




# Clinical Integration I

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MEDC 114.4

YEAR 1 TERM 1

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 COURSE SYLLABUS  
2017/2018



UNIVERSITY OF SASKATCHEWAN

College of Medicine

MEDICINE.USASK.CA

### COURSE DESCRIPTION

Working in small groups, students will learn to integrate their knowledge and clinical reasoning skills from courses offered during the first term of the program. Students will focus on addressing issues raised in cases related to the care of patients, families, communities and populations. Major vertical themes, as well as legal and ethical reasoning and information literacy, will be emphasized.

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

### OVERALL COURSE OBJECTIVES

By the completion of Clinical Integration I course, students will be expected to:

1. Collect necessary clinical data using a patient-centered clinical method. (*Scholar, Medical Expert*)
2. Begin to develop a differential diagnosis. (*Scholar, Medical Expert*)
3. Recognize the importance of health promotion and illness prevention. (*Health Advocate, Leader*)
4. Identify ethical and legal issues. (*Professional, Scholar, Leader*)
5. Apply principles of interprofessional collaboration as it relates to patient care. (*Communicator, Collaborator, Professional, Health Advocate, Medical Expert*)
6. Begin to use critical appraisal skills. (*Scholar, Medical Expert*)
7. Demonstrate professional and ethical behavior. (*Professional, Leader, Collaborator*)
8. Identify elements of the patient-centered clinical method. (*Communicator, Collaborator, Professional*)
9. Demonstrate effective information literacy skills. (*Scholar, Medical Expert*)

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](http://www.usask.ca/university_secretary/LearningCharter.pdf)

### COURSE CONTACTS

**Course Director:** Dr. Andrea Symon – [andrea.symon@usask.ca](mailto:andrea.symon@usask.ca) – (306) 374-2404

**Clinical Integration Courses Chair:** Dr. Deirdre Andres – [d.andres@usask.ca](mailto:d.andres@usask.ca) – (306) 655-4200

**Preclerkship Coordinator:** Ashley McNabb – [ashley.mcnabb@usask.ca](mailto:ashley.mcnabb@usask.ca) - (306) 966-7202

**Course Administrative Assistant:** TBA

### COURSE SCHEDULE

Please check One45 **DAILY** to ensure that you have the most current schedule information. The latest a change can be made to a session (unless it is a true emergency) is 48 hours in advance of the scheduled sessions. If changes are made to a session which has already been scheduled in One45, affected students will be notified directly via email by the course administrators.

Date	Time	Topic	Instructor/Lead
Friday, August 18, 2017	8:30 – 9:20	<b>Course Introduction and Clinical Reasoning Exercise</b>	A. Symon
	9:30 – 10:20	<b>Ethics:</b> Introduction; Theory of Ethics; Confidentiality and Informed Consent	S. Hayton
	10:30 – 12:20	<b>Information Literacy:</b> Using ICMJE Style; Scholarly Publishing Process and Trends	E. Watson
Wednesday, August 30, 2017	1:30 – 4:20	<b>Integrative Medicine:</b> Stress Physiology and Mind Body Medicine; Aging and Inflammation; Integrative Medicine	L. Gagne
Wednesday, September 13, 2017	1:30 - 4:20	<b>Ethics:</b> Autonomy, Capacity and Substitute Decision Making	S. Hayton
Wednesday, September 20, 2017	1:30 - 4:20	<b>Ethics:</b> Truth-telling; Research Ethics; Medical Professionalism; Conflict of Interest	S. Hayton
Wednesday, October 18, 2017	1:30 – 4:20	<b>Introduction to Clinical Reasoning, Differential Diagnoses, Bias, and Industry Influence</b>	A. Symon
Wednesday, November 01, 2017	2:30 - 4:30	<b>iPBL:</b> Student Stress & Resilience	S. Polreis
Wednesday, November 08, 2017	2:30 - 4:30	<b>iPBL:</b> Student Stress & Resilience	S. Polreis

