

Clinical Skills IV

MEDC 223.8
YEAR 2 TERM 2



COURSE DESCRIPTION

Learning in Clinical Skills IV (Year 2 – Term 2) will enable students to improve their clinical skills, including patient-centered communication and physical examination, through a combination of assessment of ‘real-life’ patients and structured learning sessions in a **small group setting**. Students will further develop clinical reasoning skills including development of differential diagnoses, and interpretation of investigations. The course will include the following components, **Clinical Scenarios, Focused Interview and Physical Examination and Review Sessions, Discipline-specific patient Encounter Sessions** in Endocrinology, Dermatology, Family Medicine, Plastic Surgery, Pediatrics, Geriatrics, Female Reproductive Health, Female Sensitive Exam, and Mental Health. When appropriate and possible, sessions will be organized around content students are learning in other courses.

Completion of this course will help you attain elements of your overall undergraduate program objectives ([Program Learning Objectives](#)).

COURSE OBJECTIVES

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

1. Establish ethical relationships with patients characterized by understanding, trust and empathy.
2. Demonstrate communication skills in conducting a patient-centered interview that:
 - explore and apply the four dimensions of illness – “FIFE”(feelings, ideas, impact on function, expectations);
 - explore the disease process and relevant past history;
 - explore relevant social, cultural, and family context with the patient;
 - reach agreement with patients on the nature of their problems, appropriate goals of treatment, and roles of patient and doctor (and others, as appropriate) in management.
 - apply ethical principles
 - apply principles of cultural safety
3. Perform a physical examination relevant to a patient’s presenting problems in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort.
4. Practice clinical reasoning, including tailoring the interview content and physical examination, and integrating investigations to assist with the development of a provisional differential diagnosis.
5. Present a concise verbal summary of the patient’s disease and illness experience, potential differential diagnoses, attempt to provide a brief assessment and management plan, and record the information obtained in an appropriate format.
6. Solve or suggest solutions to clinical problems, dilemmas, and challenges suitable for their level of training including advocating for the patient as necessary.
7. Demonstrate skill in those procedures taught in Clinical Skills I-IV.
8. Demonstrate competence in personal time management, such that competing demands are prioritized, requirements are completed as described, and deadlines are met.
9. Demonstrate skills in using appropriate evidence-based resources to develop differential diagnoses, investigative and management plans.
10. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments.
11. Identify a management plan including suggesting relevant investigations.
12. Interpret relevant investigations such as ECGs, diagnostic imaging and laboratory investigations.

COURSE CONTACTS

Course Director: Dr. Oriana Watt – oriana.watt@usask.ca

Clinical Skills Course Chair: Dr. Oriana Watt – oriana.watt@usask.ca

Administrative Coordinator (Saskatoon): Sonja MacDonald – sonja.macdonald@usask.ca – (306) 966-5354

Administrative Coordinator (Saskatoon): Shari Smith – shari.smith@usask.ca – (306) 966-6946

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

Administrative Coordinator (Regina): Holly Doell – holly.doell@saskhealthauthority.ca – (306) 766-0552

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

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

COURSE SCHEDULE

The Clinical Skills IV Course consists of a variety of activities (including lectures, clinical sessions, department-based sessions, and half day skills specific learning). Your schedule will be posted on one45.

Please check one45 **DAILY** to ensure that you have the most current schedule information. Schedule is subject to change. Changes to the schedule will be posted to one45. **Changes to the schedule may be made up to 48 hours in advance of the scheduled session, if required.** If a change is made to the schedule within 48 hours has been posted to one45, students will be notified by email as well as the change being made in one45. Students must stay in their assigned groups (no switching).

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://share.usask.ca/medicine/one45/kbase/Curriculum.aspx>

INDEPENDENT LEARNING

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

COURSE DELIVERY

Students are broken into small groups that they will continue in through the course. Students are advised trades or switches are not permitted as students are expected to stay with their pre-assigned group throughout the term.

Students will learn through a variety of methods, including:

Facilitated small group learning sessions with simulated and ward/clinic patients

- CLRC Sessions/Learning Centre
- Departmental Discipline Sessions
- Specific Skills Training half/full days
- Independent Self-Directed Learning

COURSE MATERIAL ACCESS

Course materials, including the syllabus, sessions, objectives, required reading, forms, and other useful documents are posted on one45.

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

READINGS/TEXTBOOKS

- Required Textbook: Bates Guide to Physical Examination and History Taking 12th Edition, Lippincott Williams & Wilkins, 2017.
- Bates' Visual Guide to Physical Examination. Available online under Health Sciences Library at: <http://library.usask.ca/hsl>
- Learning materials from previous Clinical Skills Courses are valuable references – available at <http://sundog.usask.ca/search/r?SEARCH=MEDC+113.8>
- Case Files: Psychiatry, (5th Ed.). Toy, Klamen. 2016. (Mental Health Module)
- Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, (11th Ed.) B.J. Sadock (Author), V.A. Sadock (Author), R. Ruiz (Ed.), (2014) ISBN 978-1609139711 (Mental Health module)
- Interview Guide for Evaluating DSM-5 Psychiatric Disorders and the Mental Status Examination, by Mark Zimmerman, (2013) ISBN (Mental Health Module)
- Other reading:
 - **The Edmonton Manual: Approach to the OSCE 4th Edition, Editors-in-chief Turner and Raghuram, 2015 (Strongly Recommended)**
 - Clinical Examination: A systematic guide to the physical diagnosis 7th Edition, N.J. Talley, S. O'Connor.

REQUIRED MEDICAL INSTRUMENTS

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

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

*Lab coats can be purchased at:

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

RECOMMENDED MEDICAL INSTRUMENTS

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

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

PLEASE BRING ALL NECESSARY EQUIPMENT TO SESSIONS. PRECEPTORS WILL NOT PROVIDE STETHOSCOPES, PEN LIGHTS, REFLEX HAMMERS, ETC. FOR YOU TO USE.

