology presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in endocrinology.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered Endocrine disorders/presentation which may include but are not limited to: diabetes mellitus, adrenal insufficiency, secondary hypertension, thyroid disorders/presentation, calcium and phosphate abnormalities.

Gastroenterology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in gastroenterology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core gastroenterology presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core gastroenterology presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.

6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered Gastroenterology disorders/presentation which may include but are not limited to: liver abnormalities including ascites, abnormal liver enzymes/function, jaundice, bowel disorders/presentation including irritable bowel syndrome, inflammatory bowel disease, constipation, diarrhea, hematemesis and melena, nausea, vomiting, weight gain and loss.

General Internal Medicine (GIM)

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered general internal medicine situations and perioperative management of common medical problems which may include but are not limited to: arterial and venous thromboembolism, diabetes mellitus, cardiac risk reduction, congestive heart failure, COPD, pre-operative evaluation and optimization, perioperative management of common medical problems (i.e. atrial fibrillation, hypotension, respiratory distress, ACS); medical problems associated with pregnancy (i.e. gestational hypertension and diabetes, pre-eclampsia/eclampsia).

1. Obtain a patient-centered history and physical examination on a patient presenting with common undifferentiated internal medicine disorders/presentations
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common undifferentiated presentations
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities
5. Manage workload effectively
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy

It is strongly recommended that Year 3 Clerks complete their core rotation before pursuing a GIM elective

Regina - The rotation is split as follows: one week on CTU and one week on GIM Bronze. The split depends on the number of clerks taking the rotation at the time your application is accepted.

Geriatrics

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in geriatrics. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core geriatric presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core geriatric presentation.

3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Hematology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in hematology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core hematologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core hematologic presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Intensive Care Unit (ICU)

NOTE: ICU in Saskatoon has a 2-week cap.

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in intensive care unit. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core presentation encountered in the ICU.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core presentation encountered in the ICU.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Infectious Diseases

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in infectious disease. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core Infectious Disease presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Infectious Disease presentation.
3. Discuss the epidemiology and risk factors of patients with HIV and Hepatitis B and C.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered infectious disease disorders/presentation which may include but are not limited to: fever, infections of bodily systems, HIV, hepatitis B and C, and Covid-19.

Nephrology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in nephrology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination in a patient who presents with a core nephrology presentation such as: acute kidney injury.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Nephrology presentation such as: acute kidney injury, chronic kidney injury and electrolyte abnormalities.
3. Discuss the complications of patients with a reduced GFR.
4. Discuss the indications and potential complications for acute dialysis.
5. Interpret an arterial blood gas.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered nephrology disorders/presentations which may include but are not limited to: acute kidney injury, chronic kidney injury, electrolyte abnormalities, need for acute dialysis.

Neurology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in neurology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Determine the neuroanatomical location of the patient's symptoms/finding.
2. Obtain a patient-centered history and physical examination on a patient presenting with common neurology disorders/presentations.
3. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common neurology disorders/presentations.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurological disorders/presentation which may include but are not limited to: diplopia/visual abnormalities, dizziness/vertigo, ataxia, headache, weakness/paralysis, sensory abnormalities (numbness/tingling), aphasia and speech disorders/presentation, altered mental state/coma, seizure, delirium/dementia.

Occupational Medicine

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in occupational and agricultural medicine. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. Development of articles or a small resource for rural workers on an occupational health topic, seminar presentation, and/or participation in occupational site visits and may be required. Students will gain experience and exposure to occupational medicine issues from a clinical, administrative, regulatory, and consulting perspective as opportunities present. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in occupational medicine.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in occupational medicine.
3. Adjust personal communication style to patient and interprofessional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.

6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Please be advised that there is possible travel to rural site locations for site visits with the preceptor.

Oncology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in oncology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common oncologic disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common oncologic disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Respirology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in respirology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core respirology presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core respirology presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurological disorders/presentation which may include but are not limited to: cough/hemoptysis, dysnea/wheezing, hypoxia/hypercapnia, pneumonia, thromboembolic disease, pleural effusion, asthma/COPD.

Rheumatology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in rheumatology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core rheumatologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core rheumatologic presentation.
3. Discuss the indications and complications of joint aspiration.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered rheumatological disorders/presentation which may include but are not limited to: joint pain (oligo, polyarthralgia), musculoskeletal pain, arthritis (crystal induced, osteoarthritis, inflammatory), connective tissue disorders/presentation.

Solid Organ Transplant: (Only offered to year 4 clerks)

Solid organ transplantation is an exciting interdisciplinary field of medicine, surgery and lab medicine. Saskatchewan performs approximately 25-35 kidney transplants per year and physicians within the province follow recipients of kidney, pancreas, lung, liver and heart transplants. This elective will provide the student exposure to multiple types (kidney, lung, liver, heart, pancreas) of solid organ transplants and the management of these patients. Given the multidisciplinary nature of this specialty, this elective is well suited for students interested in any of the following fields:

1. Internal medicine and its subspecialties (nephrology, respirology, cardiology, gastroenterology/hepatology, endocrinology)
2. Surgery
3. Lab medicine/immunology

During this elective the student may have opportunities to be involved in the following clinical duties:

1. Outpatient assessment of recipients of kidney, pancreas, lung, liver and heart transplants
2. Outpatient assessment of transplant suitability for patients with:
 - a. End stage renal disease
 - b. Liver cirrhosis
 - c. Lung disease
 - d. Heart failure
 - e. Type 1 diabetes
3. Outpatient assessment of potential live kidney donors
4. Outpatient surgical assessment of kidney transplant recipients and/or potential live kidney donors

5. Inpatient assessment of the following:
 - a. New (de novo) kidney transplant recipients
 - b. Prior kidney transplant recipients admitted with medical/surgical complications
6. Observation in theatre of kidney transplant surgery
7. Determination of solid organ transplant recipient HLA typing and antibody determination

A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in solid organ transplantation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in solid organ transplantation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy, legal documentation.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered situations within solid organ transplantation which may include but are not limited to: contraindications to organ transplantation, differential diagnosis of acute and chronic transplant dysfunction, surgical considerations of organ transplantation, contraindications to organ donation, importance of HLA typing and antibody determination.

