

Clinical Skills II

MEDC 123.8

TERM 2

 COURSE SYLLABUS
2016/2017



 UNIVERSITY OF
SASKATCHEWAN
College of Medicine

Clinical Skills II – Course Overview

COURSE DESCRIPTION

Learning in Clinical Skills II (Year 1 - Term 2) will enable students to improve their basic clinical skills, including patient-centered communication and physical examination through a combination of assessment of 'real-life' patients and structured learning sessions. Students will further develop clinical reasoning skills including development of differential diagnoses and management plans. Students will also practice patient presentation skills, both written and oral. The course will include the following components: Communication Skills II (previously Advanced Communication Skills), Clinical Scenarios, Simulations, Focused Interview and Physical Examination Sessions, Discipline-specific Patient Encounter Sessions in Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, and Surgery. When appropriate and possible, sessions will be organized around content students are learning in other courses.

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

Prerequisites: Successful completion of Clinical Skills I

OVERALL COURSE OBJECTIVES

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

1. Establish ethical relationships with patients characterized by understanding, trust and empathy (Professional, Communicator)
2. Conduct patient-centered interviews 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 and family context with the patient;
 - reach agreement with patients on the nature of their problems, appropriate goals of treatment, and roles of patient, doctor, and others, as appropriate, in management (Communicator, Medical Expert, Collaborator).
3. Perform a physical examination relevant to a patient’s presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort (Medical Expert, Professional)
4. Practice clinical reasoning, including tailoring the interview content and physical examination to assist with the development of a provisional differential diagnosis (Medical Expert)
5. Solve or suggest solutions to clinical problems, dilemmas, and challenges suitable for their level of training including advocating for the patient as necessary (Medical Expert, Health Advocate)
6. Present a concise verbal summary of the patient’s disease and illness experience, potential differential diagnoses, and a brief management plan. (Communicator, Medical Expert)
7. Record, in an appropriate written format, a concise summary of the patient’s disease and illness experience, potential differential diagnoses, and a brief management plan. (Communicator, Medical Expert)
8. Demonstrate skill in those procedures taught in Clinical Skills II (Medical Expert)
9. Demonstrate competence in personal time management, such that competing demands are prioritized, requirements are completed as described, and deadlines are met (Manager, Professional)
10. Demonstrate skills in using appropriate evidence-based resources to develop differential diagnoses, investigative and management plans (Scholar)
11. 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. (Collaborator, Professional)

COURSE CONTACTS

Course Director: Dr. Susanna Martin - s.martin@usask.ca

Course Administrative Coordinator: Laura Erickson – laura.erickson@usask.ca – (306) 966-5354

Course Administrative Assistant: Ashley McNabb – ashley.mcnabb@usask.ca - (306) 966-7202

COURSE SCHEDULE

The Clinical Skills II Course consists of a variety of activities (including lectures, CLRC sessions, department-based sessions, simulations, and ½ day skills specific learning). Many of these are in small groups, so schedules will be highly individualized. Individual student schedules will be posted on One45.

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 session. If changes are made to a session that has already been scheduled in One45, the departmental undergraduate administrators will notify affected students directly via email.

INDEPENDENT LEARNING

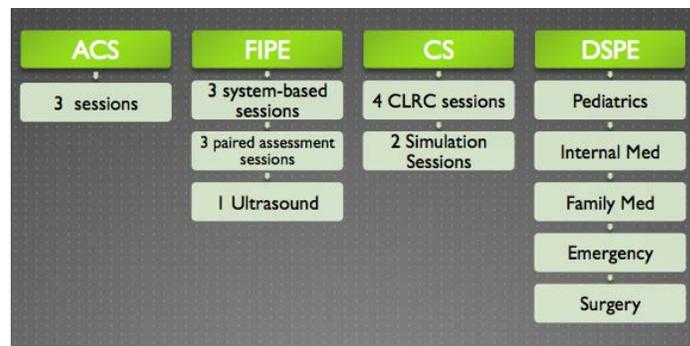
During the course, protected time for independent learning has been set aside to allow and encourage students to prepare, and practice skills learned as they monitor their own progress towards meeting the broad objectives for the medical program. Some sessions require prior preparation, and it is the student's responsibility as an adult learner to adequately prepare for all sessions. Lack of preparation may result in the inability to effectively participate in learning activities, which could influence overall assessment.

