



Selective Clinical Rotations

MEDC 309.8

Year 3 (Terms 1 and 2)

 **COURSE SYLLABUS**
2020-2021 (CLASS OF 2022)



UNIVERSITY OF SASKATCHEWAN

College of Medicine

MEDICINE.USASK.CA

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.

SELECTIVE CLINICAL ROTATIONS – COURSE OVERVIEW

COURSE DESCRIPTION

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

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

OVERALL COURSE OBJECTIVES

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

1. Recognize the role of the sub-specialist surgeon/internist in the delivery of healthcare to the population.
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 subspecialty (see objectives of each subspecialty 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.

The University of Saskatchewan Learning Charter is intended to define aspirations about the learning experience that the University aims to provide, and the roles to be played in realizing these aspirations by students, instructors and the institution. A copy of the Learning Charter can be found at: www.usask.ca/university_secretary/LearningCharter.pdf

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COURSE SCHEDULE

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

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

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

INDEPENDENT LEARNING (IF APPLICABLE)

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

COURSE DELIVERY

Students will learn through a variety of methods including:

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

COURSE MATERIAL ACCESS

Course information will be posted to one45.

RECOMMENDED MEDICAL INSTRUMENTS (IF APPLICABLE)

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

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

RESOURCES

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

Longo, Dan et al. *Harrison's Principles of Internal Medicine*. 18th ed. New York: McGraw-Hill Education, 2011. Lee Goldman and Andrew I. Schafer. *Goldman-Cecil Medicine*. 25th ed. Philadelphia: Saunders, 2015.

The following textbooks are recommended:

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

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

Undergraduate Diagnostic Imaging Fundamentals E-Book

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

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

COURSE ASSESSMENT OVERVIEW

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

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

Items 2 and 3 may be and ideally will be performed on the same patient and setting. Evaluation of these two assessment pieces will be performed using an app-based evaluation of 'Entrustable Professional Activities'.

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

Assessment Type	Weight
1. Clinical Assessment (ITAR)	60%
2. Oral Case Presentation	20%
3. Observed History and Physical	20%
Total	100%

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

COURSE POLICY FOR SUCCESSFUL COMPLETION AND REMEDIATION

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

- Within each 2 week rotation, 70% or greater on the ITAR, and a pass on all of the oral case presentations and observed histories and physicals.

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

REMEDICATION

Requirements for remediation include:

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

Students who do not pass either the oral case presentation and/or the directly observed history and physical exam will be required to repeat these components. If unsuccessful on the second attempt, a third attempt will not be granted and a fail of the course will result. If successful on the second attempt a minimum 'pass' (70%) will be applied to the specific components they were unsuccessful on.

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

ATTENDANCE EXPECTATIONS

Vacation/Education Leave: Vacation is not permitted on this rotation. Education leave may be allowed with permission from the College of Medicine and the course director. This will be assessed on a case by case basis. Appropriate documentation of the educational session being attended will be required.

Flex days are not permitted on this rotation.

COURSE EVALUATIONS QUALITY IMPROVEMENT

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

This year we will be evaluated the oral case presentation and history/physical exam using an app-based evaluation of 'Entrustable Professional Activities'.

COURSE MODULE

1. Surgical Module

a. Subspecialties offered include:

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

2. Medicine Module

a. Subspecialties offered include:

- ix. Cardiology
- x. Dermatology
- xi. Endocrinology
- xii. Gastroenterology
- xiii. Geriatrics*
- xiv. Hematology
- xv. Infectious Disease
- xvi. Nephrology
- xvii. Neurology
- xviii. Occupational Health & Safety*
- xix. Oncology
- xx. Physical Medicine & Rehabilitation
- xxi. Respiriology
- xxii. Rheumatology

Students who are interested in subspecialties not listed above may be granted approval by the course director. This will be assessed on a case by case basis at both sites. Students will be required to submit objectives for this rotation to the course director prior to approval and obtain confirmation of preceptor(s) availability from the specific division UG lead.

***Geriatrics and Occupation Health and Safety are not offered in Regina**

MODULE OBJECTIVES

SPECIFIC SUBSPECIALITY SURGERY OBJECTIVES

CV Surgery

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

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.

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, Biliary and Non-Biliary 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.

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.

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.