Leadership

CONTACTS

SASKATOON SITE

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REGINA SITE

TBD (Placement Coordinator)

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DESCRIPTION

This elective is aimed at providing an opportunity for Clerk's to enhance their knowledge about leadership opportunities within medicine directly from faculty leaders while further developing their leadership skills. This elective may be done through a variety of instructional methods, including online modules through CMA Joule online courses and experiential learning, and requires the Clerk to be self-directed in regards to different learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Identify different types of opportunities for physician leadership and advocacy including but not limited to:
 - a. Clinical care including healthcare teams and department leads.
 - b. Medical education.
 - c. Physician organizations (RMA, SMA, etc).
 - d. Health authorities.
 - e. Politics (ie Ministry of Health).
2. Establish strategies for ongoing professional development including leadership skills.
3. Communicate effectively with members of the healthcare team and leadership teams, including in situations of change and conflict.
4. Advocate for the needs of patients, communities and populations in all areas that affect health and well-being.
5. Describe the roles of the physician in the context of the healthcare system.
6. Describe ways in which physician can build and engage teams to improve patient care and outcomes.

Medical Education

CONTACTS

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REGINA SITE

Dr. Helen Chang (Electives Coordinator)
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ELECTIVE LENGTH

Medical Education does not offer 1-week electives.

DESCRIPTION

This elective is aimed at providing an opportunity for Clerks to enhance their knowledge about key medical education topics and to provide an opportunity to develop their medical education research, scholarship and/or innovation skills. This elective requires the Clerk to be self-directed, in terms of managing assigned readings, and identifying and exploring areas of interest in medical education. Students will complete a project proposal for a research or innovation in a selected area of medical education or complete a knowledge synthesis of key literature in a selected area of medical education. The elective will be assessed through these guiding objectives:

1. Discuss key topics in medical education and their implications for medical education.
2. Perform a literature search and synthesis in a self-selected topic in medical education.
3. Propose a medical education research project or innovation.
4. Describe the roles of students, residents, physicians, and patients in supporting quality medical education.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Adjust personal communication style to the situation.

Medicine Chest Virtual Care Elective

CONTACTS

SASKATOON SITE

Dr. Jarol Boan (Electives Coordinator)

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REGINA SITE

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ELECTIVE LENGTH

2 weeks in Saskatoon

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in remote medicine. The clerk will spend two weeks at the Virtual Health Hub in Saskatoon. The clerk will learn evidence-based virtual health, best practices in communication and remote physical examinations, technology requirements and documentation, access and equity in virtual health delivery, and the potential perils of emerging technologies (i.e. precision and validity). This will be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. Week One comprises learning the variety of technology devices, their applications, their pitfalls, learning the Clinician Viewer platform, practice sessions on simulated patients, reviewing video libraries, and reading publications about virtual health applications. The students will then spend the 2nd week on clinical rotation employing their new skills.

The elective will be assessed through these guiding objectives:

1. Identify the role of virtual health in the delivery of care and the key elements of an effective virtual health work environment, including technology requirements.
2. Identify the roles and members of the collaborative health care team including the patient and community representatives and recognize the role of virtual health to engage communities.
3. Demonstrate effective communication skills, including effective listening and motivational interviewing, with individual patients or family members during a virtual consultation.
4. Develop a management plan (additional investigations, treatment options, consultations) for patients assessed through a virtual health platform in an ambulatory care setting, including escalating care when necessary.
5. Describe methods of data acquisition, interpreting healthcare data, subsequent utilization of this data and documentation of the virtual visit.
6. Demonstrate professional behavior, in the virtual setting, informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy and engagement of remote communities.

Obstetrics & Gynecology

CONTACTS

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PRINCE ALBERT SITE

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ELECTIVE LENGTH

O&G in Prince Albert does not offer 1-week electives.

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in obstetrics and gynecology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common obstetrical and gynecological disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common obstetrical and gynecological disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered obstetrical and gynecological disorders/presentation which may include but are not limited to:

Obstetrical Issues - uncomplicated pregnancy including prenatal screening, medical diseases complicating pregnancy – hypertension, diabetes, heart disease, renal disease, multiple gestation, ectopic pregnancy, spontaneous abortion, ante-partum hemorrhage, isoimmunization including Rh disease, pre- term/post-term labour, pre-labour rupture of membranes, chorioamnionitis, polyhydramnios/oligohydramnios, intrauterine growth restriction, intrauterine fetal death, uncomplicated delivery, complicated delivery – prolonged labour, breech, malpresentation, forceps and/or vacuum assisted, caesarian, non-reassuring fetal heart rate, uncomplicated post-partum care

Gynecological Issues - abdominal pain, hirsutism and virilization, endometriosis, abnormal bleeding – amenorrhea, dysmenorrhea, dysfunctional uterine bleeding, urinary incontinence, vaginal discharge, fertility issues, delayed menarche, premenstrual syndrome, menopause, contraception, ovarian tumors – benign and malignant, uterine cancer, cervical cancer, vulvar conditions – benign, pre-malignant, malign.