COURSE DELIVERY

Students will learn via a variety of methods, including:

1. Facilitated small group learning sessions with simulated patients
 - o CLRC Sessions
 - o Simulations in the simulation center
 - o ½ day specific skills training sessions
2. Small group learning sessions with real patients in individual departmental sessions
3. Large group sessions
4. Independent self-directed learning

COURSE OVERVIEW



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 ICT Services Help Desk 306-966-4817

RESOURCES

READINGS/TEXTBOOKS

- Required Textbook: Bates Guide to Physical Examination and History Taking 11th Edition, Lippincott Williams & Wilkins, 2013.
- Bates' Visual Guide to Physical Examination. Available online under Health Sciences Library at: <http://library.usask.ca/hsl>
- CS II student package

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)

CLINICAL LEARNING RESOURCE CENTER (CLRC)

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

PROFESSIONAL ATTIRE

Students will be interacting with both real and simulated patients throughout almost all encounters in the Clinical Skills course, and are expected to wear appropriate professional attire. Please bring your lab coats to all sessions and wear them, unless the tutor advises otherwise.

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 (2).

Clinical Skills courses are the practice arenas to develop and hone 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 students with a variety of formal and informal, verbal and written feedback throughout the clinical sessions. Simulated patients will be involved in providing feedback. Students 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. They are also expected to 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 – students will receive formal and informal feedback throughout each module, but should not discount the value of oral feedback and comments.

COURSE ASSESSMENT OVERVIEW

MODULE	SESSIONS	COMPONENTS	SUCCESSFUL COMPLETION
Clinical Scenarios	Clinical Scenario Cases 1-8	Formative assessment at end of each session Summative Assessment (direct performance assessment) completed by tutor at end of final session	70% in module assessment “Beginning to meet” or greater in professionalism
	Simulation Sessions	Formative Assessment throughout sessions	“Beginning to meet” or greater in professionalism
Communication Skills II (formerly ACS)	Communication Skills II Sessions 1-3	Student Performance Assessment completed on One45 by the tutor for each session in which the student interviews. The highest of the two is used in determining the mark (70% of overall ACS mark)	Pass 70%
		Student Reflective Journal Assessment (30% of overall ACS mark)	Pass 70% “Beginning to meet” or greater in professionalism
Focused Interview and Physical Exam (FIPE)	3 System Based Sessions	Formative – session checklist by the tutor at the end of each session Summative – Cumulative Assessment (direct performance assessment reflecting <u>the overall performance on all three system-based sessions</u>), completed at the end of the three sessions. (40% of overall FIPE mark)	70% in Cumulative FIPE system based assessment “Beginning to meet” or greater in professionalism

	<p>2 Formative Review Sessions</p> <p>Formative Review#1</p> <p>Formative Review #2</p> <p>Submitted Case Write Up – Summative Assessment</p> <p>Summative Review</p>	<p>Can cover ALL/ANY components of Clinical Skills II to date.</p> <p>Mini OSCE – group and tutor formative assessment</p> <p>Observed focused history and physical examination – tutor formative assessment</p> <p>Case write-up submitted to tutor following first observed history and physical examination (20% of overall FIPE mark)</p> <p>Observed focused history and physical examination – tutor summative assessment (40% of overall FIPE mark)</p>	<p>70% in Case Write Up</p> <p>70% in Observed Focused History and Physical Exam Assessment</p> <p>“Beginning to meet” or greater in professionalism</p>
	<p>Ultrasound Enhanced Clinical Exam</p>	<p>Formative Assessment throughout session</p>	<p>“Beginning to meet” or greater in professionalism</p>
<p>Discipline-Specific Patient Encounter (DSPE)</p>	<p>Emergency Medicine</p>	<p>Summative Student Performance Assessment completed by the preceptor(s) at the end of each session on One45. 50% - equally divided among the three assessments</p> <p>Written assignment 50%</p>	<p>Pass 70%</p> <p>Pass 70%</p> <p>“Beginning to meet” or greater in professionalism</p>
	<p>Pediatrics</p>	<p>Session 1 - Formative Session 2 and 3 - Student Performance Assessment completed by the preceptor(s) at the end of each session on One45. (Each assessment contributes equally to the total)</p>	<p>Pass 70%</p> <p>“Beginning to meet” or greater in professionalism</p>
	<p>Internal Medicine</p>	<p>Session 1 and 2 - Student Performance Assessment completed by the preceptor(s) at the end of each session on One45. (Each assessment contributes equally to the total)</p>	<p>Pass 70%</p> <p>“Beginning to meet” or greater in professionalism</p>