DIAGNOSTIC IMAGING EDUCATIONAL RESOURCES

<https://undergradimaging.pressbooks.com/> (Undergrad Diagnostic Imaging eBook)

<http://sites.usask.ca/undergradimaging/> (access links to download the eBook as a pdf or file for an eBook reader)

CLINICAL LEARNING

Saskatoon Site:

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

Regina Site:

Regina small group learning sessions are held in the Learning Centre

The learning centre is available after hours to the students. They need to use their SHA ID badges to access the space. 4 exam rooms are open in the evenings to use. During the day, study and practice space is available, but must be booked through one of the UGME staff or through <https://midas.rqhealth.ca/webrequest.pl>.

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

FEEDBACK ON STUDENT PERFORMANCE

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

Clinical Skills courses are the practice arenas to develop and hone your medical skills. Feedback in these courses is constant and comes through a variety of sources and in numerous ways. Informal, formal, self, and peer feedback are all part of this course. Course tutors will provide you with a variety of formal and informal, verbal and written feedback throughout your clinical sessions. You will be asked to give and receive peer feedback during sessions and will be taught how to do this in a specific and objective fashion. You should also be constantly reflecting, setting targets, and developing action plans for improvement and integration of feedback in constructive ways. Every interaction in this course is an opportunity for growth – you will receive formal and informal feedback throughout each module, but do not discount the value of oral feedback and comments.

DRESS CODE

All sessions require professional dress for clinic. Please do not assume that scrubs will be provided. Please come dressed and groomed in a manner that would be viewed acceptable by other conservative professionals.

COURSE ASSESSMENT OVERVIEW

Module	In-Module Assessments	Due Date/Session Title:	Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
Clinical Scenarios	Endocrinology Summative Assessment	Endocrine Clinical Scenario ²	25%	4%
	Case Write-Up after Endocrine Session	Endocrine Clinical Scenario ¹	50%	
	Female Repro Summative Assessment	Female Repro Clinical Scenario ²	25%	
FIPE	Review : Formative Assessment During Session Long Case Write-Up Mini OSCE	Formative FIPE Review Session ¹ April 16 or April 18	n/a 30% 40%	6%
	Female Repro Pre-Session Quizzes (3x5%)	Gyne Procedures – Feb 8-14 ³ Intrapartum 1 – Feb 18-24 ³ Intrapartum 2 – Feb 25-Mar 3 ³	15%	
	Female Repro Direct Performance Assessments (2)	Female Repro Intrapartum I&II Sessions ²	15%	
	Endocrine	Formative	n/a	
	Dermatology	Formative	n/a	
	Ultrasound Enhanced Clinical Exam	Formative	n/a	
Comm Skills IV	Formative Assessment During Session	Formative	n/a	10%
	Feedback Assignment	First Comm Skills Interview ¹	5%	
	Video Assignment	Second Comm Skills Interview ¹	95%	
	Direct Performance Assessment	Formative	n/a	
DSPE	Endocrine	Formative	n/a	20%
	Pediatrics Direct Performance Assessment	Peds Review Session ²	4%	
	Pediatrics Review Case Write-Up	Peds Review Session ¹	4%	
	Newborn Session Direct Performance Assessment	Peds Newborn Session ²	2%	
	Female Repro – Pelvic Exam Pre-Session Quiz	Pelvic Exam – Jan 28-Feb 3 ³	5%	
	Female Repro – GYNE Hx Case Write-Up	GYNE Hx Session ¹	10%	
	Sensitive Exam Teaching Associates Female	Formative	n/a	
	Family Med Formative Assessment	Formative	n/a	
	Family Med SOAP Note	First FM Session ¹	6%	
	Family Med Clinical Question	First FM Session ¹	6%	
	Family Med Direct Performance Assessments (2)	First and Second FM Sessions ²	13%	
	Geriatrics Summative Assessment	Geriatrics Skills Day ¹	10%	
Mental Health Interview Assessment	²	30%		
Mental Health Write-Up Assessment	April 8	10%		
Plastics Skills Day	Formative	n/a		
OSCE	Summative OSCE: Content covered CSI-CSIV Pass mark set by criterion referenced method Pass mark adjusted to 70%	May 2	100%	40%
Written Exam	Written Exam: Content covered in CSIV	April 30	100%	20%

MARK ALLOCATION

Modules: **40%**

Distributed as follows:

FIPE	15%
DSPE	50%
Clinical Scenarios	10%
Communication Skills	25%

OSCE: **40% ***

Written Final Exam: **20%**

* OSCE pass mark will be set at the total OSCE score level using a criterion referenced standard such that a passing candidate is determined to be acceptably competent to progress within the curriculum. Cut scores, thus determined, will be adjusted to a pass mark of 70%.

* In the setting of remediation and review of student performance, the OSCE is considered a special form of examination, and as such, copies of the OSCE checklists are not available for review by students.

WRITTEN COURSE ASSESSMENT COMPONENTS

Course components including a written assessment component (SOAP note, Case write-up, Reflective Journaling Assignment) are due at 23:59 SK time, **SEVEN (7) DAYS following the clinical encounter**, unless advised otherwise by the UGME office. Respect for due dates is a component of professionalism and is assessed as such.