DRAFT

Palliative Care

CONTACTS

SASKATOON SITE

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REGINA SITE

TBD (Placement Coordinator)

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ELECTIVE LENGTH

Regina only offers 2-week electives

Saskatoon only offers 1-week electives

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in palliative care. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with symptom management at the end of life.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with symptom management at the end of life.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered palliative care issues which may include but are not limited to: pain management, nausea/vomiting/bowel obstruction, dyspnea, delirium in a terminally ill patient.

General Pathology/Laboratory Medicine

CONTACTS

SASKATOON SITE

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NOTE: General Pathology and Laboratory Medicine will be categorized under Diagnostic & Clinical Pathology.

GENERAL PATHOLOGY DESCRIPTION

Diagnostic & Clinical Pathology is a dynamic, multi-faceted diagnostic specialty that encompasses a wide range of disciplines to choose from for electives. Prospective elective students may choose to spend time in one or more of the following areas, all of which make up what is known as diagnostic & clinical pathology: hematopathology, transfusion medicine, medical microbiology, clinical chemistry, molecular genetics, and surgical (anatomical) pathology. Within surgical (anatomical) pathology, opportunities are present to focus on specific areas of interest including breast pathology, cytology, dermatopathology, forensic pathology, gastrointestinal (GI) pathology, genito-urological (GU) pathology, gynecological pathology, head/neck pathology, neuropathology, pediatric pathology, pulmonary pathology, soft tissue pathology, and renal pathology.

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in pathology. Students are expected to have a prior knowledge of histology before applying for this elective in surgical (anatomical) pathology. There will be expectations that the student(s) will join the pathologists at the multihead microscope, participate in rounds and academic half day (every Friday morning). They may be asked to present a case to the pathologists.

A comprehensive approach will be assessed through these guiding objectives:

1. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in pathology.
2. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
3. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
4. Manage workload effectively.
5. Demonstrate self-directed learning utilizing the appropriate resources.
6. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

LABORATORY MEDICINE DESCRIPTION (ONLY OFFERED IN SASKATOON)

Diagnostic & Clinical Pathology is a broad-based specialty that bridges clinical and laboratory medicine. The Department of Pathology and Laboratory Medicine is one of the clinical departments within the USask College of Medicine providing laboratory medicine services throughout the province. Laboratory Medicine is an integrated provincial department, operating from various sites throughout the province that provides diagnostic services for all patients served by Saskatchewan Health Authority. Clinical divisions include Anatomical Pathology, Biochemistry, Hematopathology, Microbiology, Transfusion Medicine, Immunodiagnostics, Molecular Diagnostics, HLA, and Cytogenetics.

Treatment of a patient diagnosed with cancer, sepsis, coagulation abnormalities, and genetic or metabolic disease is determined by laboratory investigation. 'Customized' elective time in laboratory medicine allows the student the opportunity to spend focused time on a particular subspecialty. This not only enhances patient care but also provides students with a deeper understanding of the specialty that ultimately, they wish to pursue (oncology, surgery, medical genetics, infectious disease, dermatology etc.). The elective can be customized to meet the career goals of the individual student. Areas available within the department include breast pathology, cytology, dermatopathology, forensic pathology, gastrointestinal (GI) pathology, genitourological (GU) pathology, gynecological/oncology pathology, head/neck pathology, neuropathology, pediatric pathology, pulmonary pathology, soft tissue pathology, renal pathology, transfusion medicine, tissue transplantation, genomics, microbiology, biochemistry, and hematopathology.

Work is supervised on an individual basis by faculty. Students have an opportunity to attend departmental conferences, lectures, and tumor boards, and will be expected to deliver a 10-minute presentation at the end of the rotation.

1. Identify appropriate laboratory diagnostic algorithms for different clinical situations.
2. Describe resource stewardship through the lens of appropriate laboratory diagnostic tests.
3. Identify laboratory diagnostic tests relevant to health promotion.
4. Describe how the laboratory team plays a key role in patient health both at the individual and population health levels.
5. Demonstrate self-directed learning using the appropriate resources.
6. Demonstrate professional behavior informed by ethical/legal standards such as informed consent, confidentiality, capacity, and patient autonomy.

Pediatrics

CONTACTS

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ELECTIVE LENGTH

Pediatric Allergy only offers 1-week electives

Blackout Period:

Pediatrics (all subspecialties) in Regina does not offer electives in July.

Pediatrics (Community and Outpatient) in Regina does not offer electives in July and August.

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in pediatric and adolescent medicine. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regard to learning opportunities. If on the wards, Clerks are expected to take responsibility, under supervision, of the day-to-day care of their assigned patients. The Clerk's approach to pediatric patient health care management will be assessed through these guiding objectives:

1. Obtain a patient-centered pediatric history and physical examination on a patient presenting with common pediatric and adolescent disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common pediatric and adolescent disorders/presentations.
3. Adjust personal communication style to patient and family, as well as extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk should have an in-depth clinical knowledge about common pediatric and adolescent disorders and their clinical presentations. These include: Hematologic (e.g., pallor (anemia), bruising and bleeding, limb swelling (thrombosis) and lymphadenopathy), Respiratory (e.g., cough, wheezing, stridor and acute respiratory distress), Cardiac (e.g., cyanosis, heart murmur, respiratory distress, hypoxia, tachycardia, bradycardia and arrhythmias), ENT (e.g., otalgia, ear discharge, tinnitus, vertigo, sore throat and

laryngitis), Gastrointestinal (e.g., vomiting, abdominal pain, diarrhea, constipation, hematochezia and failure to thrive), Neurologic (e.g., headaches, altered level of consciousness, seizures, meningitis, visual, sensory, motor or other neuromuscular deficits), Infectious (e.g., sepsis, osteomyelitis, septic arthritis, viral encephalitis, fever of unknown origin and prolonged fever), Musculoskeletal (e.g., limp, abnormal gait, and limb pain), Genitourinary (e.g., polyuria, nocturia, dysuria, hematuria, urinary urgency, urinary frequency, nocturnal enuresis, encopresis, urinary tract infection and renal insufficiency), Neurodevelopmental, psychiatric (e.g., school difficulty, attention deficits, temper tantrums, sensory processing issues, abnormal mood, affect and behavior) and Social clinical presentations (e.g., inadequately explained pediatric injuries, malnutrition). The Clerk should be able to recognize, assess and develop a management plan for common concerns in pediatric patients of different age categories (e.g., neonates, infants, toddlers, school age children and adolescents), children with a complex medical illness, acute illness and with a genetic or metabolic disorder.

Allergy – Pediatric (Only offers 1-week electives)

This elective will provide exposure to common medical conditions seen in the field of allergy including but not limited to: food allergies, environmental allergies, drug allergies, pediatric asthma, and atopic dermatitis.

1. Obtain a patient-centered pediatric history and physical examination in a patient suspected of an allergic disorder.
2. Diagnose common allergies and associated symptoms in pediatric patients.
3. Develop a differential diagnosis and management plan for a pediatric patient with suspected food allergy.
4. Recognize common allergic triggers associated with asthma in pediatric patients.
5. Identify skin manifestation of allergic conditions in pediatric patients.
6. Recognize anaphylaxis versus minor allergic reactions and their management.
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Cardiology - Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of a cardiology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient cardiology clinic as well. The objectives of this rotation are as follows.

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with heart disease in the inpatient/outpatient setting.
2. Develop evidence based differential diagnosis, clinical approach and initial management of a pediatric cardiac patient.

3. Identify the different types of cardiac murmurs in children and differentiate the pathologic versus non pathologic murmurs.
4. Describe the cardiac physiology and its changes in the pre and post-natal period.
5. Describe the common presenting symptoms of pediatric cardiac disorders in neonates, infants and children.
6. Develop an understanding of common congenital cardiac defects and their management.
7. Learn to develop an assessment and management plan for pediatric patient with cardiac issues.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Developmental - Pediatric

This is an outpatient rotation. The Clerk is expected to have in-depth knowledge about pediatric developmental milestones and common neurodevelopmental as well as behavioral disorders. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common developmental issues including speech delay, global developmental delay and isolated motor delay etc.
3. Identify common genetic syndromes associated with developmental abnormalities.
4. Identify the range of normal versus abnormal behavior in each age group.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Emergency Medicine – Pediatric

The Clerk will be assigned a Pediatric Emergency Physician to work one-on-one with for typically an 8-hour shift in the busy Pediatric Emergency Department within the new Jim Pattison's Children's Hospital. The department sees a large variety of cases from minor to level one traumas and resuscitations. The dedicated one learner to one staff allows for a robust educational experience. The length of this rotation is typically 2 or 4 weeks in duration (7 shifts for 2 week duration, or 13-14 shifts in 4 weeks plus rotation). There is associated Case Based Teaching (CBT) or SIM teachings, and Adult/Pediatric Emergency Medicine Academic Half-Day. The Clerk is expected to acquire in-depth knowledge about common presenting illnesses in the pediatric emergency. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient who presents in the ER.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient in ER.
3. Learn to recognize the “toxic” versus “non-toxic” looking child and triage accordingly.
4. Demonstrate pediatric specific resuscitation techniques.
5. Discuss the management of pediatric trauma.
6. Identify situations associated with child abuse and its assessment.
7. Adjust personal communication style to patient and family as well as extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Endocrinology – Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of pediatric endocrinology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient endocrinology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with an endocrinology complaint.
2. Describe the approach to common pediatric endocrine complaints such as short stature, hypoglycemia, hyperglycemia, disorders of calcium metabolism, polyuria, polydipsia, ambiguous genitalia, precocious puberty, weight gain and goiter etc.
3. Describe the management of acute and chronic complications of diabetes.
4. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Gastroenterology - Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of pediatric GI medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and

write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient GI clinic as well. Clerks will be able to shadow common GI procedures like endoscopy. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with a GI complaint.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common GI complaints including constipation, abdominal pain, nausea, vomiting, weight loss, diarrhea etc.
3. Recognize common hepatic disorders in pediatric patients and formulate a DD and management plan. Understand the presentation of liver disease in pediatric patients.
4. Develop a GI specific differential for pediatric patient with FTT.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Hematology/Oncology - Pediatric

The rotation is a mix of inpatient and outpatient experiences. The Clerk participates as a supervised member of the hematology and oncology team. The Clerk helps provide and deliver care for inpatient consults as well as patients admitted directly under the service; therefore, the Clerk may be responsible for writing consulting and progress notes as well as coordinating admissions and discharges. Outpatient care consists of referral visits and follows up for pediatric hematology and oncology patients. The Clerk would also actively present patients and participate in multidisciplinary conferences such as tumor boards. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a hematological or oncological disease.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common hematology /oncology issues including anemia, thrombocytopenia, leukopenia, bleeding, bruising and lymphadenopathy.
3. Identify common oncologic disorders in pediatric patients and formulate assessment plan.
4. Observe and perform lumbar puncture and BM biopsies as situation arise.
5. Recognize oncologic emergencies and their initial assessment/management.
6. Identify and manage the clinical and laboratory picture of nutritional anemias.
7. Identify causes of abnormal coagulation tests and correlate with clinical picture in a patient.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.