	Surgery The Approach to the Acute Abdomen	Student Performance Assessment checklist on history or physical examination task performed. (34% of overall section mark)	Pass 70% "Beginning to meet" or greater in professionalism.
	Otolaryngology – Head and Neck Surgery Skills ½ Day	In-session multiple choice examination (33% of overall section mark)	Pass 70% "Beginning to meet" or greater in professionalism.
	Vascular, Thoracic Surgery ½ Day	In-session short answer examination (33% of overall section mark)	Pass 70% "Beginning to meet" or greater in professionalism.
	Introduction to Suturing (Continued from CS I)	Attendance	"Beginning to meet" or greater in professionalism.
	Family Medicine	Session 1 and 2 - Student Performance Assessment completed by the preceptor(s) at the end of each session on One45 (50% of overall section mark – 25% each) Clinical Question – assessing reasoning (25% of overall section mark) SOAP note (25% of overall section mark)	Pass 70% "Beginning to meet" or greater in professionalism Pass 70% Pass 70%
Objective Structured Clinical Examination (OSCE)	Summative OSCE Drawn from ANY of the modules and disciplines	Summative OSCE. Can cover ALL/ANY components of Clinical Skills II. Students will undergo this approximately 2 hour assessment in groups with staggered start times throughout the day, May 9, 2017. (50% of overall course mark)	Pass criterion referenced*
OVERALL Course		Three components, each of which must be completed successfully	Pass 70%

* 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.

OVERALL COURSE GRADE

Students' grade for the course will be determined by the term assessments and the final exam, weighted as follows:

Individual Module Assessments: CS 5%, ACS 10%, FIPE 10%, and DSPE 25% (5% each discipline)

Final Cumulative OSCE: 50%

Cut scores, thus determined, will be adjusted to a pass mark of 70%, or as defined in the course syllabus.

COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION

The course has been organized into four modules. Each module has its own assessment components, outlined in the Course Assessment Overview section. A summative OSCE (Objective Structured Clinical Examination) at the end of the term will complete this course.

In order to successfully complete the Clinical Skills II course, students must achieve a minimum grade of 70% in the course, as well as successfully complete the course components outlined below:

1. **OSCE:** Successful completion of the OSCE.
 - Failure of the OSCE will be deemed as a failure of 1 course component.
2. **Course Modules:** Successful completion of all course modules as outlined in the assessment overview.
 - Students must achieve a pass mark of 70% on each course module (FIPE, Clinical Scenarios, Communication Skills and DSPE).
 - Failure of any one course module will be deemed a failure of 1 course component.
3. **In-module Assessments:** Successful completion of all in-module assessments as outlined in the assessment overview.
 - In the event a student fails 3 or more individual in-module assessments, this will be treated as equivalent to a failure of 1 course component. Components failed as a part of a failed module do not count towards this total.

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 a breach of professionalism report. For further information on professionalism, please refer to the UGME Breach of Professionalism policy and statement on [Ethics and Professionalism](#).