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

COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION

Completion:

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

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

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

Remediation:

1. In the event of a failure of any one of the above course components a student may be offered remediation and supplemental assessment. Failure of more than one course component will result in an automatic failure of the course, with no remediation offered.
2. At the point that a failure of a course component is identified during the term, a student will meet with the Module/Course Director and/or Year Chair to devise a learning plan if remediation is being offered. The module director/course director retains the right to determine the specific type of remediation needed for each individual student. This remediation may be in the form of additional assignments, assigned readings, and meetings with the module director and/or other mentors. This may not apply if a failure of a course component is identified after the final exam period*.
3. After completion of remediation a supplemental assessment will be offered at the end of the term. The Module Director retains the right to determine the specific type of supplemental assessment, which may be in a different format than the original assessment.
4. Failure of a supplemental assessment will be deemed as a failure of a second course component resulting in automatic failure of the course.
5. A maximum of 1 course component remediation and supplemental assessment will be offered for the course. Where the in-module assessment component (course component #4) needs to be remediated, this will require remediation of each assignment/assessment separately, but still shall be considered the remediation of one course component for the purposes of this policy. Successful completion of remediation and supplemental assessment will result in a minimum pass grade for that component.
6. In the event that remediation of any part of this course, including but not limited to: clinical experiences, assignments, written exams or OSCEs is required, students must be available in an appropriate site until the end of June to complete the remediation process. It is strongly recommended that any travel be carefully planned with this in mind, including researching cancellation policies and carefully considering non-refundable items. Exceptions and appeals to this policy will be adjudicated on a case by case basis by the Program Manager of UGME, the Assistant Dean Academic and Associate Dean of UGME. Exceptions to this policy will be rare and granted under only very special circumstances.
7. There will only be a single site supplemental OSCE. The supplemental OSCE will either be in Saskatoon or Regina and students will be expected to travel to whichever site is chosen.

* When failure of a course component is identified after the final examination period, the implications of this failure will be adjudicated at the Year 2 Promotions Committee and a final decision whether to grant remediation/supplemental work will be determined by the Student Academic Management Committee.

COURSE FAILURE

Students who fail two or more of the above course components will be considered unsuccessful in the Clinical Skills IV Course and will NOT be offered additional remediation and supplemental assessment. This includes failure of a supplemental assessment.

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

Students not promoted as a result of failure of this course will receive an "F" on their transcripts for the relevant course.

Further decisions regarding academic outcomes will be adjudicated by the Year 2 Term II Promotions Committee and the Student Academic Management Committee.

ATTENDANCE

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

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

Who should you contact in case of an absence?

Illness or family emergencies or compassionate reasons – Prior to the absence, or as soon as possible after the absence, a student must notify (1) Administrative Coordinator – Absence Request to sonja.macdonald@usask.ca or in person (B526, Health Sciences Building), or phone (306) 966-5354; and (2) his/her preceptor for the clinical or small group session. For Regina students contact Christa Kaytor via email (christa.kaytor@saskhealthauthority.ca), (306) 766-3157 with reasons for each missed session. Notification should occur before the session in question, whenever circumstances permit. Unexplained absences and/or other unprofessional conduct is grounds for an informal/formal breach of professionalism and could result in failure of the course.

What are the implications of being absent?

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

Students should be aware that professionalism is being assessed in every Clinical Skills IV session. Lateness or absences without appropriate notification/approval will likely result in invocation of the professionalism policy. Unapproved absences may result in failure of a module or the entire course.

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

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

In Regina please contact Christa Kaytor (christa.kaytor@saskhealthauthority.ca), (306) 766-3157. If unavailable, contact any UGME Administrative staff member.

In Saskatoon, please contact the Administrative Coordinator, Sonja MacDonald (sonja.macdonald@usask.ca) or in person (B526, Health Sciences Building), or phone (306) 966-5354, who will contact the Module Director and Administrative Assistant for the relevant module. If unavailable, contact Kimberly Basque or Shari Smith. If the session is scheduled in the CLRC, please also advise the CLRC staff, as they may also be able to assist in contacting the tutor.

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

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

COURSE MODULES

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

Clinical Scenarios

Clinical Scenario Sessions

SESSION CONTACTS

Administrative Coordinator (Saskatoon): Sonja MacDonald – sonja.macdonald@usask.ca - (306) 966-5354

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

Administrative Assistant - Kimberly Basque – kimberly.basque@usask.ca - (306) 966-6151

SESSION DESCRIPTION

During these sessions, students will be presented with a clinical problem by a simulated patient. The student is expected to perform an appropriate interview and examination, including special testing, then discuss potential differential diagnosis and (when relevant) management with clinician preceptors. Preceptors can be from any discipline. Different clinical scenarios will focus on demonstration of specific interviewing and physical examination skills. Sessions will emphasize feedback on clinical reasoning skills at a level appropriate for the learners. In term IV the content will build on the previous information.

Location: CLRC (Saskatoon) Learning Centre (Regina)

SESSION OBJECTIVES

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

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

** SPECIFIC SESSION OBJECTIVES CAN BE FOUND ON one45 PRIOR TO SESSION

CLINICAL SCENARIOS MODULE ASSESSMENT AND SUCCESSFUL COMPLETION:

Formative Assessment:

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

Summative Assessment:

Module	In-Module Assessments	Due Date/Session Title:	Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
Clinical Scenarios	Endocrinology Summative Assessment	Endocrine Clinical Scenario ²	25%	4%
	Case Write up after Endocrine Session	Endocrine Clinical Scenario ¹	50%	
	Female Repro Summative Assessment	Female Repro Clinical Scenario ²	25%	

Successful Completion of Module:

1. Submit all assignments
2. Achieve a cumulative mark of 70% based on the above weighting
3. Meet expectations for Professionalism

Focused Interview & Physical Exam Sessions

MODULE CONTACTS

Module Director: Dr. Oriana Watt – oriana.watt@usask.ca

Administrative Coordinator (Saskatoon): Shari Smith – shari.smith@usask.ca - (306)-966-6946

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

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

MODULE DESCRIPTION

The aim of these sessions is to review the history taking and physical examination skills learned in previous terms of Clinical Skills, and build on them to develop a focused patient-centered history and physical examination for the relevant system. Historical features and findings typical of common pathologies will be identified, as will special examination techniques for the designated system. The module is designed to complement concurrent learning in other courses, and develop clinical reasoning processes.