9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Infectious Disease - Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of Pediatric ID medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient ID clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a pediatric infectious disease in the inpatient/outpatient setting.
2. Develop evidence based differential diagnosis, clinical approach and initial management of a pediatric ID patient.
3. Describe the recommended immunization schedules for pediatric patients in specific situations (e.g. immunodeficiency/asplenic/sickle cell).
4. Describe the management of infectious complications in a child with known or suspected immunodeficiency.
5. Describe the evidence based use of common antibiotics and their side effects in pediatric patients.
6. Explain the principles of antibiotics stewardship.
7. Describe the aspects of infection control in pediatric inpatient setting.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Inpatient - Pediatric

This elective is an opportunity to be part of the Clinical Teaching Unit (CTU) teams, helping manage patients who are admitted to hospital for acute illness. The CTU admits patients with general Pediatric concerns and serves as the admission service for some of the pediatric subspecialties, resulting in a variety of patient presentations to care for. Rotating Clerks will be expected to be present for hand-over at 7:30 AM. They will be expected to present patients in the rounds and to write initial histories, discharge summaries and progress notes. Clerks will be expected to have in-depth knowledge of common pediatric presentations described above. Other objectives of the rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient in the inpatient setting.

2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient
3. Recognize the “toxic” versus “non-toxic” looking child and triage accordingly.
4. Identify situations associated with non-accidental trauma and its assessment.
5. Describe the inpatient management of a child with complex medical condition.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Medical Genetics – Pediatric

This rotation is a mix of inpatient and outpatient experiences. The Clerk will see pediatric and adult patients from multiple medical sub-specialties. They will participate in outpatient and inpatient genetic consults. They will receive dedicated teaching on types of inheritance patterns, types of genetic testing and interpretation of genetic test reports including karyotypes, arrays and molecular testing. If interested, there may be the opportunity to spend some time in the genomics lab observing DNA extraction and chromosome analysis (time and availability permitting). The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient suspected of a genetic syndrome.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with genetic or metabolic diseases.
3. Explain a genetic framework for family history taking and pedigree drawing.
4. Conduct a dysmorphology examination.
5. Identify the indications for a genetic referral in pediatric patients.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Neonatal Intensive Care Unit (NICU) – Pediatric

This elective is an opportunity to be part of the NICU clinical team and learn management of premature and full-term neonates with a wide range of complications. The Clerk will be expected to attend ward rounds, present patients, attend deliveries and observe procedures. The Clerk will also observe premature infants and follow up in NICU developmental clinics. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history in a neonatal patient. It will be preferred as a new consult.
2. Develop understanding of the complications associated with prematurity and their management.
3. Develop basic understanding of neonatal nutrition and fluid management.
4. Demonstrate how to perform cardiorespiratory resuscitation on neonates.
5. Develop a differential diagnosis, assessment and plan about common neonatal conditions (e.g., sepsis, jaundice, respiratory issues, cardiac issues and CNS complications)
6. Develop a follow up plan for premature infant upon discharge from NICU
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Nephrology – Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of nephrology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient nephrology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient who presents with a core pediatric nephrology presentation such as: hypertension, nephrotic/nephritic syndrome, acute or chronic kidney disease and genitourinary disorders etc.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Nephrology presentation such as: hypertension, nephrotic/nephritic syndromes, acute/chronic kidney disease, genitourinary syndromes and UTI.
3. Describe the complications of patients with chronic kidney disease.
4. Explain the indications and potential complications for acute dialysis.
5. Explain the principles of acid base balance and its alterations in different renal disorders.
6. Interpret an arterial blood gas.
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Neurology – Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of a pediatric neurology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient neurology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with a pediatric neurological condition.
2. Develop the ability to recognize symptoms that may signify pediatric neurologic disease in the context of developmental stage (including disturbances of consciousness, developmental delay and regression, language delay, vision, hearing, equilibrium, motor function, somatic sensation, and autonomic function)
3. Develop the skills to distinguish normal from abnormal findings on a neurologic examination in pediatric patients.
4. Recognize developmental milestones and its importance for differentiation of developmental delay from regression.
5. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common neurological presentation such as headaches, seizures, developmental delay, focal neurologic deficits and sensory/motor symptoms.
6. Differentiate between different types of headaches and formulate assessment/management plan
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Outpatient - Pediatric

This is an outpatient rotation where the Clerk will be exposed to common outpatient pediatric complaints. These are referral-based clinics. The Clerk will gain experience working with General Pediatricians either in a community or hospital-based outpatient practice. These practices see patients who are referred for a wide variety of pediatric concerns, so this is an opportunity to help develop skills in managing children with medical, behavioral and mental health issues. The Clerk is expected to acquire knowledge about presentation, assessment and management of common pediatric issues, present information and document histories and physicals. The objectives of presentation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient in the outpatient setting.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common outpatient pediatric problems.
3. Coordinate and provide multidisciplinary care to a child with a complex illness.