Wednesday, November 15, 2017	1:30 - 2:20	<b>Integrated Cases Introduction</b>	G. Malin
	2:30 - 4:20	<b>Clinical Reasoning Case</b>	A. Symon
Monday, November 20, 2017	8:30 - 10:00	<b>Information Literacy:</b> Patient education web sites— criteria for evaluation, health literacy, useful patient web sites	E. Watson
Monday, November 27, 2017	1:30 – 4:20	<b>Integrated Cases</b>	A. Symon
Tuesday, November 28, 2017	1:30 – 4:20	<b>Integrated Cases</b>	A. Symon
Friday, December 8, 2017	9:00 – 12:00	<b>Final Exam</b>	

## COURSE DELIVERY

Sessions vary in length and are scheduled throughout the term. Students will learn through a variety of methods, including: small group with facilitators, large group sessions, and independent self-directed learning. Students will also be oriented to working in cooperative small groups for Integrated Cases. These cases are designed to help students develop a general approach to common clinical problems. The complexity of the problems increases as student progress through the four Clinical Integration courses. Learning is student-directed and students assign themselves roles to help facilitate the case discussion. A clinician facilitator helps to guide students through the case (e.g. answering questions for clarification, redirecting them if they get off track, etc). Objectives and pre-reading (if required) will be posted prior to each case. Information about each case is released sequentially during the case discussion and debriefing notes will be posted after each case.

## COURSE MATERIAL ACCESS

Marks for assignments will be posted in **One45**. Relevant handouts will be visible in **Blackboard**. Cases will be released on Blackboard at the start of the Integrated Case session.

## COURSE ASSESSMENT OVERVIEW

Formative Assessment - Working through the cases gives you the opportunity to apply your knowledge from multiple courses including Clinical Skills, Medicine & Society, and Principles of Biomedical Sciences. This process provides formative feedback about your medical knowledge and reasoning and helps you to prepare for assessments in other courses.

Summative Assessment – In addition to the assignments as outlined below, there will be a number of questions within the Integrated Cases that will utilize standard-based assessment (in-group peer marking, according to predetermined criteria).

### Module Assignments 30%

- Ethics 10%
- Information Literacy 7.5%
- iPBLs 7.5%
- Integrative Medicine 5%

### Integrated Cases 30%

- Integrated Case questions 15%
- Ethics questions 5%
- Integrative Medicine questions 2.5%
- Clinical Reasoning Case 7.5%

### Final Examination 40%

- Case based

## ASSESSMENT COMPONENTS

### Assignment 1: Ethics Written Assignment

Value: **10%** of final grade

Due Date: Wednesday, September 27, 2017 at 16:30hrs

Description: The required written assignment will be a discussion of **one** of several cases in a short essay – approximately TWO pages in length (double-spaced, Times New Roman 12 font, \*maximum 500 words in length). NOTE: There will also be several ethics based questions within the Integrated Cases, which will be worth **5%** of the final grade.

### Assignment 2-3: Information Literacy Assignments

Value: **3.5%** of final grade  
Due Date: Friday, August 25, 2017  
Description: Short assignment on assessing quality of medical journals.

Value: **4.0%** of final grade  
Due Date: Thursday, November 23, 2017  
Description: Evaluate a patient education web site based on a clinical case (assignment will be made available in class on November 20, 2017).

#### **Assignment 5: Clinical Reasoning Case**

Value: **7.5%** of final grade  
Due Date: Completed within cases.  
Description: Questions found within the Integrated/Clinical Reasoning Cases may be peer marked during the session.

#### **Assignment 6: Integrative Medicine Assignment**

Value: **5%** of final grade  
Due Date: Wednesday, September 6, 2017  
Description: The assignment will be a written reflection on one of three Integrative Medicine topics. NOTE: There will also be several Integrative Medicine based questions within the Integrated Cases, which will be worth 2.5% of the final grade.

#### **Assignment 7: Integrated Cases**

Value: **15%** of final grade  
Due Date: Completed within cases.  
Description: Questions found within the Integrated/Clinical Reasoning Cases may be peer marked during the session.

#### **Assignment 8: iPBL Written Assignment**

Value: **7.5%** of final grade  
Due Date: Wednesday, November 15, 2017  
Description: A written assignment using the student's experience in their interprofessional group. Questions will be related to the competencies from the CIHC competency framework & their key elements. Detailed description will be posted on **Blackboard**.