Location: CLRC (Saskatoon) Learning Centre (Regina)

MODULE OBJECTIVES

By the completion of this module, students working with simulated patients will be able to:

1. Demonstrate and report an appropriate patient-centered focused history for Endocrinology, Dermatology, Female Reproductive health, and previously introduced systems.
2. Demonstrate specific physical examination techniques relevant to the Endocrine, Dermatologic and Female Reproductive health assessment, along with previously introduced skills of examination in Clinical Skills I-III.
3. Identify aspects of the history and physical exam findings that might be expected in some common diseases of the Endocrinology, Dermatology and Female Reproductive health.
4. Incorporate key investigations relevant to patient presentations.
5. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments.

****SPECIFIC SESSION OBJECTIVES CAN BE FOUND ON one45 PRIOR TO SESSION**

MODULE OUTLINE

Review of systems to date

- Chronic disease follow up (cardio-resp disease)
- Follow up post-op patient
- Essential clinical skills interpretation

Endocrine

- Thyroid disease
- Approach to Diabetic foot

Dermatology

- Rash
- Skin lesion

Female Repro

- Gynecological procedures
- Intrapartum I management
- Intrapartum II management

Ultrasound Enhanced Clinical Exam

Mini OSCE

Clinician Performed Ultrasound

MODULE CONTACTS

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

Administrative Coordinator (Saskatoon): Shari Smith – shari.smith@usask.ca - (306)-966-6946

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

Administrative Assistant: Kimberly Basque - kimberly.basque@usask.ca- (306) 966-6151

MODULE DESCRIPTION

During term IV students will review and practice previously introduced content over the Clinician Performed Ultrasound. Students follow session learning map with facilitator oversight as provided on one45.

Location: CLRC (Saskatoon), Learning Centre (Regina)

MODULE OBJECTIVES

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

1. Demonstrate basic probe handling and early sonographic skill development
2. Demonstrate basic understanding of probe and ultrasound physics
3. Exhibit professional behaviors as outlined in module objectives
4. Describe test performance, operator dependence, safety and limitations of each indication
5. Generate appropriate ultrasound images for the following 4 indications:
 - a. Assessment for pericardial effusion
 - b. Assessment for pleural effusion
 - c. Assessment for free fluid in the abdomen
 - d. Assessment for obstructive uropathy

FIPE MODULE ASSESSMENT AND SUCCESSFUL COMPLETION:

Formative Assessment:

Will occur on an ongoing basis throughout the sessions. Student Assessment Checklists are designed to be used for formative feedback.

Summative Assessment:

Module	In-Module Assessments	Due Date/Session Title:	Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
FIPE	Review : Long Case Write Up Mini OSCE	FIPE Review Session ¹ April 16 or April 18	30% 40%	6%
	Female Repro Pre-Session Quizzes (3x5%)	Gyne Procedures – Feb 8-14 ³ Intrapartum 1 – Feb 18-24 ³ Intrapartum 2 – Feb 25-Mar 3 ³	15%	
	Female Repro Direct Performance Assmts (2)	Female Repro Intrapartum I&II Sessions ²	15%	

Successful Completion of Module:

Students must:

1. Submit all assignments
2. Achieve a cumulative mark of 70% based on the above weighting

3. Meet expectations for Professionalism

Advanced Communication Skills IV

MODULE CONTACTS

Module Lead: Dr. Grace Ho – grace.ho@usask.ca

Administrative Coordinator (Saskatoon): Sonja MacDonald – sonja.macdonald@usask.ca – (306) 966-5354

Administrative Coordinator (Regina): Holly Doell - holly.doell@saskhealthauthority.ca – (306) 766-0552

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

MODULE DESCRIPTION

In a practical, hands-on setting, this module will provide the students with the opportunity to develop the communication skills needed for patient-centered care.

MODULE OBJECTIVES

By the end of this module, the student will be able to:

1. Conduct patient centered interviews
2. Demonstrate patient-centered communication skills in specific situations including:
 - obtaining consent for medical procedures
 - Acquiring a sexual history
 - Gender identity and sexual orientation
 - Breaking Bad News
 - Dealing with anger
 - Disclosing error
 - Post-Traumatic Stress
 - Culturally safe communication
 - Advanced care directives and end of life decisions including the ethics of
 - Identifying patients with low health literacy and appropriately engaging them
 - Communication through language barriers
3. Apply ethical principles in interview settings.
4. Exhibit professional behaviours consistently, including integrity; effective working relationships with patients, faculty, staff and peers; and responsibility through punctual, regular attendance and timely completion of assignments

COMMUNICATION SKILLS MODULE ASSESSMENT AND SUCCESSFUL COMPLETION:

Formative Assessment:

1. Will occur on an ongoing basis throughout the sessions and will be provided formally in one45 on Student Performance Assessment forms.
2. Student Performance Assessment completed after each session by tutors and will be available on one45.

Summative Assessment:

Module	In-Module Assessments	Due Date/Session Title:	Module Weight	Course Weight
Comm Skills IV	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus	5%	10%
	Feedback Assignment	First Comm Skills Interview ¹	5%	
	Video Assignment	Second Comm Skills Interview ¹	95%	

Successful Completion of Communication Skills Module:

1. Submit all assignments
2. Achieve a cumulative mark of 70% based on the above weighting
3. Meet expectations for Professionalism

Discipline Specific Patient Encounter Modules

MODULE CONTACTS

Module Director: Dr. Oriana Watt – oriana.watt@usask.ca

MODULE DESCRIPTION

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

Location: See one45 for your specific schedule. Times and locations will vary. Check regularly for changes as changes can occur up to 48 hours in advance of the session. If changes are made within 48 hours of the session, you will be contacted directly by the module coordinator or administrative assistant.