4. Develop an understanding about the presentation of commonly encountered neurodevelopmental disorders in pediatric patients such as Autism, ADHD, learning disabilities.
5. Describe the management of common pediatric psychiatric/behavior disorders as well as indications for referral.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Palliative Care – Pediatric

This rotation is a mix of inpatient and outpatient experiences. The Clerk will be expected to have a level of clinical knowledge appropriate to a generalist about commonly encountered pediatric palliative care issues. The Clerk will be expected to present patients and write consults as well as progress notes in the inpatient setting. The objectives for this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination on a pediatric patient presenting with a life threatening/life limiting illness.
2. Develop a differential diagnosis, clinical approach and initial management plan of a pediatric patient presenting with a life threatening/life limiting illness.
3. Describe the basic principles around management of pediatric patients with complex/palliative conditions.
4. Demonstrate how to appropriately discuss bad news, unexpected outcomes and complex social/clinical situations while maintaining empathy and professionalism.
5. Demonstrate how to optimize patient's quality of life by managing pain, GI complaints and mental health appropriately.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.

Respirology – Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of a Respirology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will also have an opportunity to shadow in the outpatient clinic. There will be options for the Clerk to observe pulmonary function tests, bronchoscopy and shadow in the sleep lab. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a pediatric respiratory disease in the inpatient/outpatient setting.

2. Develop evidence based differential diagnosis, clinical approach and initial management of a pediatric patient with respiratory symptoms.
3. Identify the causes of obstructive versus restrictive pulmonary diseases in children.
4. Describe respiratory physiology and its age-related changes.
5. Interpret PFTS.
6. Explain the outpatient and inpatient assessment and management of common pediatric respiratory issues (e.g., Asthma and obstructive sleep apnea) in pediatric patients.
7. Identify pulmonary complications associated with CF.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Rheumatology – Pediatric

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of pediatric rheumatology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient rheumatology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a pediatric rheumatology complaint with a focus on MSK and joint examination as well as other subtle features of pediatric rheumatologic disorders.
2. Describe musculoskeletal diseases in children and differentiate between rheumatological versus non-rheumatological causes.
3. Describe the approach to common pediatric rheumatological issues such as pediatric rheumatic disease, Juvenile Idiopathic Arthritis, Lupus, Dermatomyositis, Kawasaki's disease and more.
4. Identify the indications for ordering rheumatological tests and their interpretation.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Social and Community - Pediatric

This is an outpatient rotation with school-based pediatric clinics. In Saskatoon, it is held at St. Mary with associated pediatric psychiatrist and therapist services. In Regina, the school-based health care services

are provided via public health nurses. The Clerks will be expected to assess outpatient pediatric students and write consult notes. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with a focus on social, academic and mental health.
2. Address aspects specific to adolescent mental and physical health including screening for mood disorders, social concerns (i.e., bullying, reproductive health and substance abuse).
3. Describe the social determinants of health and how it pertains to a developing brain.
4. Identify pediatric populations at risk of health disparity due to social dynamics.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Physical Medicine & Rehabilitation (PM&R)

CONTACTS

SASKATOON SITE

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REGINA SITE

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DESCRIPTION

Physical Medicine and Rehabilitation focuses on restoring physical function and improving physical independence. Physiatrists (specialists in PM&R) treat conditions of the bones, muscles, joints, brain, nerves and spinal cord, which can affect other systems of the body and limit a person's ability to function.

As our specialty involves multiple systems, all Clerks may consider an elective in PM&R. In particular, Clerks who are interested in a career in PM&R or a complimentary specialty such as Neurology, Orthopedics, Rheumatology, Neurosurgery or Family Medicine are encouraged to apply. Students will have the opportunity to further develop their skills of history taking, functional history and assessment, and physical examination in core PM&R domains such as musculoskeletal, neurological, acquired brain injury, stroke rehabilitation, spinal cord injury, multiple sclerosis, prosthetics and orthotics, pain medicine and pediatric rehabilitation (Regina site).

An elective in Psychiatry can involve a variety of clinical experiences including acute care consults, inpatient rehabilitation ward exposure, and outpatient clinics. Neuromuscular assessment and diagnosis are also provided by some faculty members, allowing the student exposure to nerve conduction studies (NCS) and needle electromyography (EMG).

The Department of Physical Medicine and Rehabilitation is a fully distributed program between Regina and Saskatoon with faculty and residents based in both cities. The Residency Program Director is based in Regina. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered and functional history and physical examination for a patient presenting with common PM&R disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan for a patient presenting with common PM&R disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Psychiatry

CONTACTS

SASKATOON SITE

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PRINCE ALBERT SITE

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DESCRIPTION

General Adult Psychiatry

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in psychiatry. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and mental status examination on a patient presenting with common psychiatric disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common psychiatric disorders/presentations.
3. Adjust personal communication style to patient and interdisciplinary team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered psychiatric disorders/presentation which may include but are not limited to: alcohol/substance use disorders/presentation, anxiety disorders/presentation, bipolar disorders/presentation, schizophrenia and/or other psychotic disorders/presentation, depressive disorders/presentation, disorders/presentation usually diagnosed in childhood/adolescence, personality disorders/presentation.