#### **Final Exam**

Value: **40%** of final grade  
Date: Friday, December 8, 2017 at 9:00 am – 12:00 pm  
Length: 3 hours  
Type: Comprehensive and case-based  
Description: Case-based questions similar to those found within the Clinical Reasoning Case and Integrated Cases. Will incorporate all course modules, with the exception of iPBL.

## **UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY**

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

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

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

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[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.

late assignment that is deemed to be at or above the pass mark for that assignment will receive the pass mark for the assignment. If it is assessed as below the pass mark, the student will receive the actual grade assigned for the assignment.

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

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

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

## CITATION FORMAT

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

## COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION

For successful course completion for the purposes of promotion, students are to obtain a cumulative mark of at least 70% on all the course assignments and achieve a mark of at least 70% on the final exam. Students who are not promoted as a result of being unsuccessful on the course will receive a grade of 'F' on their transcripts. Students are also expected to complete all assignments within the course.

## REMEDICATION AND COURSE FAILURE

If a student fails either the combined average of all the course assignments or the final examination, a maximum of one remediation attempt will be provided. Failure of a remediation/supplemental exam will result in a course failure. If a student fails both the combined average of all the course assignments and the final examination, this will be considered a course failure and remediation will not be offered. Students who are eligible for remediation will be required to meet with the Course Director and/or Course Chair to identify areas of weakness and develop a structured remediation and learning plan, and complete a supplemental assessment. After the final examination period, the implications of failing to successfully complete course components will be adjudicated at the Term 1 Promotions Committee and a final decision to grant remediation/supplemental work will be determined by the Student Academic Management Committee.

## ATTENDANCE EXPECTATIONS

See [Student Information Guide](#) for MD Program Attendance and Absence policy.

### What are Expectations for attendance in Clinical Integration I?

See the Attendance Policy for expectations. It is expected that students will attend all sessions unless absence is unavoidable. Attendance at small group sessions is mandatory. Unexplained absences should expect to receive a Breach of Professionalism report which may include academic consequences.

### How is attendance documented?

Attendance will be taken during your session.

## RECORDING OF THE LECTURES

Lectures will be recorded and posted to the course Blackboard site under Course Materials. The lecture recordings are not intended to be a replacement for attending the session, but rather to enhance understanding of the concepts.

## COPYRIGHT

Students are expected to respect the University of Saskatchewan Copyright Policy outlined at [www.usask.ca/copyright/](http://www.usask.ca/copyright/)

## **COURSE EVALUATIONS QUALITY IMPROVEMENT**

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

1. The addition of formal Clinical Reasoning Teaching.
2. Use of Integrated Cases to reinforce Clinical Integration Content and content of other courses.
3. Multiple changes to make course content more clinically relevant to students (including use of integrated cases, changed assignments/lecture format/lecture content for some modules, and introduction of a family, which students will care for throughout Clinical Integration terms 1-4.

## COURSE MODULES

This course is composed of the following modules: Ethics; Information Literacy; Clinical Reasoning; Integrative Medicine; Interdisciplinary Problem Based Learning (iPBL); and Integrated Cases. The modules are designed to focus on various aspects of medical education suited to the level of the student within this term. By the end of this course, you will begin to integrate the information learned in each separate module into a comprehensive application of information learned throughout the term.

### Ethics

**Module Director:** Ryan Meneses – [rym482@mail.usask.ca](mailto:rym482@mail.usask.ca) – 306-491-4636

**Lecturer:** Dr. Susan Hayton

**Description:** This module is designed to introduce students to methods of identifying, analyzing, and dealing appropriately with ethical problems that may be encountered during medical practice.

**Objectives:** By the end of the module, students will be expected to:

1. Identify legal and ethical principles, theories, and issues relevant to practical clinical settings.
2. Demonstrate knowledge of conflicting ethical principles and diverse perspectives.
3. Analyze legal and ethical problems in a rational and logical manner.
4. Recognize personal biases and the impact of the student's own morals, beliefs and values.

**Module Delivery:** Lecture-based sessions are designed to deliver information about approaches to ethical problem solving and to educate students about the legal and ethical requirements associated with certain aspects of patient care. Small group discussion sessions provide an opportunity for students to discuss different approaches to ethical problem solving and to practice working through complex ethical dilemmas under the guidance of 1-2 facilitators and fellow classmates. Feedback will be written by facilitators and delivered to students on One45.