Dress Code: *All sessions require professional attire for clinic/hospital setting.*

MODULE OBJECTIVES

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

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

SECTION CONTACTS

Section Lead: Dr. Nassrein Hussein - nassrein.hussein@saskatoonhealthregion.ca – (306) 955-5433

Administrative Assistant: Morning Weenonis morning.weenonis@usask.ca – (306)844-1476

Administrative Coordinator (Regina): Holly Doell - holly.doell@saskhealthauthority.ca – (306) 766-0552

SESSION DESCRIPTION

During this discipline specific patient encounter on the ward or clinic, students will continue to build on skills and knowledge, highlighting important and common aspects of endocrine diseases. Thyroid and diabetes presentations are common endocrinological issues and will be emphasized in the session.

SECTION OBJECTIVES

By the end of the session the learner will be able to:

1. Define diabetes mellitus, hyper, and hypothyroidism.
2. Given a patient with possible DIABETES the learner will be able to elicit important symptoms and other information from HISTORY:
 - Constitutional symptoms (weight gain, polyuria, polydipsia, blurry vision, weight loss)
 - History of previous autoimmune disease, recent infection, PCOS
 - Family history of diabetes, gestational diabetes
 - Medications
 - Dietary and exercise history
 - Diabetic microvascular complications (neuropathy, nephropathy, retinopathy)
 - Diabetic macrovascular complications (CVA, MI)
3. Given a patient with possible DIABETES the learner will be able to demonstrate an appropriate PHYSICAL EXAMINATION:
 - Obtain BP and BMI
 - Recognize acanthosis nigricans
 - Perform neurovascular examination of the lower extremity (assessing sensation with 10g monofilament + 125 Hz vibration fork, pulses, skin temperature, assessing for presence of ulcers/infection, skin dryness, nail disease, deformity, reflexes)
4. Given a patient with possible THYROID DISEASE the learner will be able to elicit important symptoms and other information from the HISTORY:
 - Compressive symptoms such as swallowing or breathing difficulties or increased neck size, new hoarseness of voice
 - Symptoms associated with hyperthyroidism (e.g. weight loss, anxiety, insomnia, palpitations, hair loss, diaphoresis, tremor, increased frequency of bowel movements, menstrual irregularities, heat intolerance, rash)
 - Symptoms associated with hypothyroidism (e.g. weight gain, constipation, cold intolerance, fatigue, edema)
 - Symptoms related to Graves Ophthalmopathy (e.g. diplopia, dryness/irritation, blurring of vision, tearing, retro-orbital pain)
 - Family history of thyroid cancer

5. Given a patient with possible THYROID DISEASE the learner will be able to demonstrate an appropriate PHYSICAL EXAMINATION:
 - Examination of the thyroid gland
 - Examination of physical findings associated with hyperthyroidism or hypothyroidism (eg heart rate, palmar erythema, tremor, reflexes, muscle strength, nail/skin changes, edema, pretibial myxedema)
 - Examination of findings related to Grave's Ophthalmopathy
6. Suggest a differential diagnosis and initial investigations relevant to the history and physical examination findings.
7. Presentation of the patient encounter to preceptor in an organized manner.
8. Exhibit professional behavior consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance.

ASSESSMENT

Formative Assessment: Students will receive formative feedback at the completion of the session.

Pediatrics

SECTION CONTACTS

Section Lead: Dr. Sibasis Daspal – sibasis.daspal@usask.ca

Administrative Assistant: Michelle Haley – michelle.haley@saskatoonhealthregion.ca – (306) 844-1271

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

SECTION DESCRIPTION

Students will participate in clinical assessment of real patients in a variety of pediatric clinical settings. The students will continue to refine an approach to the pediatric history and physical examination and gain practice integrating information from the history and physical examination in order to generate differential diagnoses and a management plan. In this term students will be introduced to the newborn examination. Students will work in small groups with a clinician preceptor.

Location: See one45

Newborn Physical Exam Session

SESSION DESCRIPTION

This session is designed to expose the student to neonates and gain proficiency in the newborn exam.

SESSION OBJECTIVES

By the completion of the newborn exam session, the student will be able to:

1. Examine a neonatal patient for dysmorphic features.
2. Correctly examine the skull shape, palpate sutures and examine the infant's fontanelle.
3. Correctly perform an examination for red reflexes.
4. Correctly perform a cardiac, respiratory and abdominal examination.
5. Correctly examine the neonatal genitalia in a male and female.
6. Correctly perform a hip examination for investigation of developmental hip dysplasia.
7. Correctly inspect a neonatal spine and describe the indications for spinal imaging to rule out spina bifida.
8. Correctly perform a neonatal neurological examination and describe when primitive reflexes are expected to resolve.

Pediatric Review Session

SESSION DESCRIPTION

This session is designed to integrate knowledge gained in the prior pediatric encounters into a full pediatric history and physical examination.

SESSION OBJECTIVES

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

1. Obtain a relevant history of a patient's presenting illness as well as full past medical history, family history, and social history.
2. Perform a full physical examination on a pediatric patient.
3. Verbally present the patient's history and physical findings and participate in generating a differential diagnosis and treatment plan.

ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback on their history taking and physical examination skills.