REMIEDIATION

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 this policy. Successful completion of remediation and supplemental assessment will result in a grade 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 for up to 6 weeks post completion of a course to complete the remediation process. It is strongly recommend that any travel be carefully planned with this is mind, including researching cancelation 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 under only granted very special circumstances.

*When failure of a course component is identified after the final examination period, the implications of this failure will be adjudicated at the Year 1 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 II 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 who are unsuccessful in the course will receive an "F" on their transcripts.

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

WRITTEN COURSE ASSESSMENT COMPONENTS DUE DATES

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

ASSIGNMENT SUBMISSION POLICY

Assignment Submission:

It is the expectation that all assignments will be submitted on time, as this is an element of professionalism.

Late Assignments:

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. *

*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.

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 Co-ordinator in Saskatoon, or the Educational Consultant in Regina for years 1-2. Years 3-4 must submit to the Rotation Coordinator. The maximum mark that a student may receive on a late assignment will be the pass mark for the assignment, but can be lower if warranted.

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 Co-ordinator. 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

ATTENDANCE EXPECTATIONS

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

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

How is attendance documented?

At the completion of every session your preceptor will log into One45 and review/complete the session checklist with you which tracks attendance and ensures all material from the session was completed. Other sessions have sign-in sheets to track attendance.

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) his/her preceptor for the clinical or small group session and; (2) Ashley McNabb via email (ashley.mcnabb@usask.ca), written note (B526, Health Sciences Building), or phone (306-966-7202) with reasons for each missed session and must provide a Pre-Clerkship Application for Absence. Such notification should occur before the session in question, whenever circumstances permit.

Unexplained absences and/or other unprofessional conduct are 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. 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 II session. Lateness or absences without appropriate notification/approval will likely result in lower marks because of poor professional behavior, and may result in an informal or formal breach of professionalism report. Unapproved absences may result in failure of a module or the entire course.

RECORDING OF THE LECTURES

Some 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 to enhance understanding of the concepts. Any student recording of sessions should be with the permission of the individual instructor.

COPYRIGHT

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

“Class recordings are normally the intellectual property of the person who has made the presentation in the class. Ordinarily, this person would be the instructor. Copyright provides presenters with the legal right to control the use of their own creations. Class recordings may not be copied, reproduced, redistributed, or edited by anyone without permission of the presenter except as allowed under law.” (1)

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

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

Please contact Laura Erickson who will contact the Module Director and Administrative Assistant for the relevant module. If unavailable, contact Kimberly Basque or Sara Dzaman. 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.

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
- MD PROGRAM ATTENDANCE POLICY
- ETHICS AND PROFESSIONALISM
- ACCOMMODATION OF STUDENTS WITH DISABILITIES
- OFFICE OF STUDENT AFFAIRS
- STUDENT MISTREATMENT
- EMAIL COMMUNICATIONS
- GUIDELINES FOR PROVIDING FEEDBACK
- PROGRAM EVALUATIONS
- PROCEDURES FOR ACADEMIC APPEAL

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) 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 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 students.usask.ca/health/centres/disability-services-for-students.php, or contact DSS at 966-7273 or 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 or 306-966-4751. In Regina please contact Dr. Nicole Fahlman at nicole.fahlman@usask.ca - (306) 209-0142 or Dr. Tiann O'Carroll at tiann.ocarroll@usask.ca - (306) 529-0777.

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/.

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/COURSE MODULES

REFERENCES

- 1) University of Saskatchewan. Academic Courses Policy on Class delivery, Examinations and Assessment of student learning. Available from: <http://policies.usask.ca/policies/academic-affairs/academic-courses.php> Accessed Oct 5, 2015.
- 2) Hattie J. and Timperley H. The Power of Feedback. Rev Educ Res. 2007 Mar;77(1): 81-112.