SUBSPECIALTY MEDICINE OBJECTIVES

The following objectives apply to all medical subspecialties:

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

Cardiology

1. Perform a focused patient-centered history on a patient with chest pain.
2. Generate a differential diagnosis for a patient who presents with chest pain.
3. Perform a physical exam focusing on the cardio-respiratory system.
4. Interpret an ECG.
5. Assess a patient with a history of congestive heart failure, focusing on specific aspects of the history and physical exam.
6. Formulate a management plan for a patient with congestive heart failure.
7. Discuss the indications and potential complications for left heart catheterization.
8. Discuss the epidemiology and risk factors for patients with coronary artery disease and congestive heart failure.
9. Determine investigations useful for patients with a primary cardiac pathology, based on the history and physical.

Dermatology

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

Endocrinology

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

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

Gastroenterology

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

1. Perform a patient-focused history on a patient presenting with a patient with a core gastroenterology presentation.
2. Perform a focused physical examination on a patient presenting with a core gastroenterology presentation.
3. Generate a differential diagnosis, clinical approach and initial management of a patient presenting with a core gastroenterology presentation.
4. Discuss the indications and complications of gastroscopy and colonoscopy.
5. Outline and participate in the management for a patient with acute GI bleeding.

Geriatrics

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

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

Hematology

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

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

Infectious Disease

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

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

Nephrology

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

Neurology

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

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

Occupational Health & Safety

1. Conduct histories and physical examinations of patients presenting to the Occupational Medicine clinic under supervision. This includes taking a thorough occupational history and relevant physical examination, suggesting investigations, and if possible participating in follow-up and management of patients including communications with referring physicians.
2. Select and complete a short written article on a selected occupational medical topic for publication in the Rural Health Extension Program newsletter, written for the lay public. If the schedule permits, students will present at the CCHSA Tuesday seminar series on a selected occupational medicine health topic (35-40 minutes). This topic can be the same as the selected topic for the newsletter article if the student wishes.
3. List the fundamental rights of workers under Saskatchewan occupational health and safety legislation.
4. Explain briefly a physician's role and expectations under WCB legislation if a patient presents to clinic with a work-related illness or injury.
5. Attend worksite walkthroughs or visits with Faculty of workplaces in or around Saskatoon, and discuss with Faculty health and safety issues and hazards that they witnessed during the walkthrough.

Oncology

1. Perform a focused and concise history of cancer patients who are being treated with curative and palliative intentions.
2. Perform a concise patient-centered physical examination on a patient with a common cancer and their complications:
 - a. Lymphatic system examination
 - b. Skin examination for neoplastic, paraneoplastic and treatment related complications
 - c. Breast examination
 - d. Gastro-intestinal tract examination including for ascites, bowel obstruction, bowel perforation, and liver dysfunction
 - e. Cardio-pulmonary examination including for pleural effusion, cardiac tamponade, and superior vena cava obstruction
 - f. CNS examination including for spinal cord compression, neuropathy and CNS metastases
 - g. Vascular examination including for deep venous thrombosis & limb ischemia
 - h. Musculoskeletal examination including for bone metastases & myopathy
3. Use the Eastern Cooperative Oncology Group (ECOG) performance status scale.
4. Discuss histology and its role in diagnosis and treatment of malignancy.
5. Discuss tissue diagnosis of cancer and its role in identifying malignant cell of origin and primary site of the disease, and also in detecting various prognostic and predictive markers to tailor systemic treatment.
6. Discuss the balance of risks and benefits of treatment as a key consideration in making treatment decisions.

7. Interpret and synthesize patient's data to perform a structured and concise presentation.
8. Observe the diagnostic or therapeutic procedures that are done on outpatient basis at the Cancer Centre.
9. Recognize the concept of primary prevention and its application in oncology.
10. Demonstrate knowledge of current guidelines for cancer screening.
11. Recognize the role and structure of palliative and supportive care in the multidisciplinary management of advanced cancer including:
 - a. Optimal Pain Control
 - b. Nutritional Support
 - c. Psychosocial Support

Respirology

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

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

Rheumatology

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

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

Physical Medicine & Rehabilitation (PMR)

Core PMR disorders and presentations: Stroke, Acquired brain injury, Spinal cord injury, Amputation, Multiple Sclerosis, Motor neuron disorders (plexopathies, radiculopathies, peripheral neuropathies, neuronmuscular junction disorders, myopathies, mononeuropathies, dystonia), Musculoskeletal disorders including sports injuries, overuse injuries and myofascial pain, Chronic Pain, complex regional pain syndrome (CRPS).