Summative Assessment:

DSPE Section	In-Module Assessments	Due Date/Session Title:	DSPE Module Weight	Course Weight
PEDS	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions Pediatrics Direct Performance Assessment Pediatrics Review Case Write Up Newborn Session Direct Performance Assessment	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus Peds Review Session ² Peds Review Session ¹ Peds Newborn Session ²	4% 4% 2%	2%

Female Reproduction

SECTION CONTACTS

Section Lead: Dr. Rashmi Bhargava – rbhargava@accesscomm.ca

Administrative Assistant: Larissa Wudrick - larissa.wudrick@usask.ca – (306) 844-1023

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

SECTION DESCRIPTION

Students will be exposed to two sessions in this module. This will include introduction of the female physical examination, and a ward/clinic encounter of a patient with a gynecological presentation. Throughout this module, the principles of professionalism will be continually emphasized. At all times, the dignity, and comfort of the patient should be acknowledged and respected. The clinician should constantly strive to interact with the patient in an honest, forthright, yet compassionate manner.

Location: See one45

Session 1: Gynecologic History Encounter

SESSION OBJECTIVES

By the end of this session, the student will be able to:

1. Demonstrate a patient-centered, focused gynecologic history from a postoperative patient on the ward.
2. Summarize and verbally report a patient history to the preceptor using medically appropriate language.
3. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments.

Session 2: Pelvic Examination Teaching

SESSION OBJECTIVES

By the end of this session, the student will be able to:

1. Demonstrate a complete pelvic examination on a model, including appropriate patient positioning; inspection of the external genitalia; visualization of the internal anatomy with the speculum; and performance of a bimanual examination.
2. Describe, using standard terminology, the appearance of the cervix, any abnormalities; the size, position and mobility of the uterus; the presence and location of any unusual masses; and the presence or absence of palpable ovaries.
3. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments.

ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback on their history taking and physical examination skills.

Summative Assessment:

DSPE Section	In-Module Assessments	Due Date/Session Title:	DSPE Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
Female Repro	Female Repro – Pelvic Exam Pre-Session Quiz Female Repro – GYNE Hx Case Write-Up	Pelvic Exam – Jan 28-Feb 3 ³ GYNE Hx Session ¹	5% 10%	3%

Sensitive Exam Teaching Associates: Female

SECTION CONTACTS

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

Administrative Coordinator (Saskatoon): Sonja MacDonald – sonja.macdonald@usask.ca – (306) 966-966-5354

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

SECTION DESCRIPTION

Throughout this module, the principles of professionalism will be continually emphasized. At all times, the dignity, and comfort of the patient should be acknowledged and respected. The clinician should constantly strive to interact with the patient in an honest, forthright, yet compassionate manner.

Location: See one45

SECTION OBJECTIVES

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

1. Obtain verbal consent from the patient to perform a sensitive physical exam.
2. Demonstrate appropriate language and terminology when communicating with the patient during a sensitive physical examination.
3. Employ special techniques to enhance relaxation and decrease patient anxiety during a sensitive examination.
4. Appreciate the importance of patient comfort and sensitivity during sensitive examinations.
5. Demonstrate specific physical examination techniques relevant to the Female Reproductive System.
6. Identify normal, variations of normal and abnormal findings in relation to the Female Reproductive System.
7. Exhibit professional behaviors consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments.

ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback on their history taking and physical examination skills.

Family Medicine

SECTION CONTACTS

Section Lead: Dr. Carla Holinaty - carla.holinaty@usask.ca - Office: (306) 655-4200 (West Winds)

Administrative Assistant (Saskatoon): Tracy Lewis – dafm.ugme.saskatoon@usask.ca – (306) 655-4211

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

SECTION DESCRIPTION

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

Location: please check your one45 schedule

Duration: 2 Sessions, 3 hours each.

Groups: Students attend sessions in groups of 2. Please check your one45 schedule.

SECTION OBJECTIVES

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

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

1. Conduct a patient centred interview.
2. Elicit the patient's experience of illness (FIFE).
3. Define shared decision making.
4. Acquire skill in finding common ground in a physician-patient relationship.
5. Consider a patient's personal history and context.
6. Demonstrate the appropriate use of open and closed ended questions.
7. Demonstrate communication skills of active listening, paraphrasing and use of non-verbal indicators
8. Define non-biological determinants of health (housing, SES, social network, education, work, culture, environment).
9. Acquire a history of non-biological determinants of health from a patient.
10. Perform a focused physical exam.
11. Acquire a full set of vital signs.
12. Assess vital signs and how they affect a differential diagnosis.
13. Create a problem list after conducting a history and physical exam.
14. Define preventive measures (screening or intervention, primary or secondary).
15. Identify areas where preventive measures could benefit the patient.

16. Use appropriate record keeping when caring for patients –prepare a SOAP note.
17. Demonstrate evidence-based decision making to aid patients and physician with clinical decisions.
18. Identify evidence-based resources, ability to appraise a variety of resources critically, synthesis of relevant resources/information to help make a clinical decision.
19. Formulate a clinical question using the PICO format.
20. Formulate a written and/or verbal patient care plan.
21. Reflect honestly on their development as a physician and identify their personal learning needs.

ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback on their history taking and physical examination skills.

Summative Assessment:

DSPE Section	In-Module Assessments	Due Date/Session Title:	DSPE Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
Family Medicine	Family Med SOAP Note Family Med Clinical Question Family Med Direct Performance Assessments (2)	First FM Session ¹ First FM Session ¹ First and Second FM Sessions ²	6% 6% 13%	5%

PLEASE NOTE: There will **ALSO** be a self-assessment questionnaire. This will **NOT** be considered when calculating the final grade on this module.