**Assessment:** Satisfactory completion of this module will be based on the student's participation in small group sessions and satisfactory completion of a written assignment (worth 10% of the final grade). The required written assignment will be a discussion of **one** of several cases in a short essay – approximately **TWO** pages in length (double-spaced, Times New Roman 12 font, \*maximum **500** words in length). The written assignment is due Wednesday, September 27, 2017. There will also be several ethics based questions within the Integrated Cases, which will be worth 5% of the final grade.

### Information Literacy

**Module Director:** Erin Watson – [e.watson@usask.ca](mailto:e.watson@usask.ca) - 306-966-7327

**Description:** This module reinforces and expands upon students' existing information literacy (IL) knowledge and skills to develop IL knowledge and skills specifically for the medical context.

**Objectives:** By the end of the module, students will be expected to:

1. Identify the importance of proper attribution of others' work.
2. Demonstrate correct usage of International Committee of Medical Journal Editors' style to write citations.
3. Distinguish between good-quality scholarly publications and non-scholarly, or poor-quality, ones.
4. Locate patient education web sites.
5. List characteristics of good-quality patient education web sites.
6. Evaluate web sites for their appropriateness for use by patients.

**Assessment:** Satisfactory completion of this module will be based on two written assignments (worth 7.5% of the final course grade). There will be an assignment due August 25, 2017 (worth 3.5% of the final grade) on understanding scholarly

publications. The final assignment (worth 4% of the final grade) will involve evaluating a patient education web site based on a clinical case. The assignment will be due November 23, 2017.

## Clinical Reasoning

**Module Director:** Dr. Andrea Symon – [andrea.symon@usask.ca](mailto:andrea.symon@usask.ca) - 306-374-2404

**Description:** This module introduces students to the concept of clinical reasoning and its components and introduces an approach to differential diagnosis. The concept of bias and its effect on patient care will be introduced. Students will also be introduced to industry influence and its effect on clinical decisions and patient care. Basic clinical reasoning skills will be reinforced through the use of cases.

**Objectives:** By the end of the module, students will be expected to:

1. Define clinical reasoning.
2. Identify components of critical reasoning/thinking.
3. Use a systematic approach to the generation of a differential diagnosis.
4. Identify bias in the clinical reasoning process.
5. Apply basic clinical reasoning skills in the case setting.
6. Recognize how industry can impact clinical care and develop strategies to mitigate this influence.

**Assessment:** Satisfactory completion of this module will be based on questions found within the Clinical Reasoning and Integrated Cases, worth 7.5% of the final grade.

## Integrative Medicine

**Module Director:** Dr. Louise Gagne – [lgagne@sasktel.net](mailto:lgagne@sasktel.net) - 306-665-0085

**Description:** As defined by the Arizona Center for Integrative medicine, integrative medicine is "...healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies." This module will introduce the primary concepts of integrative medicine and the emergence of integrative medicine as an academic discipline. Primary prevention strategies and the underlying drivers of chronic illness will be explored. The module will then examine how these concepts can be applied to various chronic health conditions.

**Objectives:** By the end of this module, students will be able to:

1. Advise patients about detrimental health effects of chronic stress
2. Advise patients about effective strategies to alleviate chronic stress

**Assessment:** Satisfactory completion of this module will be based on one written assignment (worth 5% of the final grade). The assignment will be a written reflection on one of three Integrative Medicine topics, due Wednesday, September 6, 2017. There will also be several Integrative Medicine based questions within the Integrated Cases, which will be worth 2.5% of the final grade.

## Integrated Cases

**Module Director:** Dr. Andrea Symon – [andrea.symon@usask.ca](mailto:andrea.symon@usask.ca) - 306-374-2404

**Description:** In these small group learning experiences, you will work through a patient "case" in order to have practice applying knowledge from the various courses in this first term and to further develop your clinical reasoning skills.

**Objectives:** By the end of the module, students will be expected to:

1. Collect necessary clinical data (i.e. history and physical exam findings).
2. Begin to generate a differential diagnosis.
3. Recognize the importance of health promotion and illness prevention.
4. Identify and analyze the medical, legal, and ethical issues presented in case discussions.