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. Demonstrate the ability to communicate effectively with patients and all member of the interdisciplinary team.
4. Identify advocacy measures relevant to the health promotion of patients, families, and communities.
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 and others.

IMPORTANT AND RELEVANT STUDENT INFORMATION

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

UGME CONTACT INFORMATION

EMAIL COMMUNICATIONS

ETHICS AND PROFESSIONALISM

PROGRAM EVALUATION

GUIDELINES FOR PROVIDING FEEDBACK

EMERGENCY PROCEDURES

MD PROGRAM ATTENDANCE POLICY

ASSESSMENT POLICY

PROMOTION STANDARDS

CONFLICT OF INTEREST

NON-INVOLVEMENT OF HEALTH CARE PROVIDERS IN STUDENT ASSESSMENT

APPEALS PROCEDURES

STUDENT DISCRIMINATION, HARRASSMENT, AND MISTREATMENT PROCEDURE

ACCOMMODATION OF STUDENTS WITH DISABILITIES

OFFICE OF STUDENT AFFAIRS

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

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

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.

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 UME 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, in order to support observation of skills, to support group learning activities, or for exam invigilation. It will be necessary for you to use of a webcam built into or connected to your computer.

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

COPYRIGHT

Course materials are provided to you based on your registration in a class, and anything created by your professors and instructors is their intellectual property, unless materials are designated as open education resources. This includes exams, PowerPoint/PDF slides and other course notes. Additionally, 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 (see <http://laws-lois.justice.gc.ca/eng/acts/C-42/index.html>)

Before you copy or distribute others' copyright-protected materials, please ensure that your use of the materials is covered under the University's Fair Dealing Copyright Guidelines available at <https://library.usask.ca/copyright/general-information/fair-dealing-guidelines.php>. For example, posting others' copyright-protected materials on the open web is not covered under the University's Fair Dealing Copyright Guidelines, and doing so requires permission from the copyright holder.

For more information about copyright, please visit <https://library.usask.ca/copyright/index.php> where there is information for students available at <https://library.usask.ca/copyright/students/rights.php>, or contact the University's Copyright Coordinator at <mailto:copyright.coordinator@usask.ca> or 306-966-8817.

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

INTEGRITY IN A REMOTE LEARNING CONTEXT

Although the face of teaching and learning has changed due to covid-19, the rules and principles governing academic integrity remain the same. If you ever have questions about what may or may not be permitted, ask your

instructor. Students have found it especially important to clarify rules related to exams administered remotely and to follow these carefully and completely.

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All students should read and be familiar with the Regulations on Academic Student Misconduct (<https://secretariat.usask.ca/student-conduct-appeals/academic-misconduct.php>) as well as the Standard of Student Conduct in Non-Academic Matters and Procedures for Resolution of Complaints and Appeals (<https://secretariat.usask.ca/student-conduct-appeals/academic-misconduct.php#IXXIIAPPEALS>). Students should also be familiar with the Procedures for Concerns with Medical Student Professional Behaviour which speak to the professional standards of the College of Medicine UME program and the interface with academic activities.

For more information on what academic integrity means for students see the Academic Integrity section of the University Library Website at: <https://library.usask.ca/academic-integrity#AboutAcademicIntegrity>

You are encouraged to complete the Academic Integrity Tutorial to understand the fundamental values of academic integrity and how to be a responsible scholar and member of the USask community - [https://library.usask.ca/academic-integrity.php#AcademicIntegrityTutorial\[RA1\]](https://library.usask.ca/academic-integrity.php#AcademicIntegrityTutorial[RA1])

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 (Saskatoon): Edith Conacher at edith.conacher@usask.ca or 306-966-4751

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

CoM Student Affairs Coordinator (Regina): Lisa Persaud at lisa.persaud@saskhealthauthority.ca or 306-766-0620

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

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

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

STUDENT LEARNING SERVICES

Student Learning Services (SLS) offers assistance to U of S undergrad and graduate students. For information on specific services, please see the SLS web site <http://library.usask.ca/studentlearning/>.

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' 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>).

ABORIGINAL STUDENT'S 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.