COURSE EVALUATIONS QUALITY IMPROVEMENT

Changes to Clinical Skills II: In response to feedback received from the Class of 2019, the student and tutor package have been reviewed and modified. The syllabus has been reviewed to ensure that it follows a similar format to that of CS I. Enhanced tutor orientations have been initiated. Students' comments indicated both a desire for increased instruction in history and increased instruction in Physical Exam skills. Ongoing attempts are made to ensure similar tutor approaches to this, and it does differ between clinical scenarios and Focused interviewing and Physical examination modules, which are commonly confused by students. Introduction to the Surgical Skills Lab has been added to Clinical Skills 1 Course for some groups, with the remaining groups continuing to have this in Clinical Skills II. Scheduling continues to be complex, but attempts are made, within available times, to best position sessions related to concurrent learning.

Assessments for many of the modules have been modified, reflecting both student and tutor feedback.

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

Module Director: Dr. Susanna Martin - s.martin@usask.ca – (306) 966-6946

Administrative Coordinator: Laura Erickson - Laura.Erickson@usask.ca - (306) 966-5354

Administrative Assistant: Ashley McNabb - Ashley.McNabb@usask.ca - (306) 966-7202

Description: During these sessions, students will be presented with a clinical problem by a simulated or standardized patient. The student is expected to perform an appropriate interview and examination, and then discuss potential differential diagnoses 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.

Location: CLRC

Duration: 4 Sessions, 2 hours each

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

1. Effectively perform a patient-centred interview relevant to common presenting complaints, including exploring the illness experience ("FIFE": feelings, ideas, impacts on function, expectations). (Medical Expert, Communicator)
2. Effectively and sensitively perform physical examinations relevant to common presenting complaints. (Medical Expert, Professional)
3. Compare and contrast possible differential diagnoses for common presenting complaints, based on concurrent and/or previous course material. (Medical Expert)
4. Propose preliminary differential diagnoses for common clinical presentations. (Medical Expert)
5. Propose preliminary management plans, including any appropriate initial investigations and/or treatment for common clinical presentations. (Medical Expert, Manager)
6. Explain, using appropriate terminology, the preliminary differential diagnoses and management plans to patients, colleagues and preceptor (Communicator)
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 (Professional, Collaborator)

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

Summative Assessment: Students will be assessed at the end of the group of sessions using the Summative Assessment form, which is to be completed online on One45.

Pass Mark: 70%

Successful Completion of module: Students must pass the module assessment and achieve the standard of BEGINNING TO MEET EXPECTATIONS or higher for professionalism.

Simulation Sessions

Module Director: Dr. Justina Koshinsky Justina.koshinsky@usask.ca

Administrative Coordinator: Laura Erickson - Laura.Erickson@usask.ca - (306) 966-5354

Administrative Assistant: Ashley McNabb - Ashley.McNabb@usask.ca - (306) 966-7202

Description: Students are exposed to simulated clinical cases delivered in a setting with mannequins, real time vital sign monitoring, and video capture. In this dynamic learning format, students will role-play an acute cardiovascular or respiratory focused medical presentation followed by a structured debrief with the preceptor.

Location: CLRC

Duration: 2 Sessions, 2 hours each

Objectives: By the completion of these simulation sessions students will be able to:

8. Conduct a focused history and perform relevant physical examination to the presentation (Medical Expert, Communicator).
9. Request relevant investigations (Medical Expert, Manager).
10. Interpret the results of relevant investigations (Medical Expert).
11. Identify clinical problems (Medical Expert).
12. Prioritize a differential diagnosis (Medical Expert).
13. Propose appropriate management plans (Medical Expert).
14. Describe the physiological and pharmacology principles that relate to the presenting clinical scenario (Scholar)
15. Demonstrate principles of problem solving, leadership and communication in acute clinical situations (Medical Expert, Communicator).
16. 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 (Professional, Collaborator)

Assessment: Formative verbal group feedback will be given at the formal debrief following each session.

Focused Interview & Physical Exam

Focused Interview & Physical Exam Sessions

Module Director: Dr. Susanna Martin - s.martin@usask.ca – (306) 966-6946

Administrative Coordinator: Sara Dzaman - Sara.Dzaman@usask.ca - (306) 966-6946

Administrative Assistant: Ashley McNabb - Ashley.McNabb@usask.ca - (306) 966-7202

Description: During these sessions, students will discuss and practice relevant history taking for the system they are studying, practice key physical exam techniques and identify which clinical findings may be expected in some common diseases processes. Students will work in small groups with a clinician preceptor and simulated patients.