5. Begin to use clinical reasoning skills.
6. Demonstrate professional and ethical behavior.
7. Identify elements of the patient-centered clinical method in a patient's history.

**Assessment:** Satisfactory completion of this module will be based on the student's participation in the small group sessions and completion of questions within the Integrated Cases (worth 15% of the final grade).

## Interprofessional Problem-Based Learning (iPBL)

**Module Director:** Sean Polreis – [sean.polreis@usask.ca](mailto:sean.polreis@usask.ca) - 306-966-1311  
**Module Admin Coordinator –** Doreen Walker – [doreen.walker@usask.ca](mailto:doreen.walker@usask.ca) - 306-966-1151

**Description:** Health professions' students work in teams to gain knowledge and experience in Interprofessional Collaboration. The team (comprised of approximately 10 students from 3 or more health disciplines with a trained tutor) is progressively provided with information on the health problems and social issues of a fictitious patient or client. In two or three 2-hour sessions, each one week apart, the team uses a systematic, participatory, and collaborative approach to develop an evidence-based and patient-centered plan of care for the patient or client.

Students are exposed to interprofessional competencies first as an orientation at the beginning of each case and then throughout the case discussions as needed and finally at the end of each session. Students are guided to consider and discuss their roles, various dynamics that enable or interfere with effective interprofessional team collaboration, concepts of shared leadership, aspects of effective interprofessional communication including conflict resolution, and patient/client/family community-centered care. Thus some of the key components of the National Competency Framework established by the Canadian Interprofessional Health Collaborative (CIHC) are introduced to health professions' students participating in Interprofessional Problem-Based Learning (iPBL) and students have an opportunity to develop knowledge, skills, attitudes and behaviours for effective interprofessional collaborative practice.

**Objectives:** Upon completion of iPBL module(s) and within the context of specific cases, the student will be able to:

1. Role Clarification
  - Describe his/her professional role.
  - Describe the role of other health professionals.
2. Team Functioning
  - Identify the principles of team work dynamics and group processes that enable effective interprofessional team collaboration.
3. Interprofessional Communication
  - List principles of effective interprofessional communication.
4. Collaborative Leadership
  - Identify leadership and decision-making behaviours that are likely to contribute to group effectiveness.
  - Identify resources, including community resources, social service agencies, and government programs that contribute to quality care.
5. Patient/Client/Family/Community-Centred Care
  - Describe the input and engagement of patient/client/ family/community in designing and implementing care/services.
6. Interprofessional Conflict Resolution
  - Identify areas of conflict within interprofessional groups.

**Assessment:** Satisfactory completion of this module will be based on the student's participation in iPBL sessions and satisfactory completion of a written assignment, worth 7.5% of the final grade. The assignment will be due Wednesday, November 15, 2017.

## 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>

### 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](http://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](http://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](http://www.usask.ca/secretariat/student-conduct-appeals/forms/IntegrityDefined.pdf)

### EXAMINATIONS WITH DISABILITY SERVICES FOR STUDENTS (DSS)

Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Disability Services for Students (DSS) if they have not already done so. Students who suspect they may have disabilities should contact the Student Affairs Coordinator at the Office of Student Affairs (OSA) for advice and referrals. In order to access DSS programs and supports, students must follow DSS policy and procedures. For more information, check

<https://students.usask.ca/health/centres/disability-services-for-students.php>, or contact DSS at 966-7273 or [dss@usask.ca](mailto:dss@usask.ca).

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

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

### STUDENT SUPPORTS

#### College of Medicine, Office of Student Affairs

Student Affairs offers confidential support and advocacy at arm's length from the academic offices. For more information, please contact the COM Student Affairs Coordinator, Edith Conacher at [edith.conacher@usask.ca](mailto:edith.conacher@usask.ca) or 306-966-4751.

#### Student Learning Services

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

**Student and Enrolment Services Division**

The Student and Enrolment Services Division (SESD) focuses on providing developmental and support services and programs to students and the university community. For more information, see the SESD web site [www.usask.ca/sesd/](http://www.usask.ca/sesd/)

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