Geriatrics Skills Day

SESSION CONTACTS

Session Lead: Dr. Jenny Basran - jenny.basran@saskatoonhealthregion.ca

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

Administrative Assistant: TBD

SESSION DESCRIPTION

“Geriatric Syndrome” is used to describe the unique features of common health conditions in older people who do not fit into discrete disease categories, such as delirium, falls, and frailty. Geriatric syndromes are highly prevalent in older adults, particularly the rapidly growing over 80-years-old cohort, and can have substantial effect on quality of life and disability. Multiple underlying factors, involving multiple organ systems, tend to contribute to geriatric syndromes. Often, the primary symptom is not related to the specific pathological condition underlying the change in health status. For example, when an infection affecting the urinary tract causes delirium, it is the change in neural function in the form of cognitive and behavioural change that permits the diagnosis of delirium and determines many functional outcomes. Because these syndromes cross organ systems and transcend discipline-based boundaries, they challenge the traditional ways of planning and delivering clinical care. Recently, practicing physicians, across the spectrum of health care, have stated the biggest challenge they face now is their limited ability and training to manage multiple chronic diseases in an aging population. The aim of this module is to introduce the student to these syndromes and other common conditions in older adults and help them develop an approach to these challenging geriatric patients.

Students will receive an overview of a complete geriatric assessment. In a small group format student will rotate through skill stations highlighting mobility assessment, polypharmacy, cognitive impairment, and functional home assessment. The multidisciplinary team approach will be emphasized.

Location: see one45

SESSION OBJECTIVES

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

1. Demonstrate and practice a Timed Up and Go test.
2. Discuss falls and how fear of falling factors into patient health and social functioning.
3. Demonstrate a geriatric history, including an approach to common presentations of patients with polypharmacy issues.
4. Different example of cognitive impairment (specifically differentiating dementia, delirium and depression) and practice how to use brief screening tools (MMSE, Clock, and MOCA) on “patients”.
5. Discuss home functional assessment, transitional care and aids to recreational functioning.
6. Discuss patient transfer and aging.
7. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; and responsibility through punctual, regular attendance and timely completion of assignments.

ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback on their history taking and physical examination skills.

Summative Assessment:

DSPE Section	In-Module Assessment	Due Date/Session Title:	DSPE Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
Geriatrics	Geriatrics Summative Assessments	Geriatrics Skills Day ¹	10%	2%

Mental Health

SECTION CONTACTS

Section Lead (Saskatoon): Dr. David Porter - david.porter@usask.ca - (306) 844-1077

Section Lead (Regina): Dr. James Chen - jtc473@mail.usask.ca

Administrative Coordinator (Regina): Holly Doell – holly.doell@saskhealthauthority.ca - (306) 766 – 0552

Administrative Assistant: Laura Critchley – laura.critchley@usask.ca – (306) 844-1077

SECTION DESCRIPTION

This module provides 24 hours of student contact time spanning approximately four weeks (eight 3 hour sessions). The module is delivered in a clinical environment providing an experiential learning opportunity. Students directly interview patients that have psychiatric diagnoses under the supervision of a preceptor. The intensiveness of the module allows for rapid skill acquisition, challenges the student to reflect on personal attitudes and the culture bound nature of stigma, and the key role as physician in facilitating understanding with a genuine empathic approach to the patient.

During the clinical sessions, each student will have the opportunity to complete at least two clinical patient interviews supervised by the preceptor and in the presence of their peers. Each Interview is approximately 45 minutes.

Following the interview 20-30 minutes is devoted to reviewing the patient presentation and receiving interview feedback from peers and preceptor.

Purpose:

The purpose of the mental health module is to engage medical students in experiential learning through direct and intentional patient encounters to gain the knowledge, skills, and attitudes required to effectively navigate the transition to clerkship.

Specific Goals:

- To introduce students to the science and art of the specialty of psychiatry
- To emphasize the centrality of psychiatric interview and its value in appropriate diagnosis and effective treatment of mental health problems
- To recognize the privilege of helping patients feel understood and heard
- To enable students to confidently describe mental status exams of real patients
- To develop awareness into barriers to effective information gathering and building rapport
- To bolster communication skills useful in interacting with *any* patient in *any* discipline to elicit facts, elicit feelings, and to maintain an effective collaboration

Location: see one45

SECTION OBJECTIVES

By completion of this section, students will be able to:

1. Describe the elements of the mental status exam.
2. Demonstrate the essential elements of a psychiatric interview on real patients presenting with a variety of psychiatric symptoms.
3. Assess and interpret findings of a patient with mental illness.
4. Propose a reasonable diagnosis and differential for a patient presenting with mental illness symptoms.
5. Demonstrate the role of a physician in reducing stigma by facilitating a comfortable and supportive environment that allows for the understanding of mental illness.
6. Develop and refine interpersonal communication skills with patients and colleagues, including providing and receiving peer feedback.
7. Provide a concise summary of a mental health assessment based on an interview with a real patient.
8. Exhibit professional behaviours consistently: including integrity, respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments.

ASSESSMENT

1. Students will have the opportunity to learn to give and receive peer feedback with the moderation of a preceptor after every patient interview (two per session).
2. Interview Assessment – 30%
 - a. To be completed by the preceptor after the observed interview with a real patient.
 - b. The students’ best TWO interviews will comprise 30% DSPE final mark.
3. Write-Up Assessment – 10%
 - a. The student will submit ONE write-up to the preceptor who witnessed the interview due one week before the end of the module (April 8, 2019) at 23.59.
 - b. The ONE write-up is worth 10% DSPE final mark.

The summative assessment is the one45 compilation of TWO best interview assessments (30%) and the ONE submitted write-up assessment (10%).