Child and Adolescent Psychiatry

This elective is aimed at further developing the Clerk's knowledge base and clinical skills in child and adolescent psychiatry. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regard to learning opportunities. The Clerk will be expected to have skills in taking a psychiatric history and performing the MSE, developing a differential diagnosis, and basic management plan for common psychiatric disorders. The elective may take place in an inpatient setting, outpatient

setting, community/outreach setting, or a combination. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient/family-centered history and mental status examination on a child or adolescent patient presenting with common psychiatric disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a child or adolescent patient presenting with common psychiatric disorders/presentations.
3. Adjust personal communication style to the child/adolescent patient and interdisciplinary team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources for children and adolescents with mental health disorders.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Forensic Psychiatry

This elective is aimed at further developing the Clerk's knowledge base and clinical skills in forensic psychiatry. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regard to learning opportunities. The Clerk will be expected to have skills in taking a psychiatric history and performing a mental status exam, developing a differential diagnosis, and basic management plan for common psychiatric disorders. The elective may take place in an inpatient setting (Regional Psychiatric Centre – Saskatoon), outpatient setting, or a combination. A comprehensive approach will be assessed through these guiding objectives:

1. Develop skills in conducting a forensic psychiatry assessment, including taking a patient-centered history and mental status examination on a patient presenting with common psychiatric disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a forensic psychiatry patient presenting with common psychiatric disorders/presentations.
3. Adjust personal communication style to the forensic psychiatry patient and interdisciplinary team needs considering knowledge level, background, culture, and setting (e.g. correctional institution).
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Identify risk factors for criminal behaviour, violence, and recidivism.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources for patients with a forensic history who are presenting with mental health disorders.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Geriatric Psychiatry

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in geriatric psychiatry. This may be done through a variety of instructional methods and require the Clerk to be self-directed in

regards to learning opportunities. The Clerk will be expected to demonstrate skills in taking a psychiatric history and performing a mental status exam, developing a differential diagnosis, and basic management plan for common psychiatric disorders in the geriatric population. The elective may take place in an inpatient setting, outpatient setting, community/outreach setting, or a combination. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and perform a mental status examination on a patient presenting with a core geriatric mental health concern.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core geriatric mental health concern.
3. Adjust personal communication style to a geriatric patient and extra professional team needs considering knowledge level/cognition (e.g., Dementia), background, culture and setting (e.g., Nursing home).
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Identify risk factors for elder abuse/neglect and caregiver burnout.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources for geriatric patients presenting with/or have a history of mental health issues.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Public Health and Preventative Medicine

CONTACT

Lynne Correa (Placement Coordinator)
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ELECTIVE LENGTH

Public Health (all sites) does not offer 1-week electives.

Elective Sites: Saskatoon, Regina, Prince Albert, Moose Jaw, Weyburn, Estevan

DESCRIPTION

This is an elective rotation for final year medical students with the objective that graduating students understand the core functions of public health in Canada. Rotations include education in health protection, health promotion, disease prevention, surveillance, health status assessment, and health emergency management. Rotation sites may include clinical experiences at Child Health Clinics (immunizations), Oral Health program (dental care), Sexual Health & Street Health program (STI testing and harm reduction services), Safe Communities program (inspections), Positive Living Program (HIV and hepatitis C), TB Prevention and Control, and the International Travel Centre.

1. Participate effectively as part of the interprofessional and interdisciplinary team, integrating all of the CanMEDS Roles to provide optimal, ethical care at the individual, family, group, organization, community and population levels.
2. Recognize the importance of developing rapport, trust, and ethical relationships with individuals, families, groups, organizations, communities, and populations.
3. Participate in the response to individual, family, community and population health needs and issues.
4. Identify the determinants of health for the populations that they serve.
5. Describe opportunities for promotion of the health of individuals, families, communities, and populations including opportunities to improve health equity.
6. Manage workload effectively.

Demonstrate self-directed learning utilizing the appropriate resources for geriatric patients presenting with/or have a history of mental health issues. 8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Research

CONTACTS

SASKATOON SITE Dr. Josh Lawson (Electives Coordinator) Email: josh.lawson@usask.ca Phone: (306) 966-2978	REGINA SITE Dr. Mofoloshade (Shade) Onaolapo (Electives Coordinator) Email: mho331@mail.usask.ca
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DESCRIPTION

This is an opportunity for students to build a knowledge base in the scientific approach to research design and testing. The overarching aim is to provide the student the opportunity to see whether they would like to pursue a career in academic medicine. This is also an opportunity for the student to enhance their portfolio.

Project objectives and deliverables must be submitted as part of the elective application to the UGME office. Elective supervisors must sign off on the elective application confirming the project's intent and timeline. The supervisor will be responsible for ensuring appropriate attendance of the student during the elective itself. It is also expected there will be regular meetings between the student and supervisor.

A comprehensive approach will be assessed through these guiding objectives:

1. Adjust personal communication style to the situation.
2. Manage workload effectively.
3. Demonstrate self-directed learning utilizing the appropriate resources.
4. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.
5. Describe the scientific process within medicine and where research fits within evidence-based practice.
6. Develop an answerable research question.
7. Describe and discuss the methods to answer a scientific research question.
8. Describe the rationale for conducting a specific project and, where appropriate, describe the impact of the project on future research or practice.
9. Critique the proposed project.

Surgery (ELECTIVE)

CONTACTS

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REGINA SITE

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PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator)
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ELECTIVE LENGTH

Surgery (all sites and all subspecialties) does not offer 1-week electives.

DESCRIPTION

Cardio Thoracic

Cardiovascular Surgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in cardiovascular surgery. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a focused patient-centered history and physical examination in a patient with cardiovascular disease.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in cardiovascular surgery.
3. Identify the physical, physiologic, and coagulation related considerations of cardiopulmonary bypass.
4. Discuss the benefits and limitations of cardiovascular surgical procedures.
5. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.