Location: CLRC

Duration: 6 Sessions, 2 hours each

Objectives: By the completion of focused interview and physical exam sessions, students working with simulated patients will be able to:

1. Demonstrate and report an appropriate patient centred focused history for Respiratory, Cardiovascular and Gastrointestinal systems (Medical Expert, Communicator).
2. Demonstrate specific physical examination techniques relevant to the Respiratory, Cardiovascular and Gastrointestinal systems (Medical Expert).
3. Identify aspects of the history and physical exam findings that might be expected in some common diseases of the Respiratory, Cardiovascular and Gastrointestinal systems (Medical Expert).
4. 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 (Professional, Collaborator)

Formative Assessment:

This will occur on an ongoing basis throughout the sessions, and additionally will be provided at the end of sessions 1, 3, and 5 via the Student Assessment Checklists (attached), which are to be completed on-line on One45, and also serve to document attendance. Student Assessment Checklists are designed to be used for formative feedback and to inform the final summative assessment.

There are two additional formative assessment sessions; the first is a mini-OSCE (session 2), the second an Observed Focused Interview and Physical Examination (session 4). Feedback during these is verbal and occurs during the sessions provided by both tutor and peers.

Summative Assessment: There are three summative assessment components. Each is to be completed online on One45:

1. Students will submit a written case report following the Observed Focused Interview and Physical Examination (session 4), marked by the tutor according to the assessment rubric provided. **Pass 70%**
DUE one (1) week after the session by 23:59
2. Students will be observed by the tutor while performing an Observed Focused Interview and Physical Examination on an SP, followed by completion of the associated assessment (session 6). **Pass 70%**
3. Students will be assessed at the end of the group of three system-oriented sessions (Resp, CV and GI FIPE sessions 1,3 and 5) using the Cumulative FIPE Assessment form, reflecting performance during the three sessions. **Pass 70%**

The student module mark is established by combining the marks from the case write-up (20%), the observed focused interview and physical (40%), and the summative FIPE assessment form (40%).

Successful Completion of module:

Students must:

- Achieve an overall mark of 70% on the three assessments.
- Achieve at least the standard of BEGINNING TO MEET EXPECTATIONS for professionalism.

Clinician Performed Ultrasound

Module Director: Dr. Paul Olszynski – pao292@mail.usask.ca

Location: CLRC

Duration: 1 Session, 2 hours

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

1. Generate appropriate ultrasound images for the following 3 indications (Medical Expert):
 - a. Assessment for Pericardial Effusion
 - i. Review pertinent anatomy in the thoracic cavity.
 - ii. Identify the anatomic landmark used to orient subxiphoid ultrasound assessment of the heart.
 - iii. Identify the sonographic landmark used to visualize the area of interest during subxiphoid ultrasound assessment of the heart.
 - iv. Describe the area of interest visible during subxiphoid ultrasound assessment of the heart.
 - v. Briefly describe the technique used in subxiphoid ultrasound assessment of the heart.
 - vi. Describe two major indications for bedside ultrasound assessment of the heart.
 - vii. Describe how to distinguish between a small pericardial effusion and epicardial fat during subxiphoid ultrasound assessment of the heart.
 - viii. Recognize other commonly used acoustic windows applied during ultrasound assessment of the heart.
 - ix. Briefly review a scenario demonstrating clinical application of bedside cardiac ultrasound.
 - b. Assessment for Pleural Effusion
 - i. Describe pertinent anatomy in the thoracic cavity.
 - ii. Identify the anatomic landmarks used to orient ultrasound assessment of the lungs and pleura.
 - iii. Identify the sonographic landmarks used to visualize the areas of interest during ultrasound assessment of the lungs and pleura.
 - iv. Describe the areas of interest visible during ultrasound assessment of the lungs and pleura.
 - v. Briefly describe the technique used in ultrasound assessment of the lungs and pleura.
 - vi. Understand the value of a focused clinical question in the context of ultrasound assessment of the lungs and pleura.
 - vii. Briefly review a scenario demonstrating clinical application of bedside lung and pleura ultrasound.
 - c. Assessment for Free Fluid in the Abdomen
 - i. Describe the main objectives of this assessment in specific contexts (trauma, abdominal pain, liver disease).
 - ii. Review pertinent anatomy in the abdominal cavity.
 - iii. Identify the anatomic landmarks used to orient the assessment of free fluid in the abdomen
 - iv. Identify the sonographic landmarks used to visualize the areas of interest during this set of scans.
 - v. Describe the areas of interest visible during these scans.
 - vi. Briefly describe the technique used during the assessment for free fluid in the abdomen.
 - vii. Explain three major limitations of this assessment in the relevant contexts (trauma, abdominal pain)
 - viii. Briefly review a scenario demonstrating clinical application of the assessment for free fluid in the abdomen.
2. Demonstrate basic probe handling and early sonographic skill development (Medical Expert)
3. Demonstrate basic understanding of probe and ultrasound physics (Medical Expert)
4. Describe test performance, operator dependence, safety and limitations of each indication (Medical Expert)
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 (Professional, Collaborator)