DSPE Section	In-Module Assessments	Due Date/Session Title:	DSPE Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
Mental Health	Interview Assessment (TWO best) Write-Up Assessment (Submit ONE)	² Due April 8, 2019 at 23.59	30% 10%	8%

Plastics Skills Day

SESSION CONTACTS

Session Lead: Dr. Geethan Chandran - drgeethanchandran@gmail.com

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

Administrative Coordinator (Regina): Holly Doell – holly.doell@saskhealthauthority.ca - (306) 766-0552

SESSION DESCRIPTION

Student will experience preceptor led small group sessions with hands on practice in skills outlined in the session objectives. Students will be using models and each other to develop their skills during the sessions. Plastic and Reconstructive Surgery is a very broadly based discipline. Your time with us will serve as an introduction rather than a comprehensive summary. A brief overview of the origin of this area of surgery as well as the various fields within will be presented during a short didactic session. The anatomy and physical examination of the hand and a brief overview of two common hand conditions, carpal tunnel and trigger finger, will be covered before the patient assessments.

Location: CLRC/ Learning center

SESSION OBJECTIVES

By the end of this session, the student will be able to:

1. Perform a complete hand exam including special tests (e.g. Tinel's sign, Phalen's test) pertaining to hand conditions.
2. Present your interpretation of a hand X-ray, including descriptions of features of a hand fracture.
3. Perform common hand splints.
4. Describe clinical features of Dupuytren's Contracture, Carpal Tunnel Syndrome and Stenosing Tenosynovitis on a patient.
5. Perform a complete facial exam as it pertains to facial fractures/injuries.
6. Review local anesthetic toxicity/pharmacology and perform a digital block.
7. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; and responsibility through punctual, regular attendance and timely completion of assignments.

ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback.

DSPE MODULE ASSESSMENT AND SUCCESSFUL COMPLETION:

Summative Assessment:

Module	In-Module Assessments	Due Date/Session Title:	Module Weight	Course Weight
	*note pass mark is 70% for all components *Must meet expectations for professionalism for all sessions	¹ 7 Days following session ² Completed by tutor following session ³ Open ONLY during the dates listed in the syllabus		
DSPE	Pediatrics Direct Performance Assessment	Peds Review Session ²	4%	20%
	Pediatrics Review Case Write-Up	Peds Review Session ¹	4%	
	Newborn Session Direct Performance Assessment	Peds Newborn Session ²	2%	
	Female Repro – Pelvic Exam Pre-Session Quiz	Pelvic Exam – Jan 28-Feb 3 ³	5%	
	Female Repro – GYNE Hx Case Write-Up	GYNE Hx Session ¹	10%	
	Family Med SOAP Note	First FM Session ¹	6%	
	Family Med Clinical Question	First FM Session ¹	6%	
	Family Med Direct Performance Assessments (2)	First and Second FM Sessions ²	13%	
Geriatrics Summative Assessment	Geriatrics Skills Day ¹	10%		
Mental Health Interview Assessment (TWO best)	²	30%		
Mental Health Write-Up Assessment (submit ONE)	April 8, 2019 at 23:59	10%		

Successful Completion of Module:

Students must:

1. Submit all assignments
2. Achieve a cumulative mark of 70% based on the above weighting
3. Meet expectations for Professionalism

IMPORTANT AND RELEVANT STUDENT INFORMATION

The following information is extremely important for your success in medical school. To avoid duplication and ensure clarity, please refer to the [UGME Policies](#) page and the [Student Information Guide](#) 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, HARASSMENT, AND MISTREATMENT PROCEDURE

ACCOMMODATION OF STUDENTS WITH DISABILITIES

OFFICE OF STUDENT AFFAIRS

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

UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY

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

All due dates or timelines for assignment submission are published in the student course syllabus¹.

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

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

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 Blackboard site under Course Materials. However, each lecturer reserves the right to choose whether or not 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.

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INTEGRITY DEFINED (FROM THE OFFICE OF THE UNIVERSITY SECRETARY)

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

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

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

EXAMINATIONS WITH ACCESS AND EQUITY SERVICES (AES)

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 the Student Affairs Coordinator at the Office of Student Affairs (OSA) for advice and referrals. In order to access AES programs and supports, students must follow AES policy and procedures.

For more information, check

<https://students.usask.ca/health/centres/access-equity-services.php> or contact AES at 306-966-7273 or aes@usask.ca.

Students registered with AES may request alternative arrangements for mid-term and final examinations.

Students must arrange such accommodations through the Office of Student Affairs (OSA) by the stated deadlines. Instructors shall provide the examinations for students who are being accommodated by the deadlines established by OSA.

STUDENT SUPPORTS

COLLEGE OF MEDICINE, OFFICE OF STUDENT AFFAIRS

Student Affairs offers confidential support and advocacy at arm's length from the academic offices. For more information please contact:

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

Coordinator (Regina): Lisa Persaud lisa.persaud@saskhealthauthority.ca (306)-766-0620

Dr. Nicole Fahlman (Regina): at nicole.fahlman@usask.ca - (306) 209-0142

Dr. Tiann O'Carroll(Regina) tiann.ocarroll@usask.ca (306) 529-0777

STUDENT AND ENROLMENT SERVICES DIVISION

The Student and Enrolment Services Division (SESD) focuses on providing developmental and support services and programs to students and the university community. For more information, see the students' website <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>)

ABORIGINAL STUDENTS CENTRE

The Aboriginal Students Centre (ASC) is dedicated to supporting Aboriginal 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 also dedicated to intercultural education, bringing Aboriginal and non-Aboriginal students together to learn from, with and about one another in a respectful, inclusive and safe environment.

Students are encouraged to visit the ASC's Facebook page (<https://www.facebook.com/aboriginalstudentscentre/>) to learn more.

As we gather here today, we acknowledge we are on Treaty Six Territory and the Homeland of the Métis. We pay our respect to the First Nation and Métis ancestors of this place and reaffirm our relationship with one another. We recognize that in the course of your studies you will spend time learning in other traditional territories and Métis homelands. We wish you safe, productive and respectful encounters in these places.