9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Thoracic Surgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in thoracic surgery. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in thoracic surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in thoracic surgery.
3. List the stages of lung cancer.
4. Discuss the difference between an exudative and transudative effusion, list examples.
5. Observe proper technique for chest tube insertion.
6. Interpret a CXR and CT chest image.
7. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered thoracic surgery disorders/presentations which may include but are not limited to: solitary pulmonary nodule, unilateral pleural effusion, dysphagia, gastroesophageal reflux disease, Barrett's esophagus, hiatus hernia.

Ear, Nose and Throat (Otolaryngology)

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in ENT. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in ENT.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in ENT.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

General Surgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in general surgery. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in general surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in general surgery.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered general surgery disorders/presentations which may include but are not limited to:

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, and limb injury, burns
Other:	dysphagia/odynophagia, jaundice, urinary obstruction, shock
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
- 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)

Neurosurgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in neurosurgery. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in neurosurgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in neurosurgery.
3. Describe the pharmacology of drugs commonly used in neurosurgery, such as Mannitol, Dilantin, Decadron.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurosurgery disorders/presentations which may include but are not limited to: altered level of consciousness, low back pain, traumatic brain injury (subdural hematoma, epidural hematoma, subarachnoid hemorrhage, diffuse axonal injury), cauda equine syndrome, cerebral aneurysm, astrocytoma, brain metastasis, meningioma, hydrocephalus.

Orthopedic Surgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in orthopedic surgery. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in orthopedic surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in orthopedic surgery.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Pediatric Surgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in pediatric surgery. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in pediatric surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in pediatric surgery.
3. Review human anatomy, embryology, and normal physiology involving the head & neck, chest, abdomen, and inguinal region.
4. Discuss infant heat regulation and its relation to environmental controls.
5. Demonstrate the calculation of individualized drug dosages, and fluid and electrolyte requirements using standard formulas.
6. Identify common post-operative complications in children.
7. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered pediatric surgery disorders/presentations which may include but are not limited to: incarcerated inguinal hernia in the neonate, aspirated and ingested foreign bodies, acute abdomen in the neonate or infant or older child, acute gastrointestinal bleeding, blunt abdominal and thoracic trauma, torsion of testis & appendix testis, epididymitis, bilious vomiting, non-bilious vomiting.

Plastic Surgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in plastic surgery. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in plastic surgery (i.e., focused hand examination, facial exam in the setting of trauma).
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in plastic surgery.
3. Discuss each specific phase of wound healing.
4. Describe the options for wound closure.
5. Perform the application of common splints of the hand.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered plastic surgery disorders/presentations which may include but are not limited to: hand disorders/presentation (including carpal tunnel syndrome, trigger finger), facial fractures, hand fractures, burns (thermal, electrical, chemical), soft tissue injuries of the hand (tendons, ligaments etc.), hand infections, hand tumors, skin malignancies (basal cell carcinoma, squamous cell carcinoma, melanoma), premalignant skin lesions (actinic keratosis), breast reconstruction (post mastectomy).

Trauma Surgery

This elective is aimed at broadening the Clerk's exposure to trauma patients from the initial resuscitation to the operating room and ward care. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to the learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered primary and secondary survey on a trauma patient.
2. Develop a differential diagnosis, clinical approach and initial management plan for the patient presenting with trauma.
3. Describe the ATLS principles of resuscitation.
4. Adjust personal communication style to patient and extra-professional team needs considering knowledge level, background, culture, etc.
5. Identify advocacy measure relevant to the health promotion of their patients, families and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.

8. Demonstrate professional behaviour informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Urology

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in urology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common urologic disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common urologic disorders/presentations.
3. List the indications and complications of urethral catheterization.
4. Demonstrate a male and female urethral catheterization using proper technique.
5. Identify the important landmarks on a KUB (Kidney/Ureter/Bladder) X-ray, including recognizing the presence of calculi.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered urologic disorders/presentations which may include but are not limited to: acute testicular pain (including testicular torsion), testicular mass and/or swelling (including testicular cancer), microscopic and gross hematuria, urinary retention, urinary incontinence, lower urinary tract symptoms (LUTS) (including benign prostatic hyperplasia), acute flank pain (including renal colic), male sexual dysfunction, cancer of the prostate/bladder/kidney.

Vascular Surgery

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in vascular surgery. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in vascular surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in vascular surgery.
3. Review the anatomy and physiology of the arterial and superficial/deep venous system of the lower extremity.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.

5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered vascular surgery disorders/presentations which may include but are not limited to: diabetes including foot complications, aortic aneurysmal disease, peripheral vascular disease, varicose veins, acute ischemic limb.

DRAFT

Ophthalmology (Surgery)

CONTACTS

SASKATOON SITE

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PRINCE ALBERT SITE

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Phone: (306) 765-6787

Blackout Period:

Ophthalmology in Saskatoon does offer electives in July and August.

Ophthalmology in Regina does not offer electives in July, August and December.

DESCRIPTION

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in ophthalmology. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common ophthalmologic disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common ophthalmologic disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

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). Canvas returns confirmation that an assignment has been submitted. If the confirmation note is not shown, the assignment may not be properly logged. Please note: 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. All due dates or timelines for assignment submission are published in the student course syllabus.

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 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 required 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 required to complete the Academic Integrity Tutorial in SiMS 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.

Please see the AI Guidelines posted on the College of Medicine website alongside the student guides for further information.

Students wanting to submit 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. Ayesha Iqbal – ayesha.iqbal@usask.ca

Academic Support Administration Office – med.academicssupport@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 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, 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://library.saskhealthauthority.ca/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.