Assessment: Formative verbal individual and group feedback will be given throughout the session.

Advanced Communication Skills

Module Director: Dr. Susan Wagner – susan.wagner@usask.ca – (306) 370-8383

Administrative Coordinator: Laura Erickson - Laura.Erickson@usask.ca - (306) 966-5354

Administrative Assistant: Ashley McNabb - Ashley.McNabb@usask.ca - (306) 966-7202

Description: In a practical, hands-on setting, this module will provide the students with the opportunity to develop communication skills needed for providing patient-centered care in more advanced and challenging situations, involving anger, breaking bad news, perceived barriers to communication, relationships and sexuality, motivational interviewing, and cultural safety.

Location: Health Science Building – Check One45 for room location

Duration: 3 Sessions, 3 hours each

Objectives: By the completion of the Advanced Communication Skills sessions, students will be able to:

Conduct effective patient centered interviews (Communicator)

1. Demonstrate skills in specific and more challenging communication situations including: (Communicator)
 - anger
 - breaking bad news
 - perceived barriers to communication such as hearing impairment, advanced age, language barriers, health literacy or disability
 - relationships and sexuality
 - motivational interviewing and providing patients with information, communicating about risk, health promotion
2. Incorporate cultural safety in patient interviews (Communicator)
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 (Collaborator, Professional)

Formative Assessment:

This will occur on an ongoing basis throughout the sessions.

Summative Assessment:

- Student Performance Assessment **Pass 70%**
- Student Reflective Journal Assessment **Pass 70%**

Due one (1) week after session by 23:59

Successful Completion of module:

The student module mark is established by combining the performance during small group sessions (interview and contributions to the group discussion (70%), and the reflective journal assignment (30%).

Students must achieve an overall mark of 70% on the module components and achieve the standard of BEGINNING TO MEET EXPECTATIONS or greater in professionalism.

Discipline Specific Patient Encounter Module

Description: During these sessions, students will participate in clinical assessment of real patients in a variety of clinical settings (Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics and General Surgery). 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 individual specific schedule. Times and locations will vary. Check daily 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, affected students will be contacted directly via email by the module coordinator or administrative assistant.

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

1. Conduct patient-centred interviews relevant to patients' presenting concerns and the clinical setting (Communicator, Medical Expert, Collaborator).
2. Perform physical examinations relevant to patients' presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort (Medical Expert, Professional)
3. Practice clinical reasoning, including tailoring the interview content and physical examination to assist with the development of a provisional differential diagnosis (Medical Expert)
4. Suggest appropriate preliminary diagnostic investigations and management plan (Medical Expert, Manager)
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 (Communicator, Medical Expert)
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 (Professional, Collaborator)

Emergency Medicine

Section Lead: Dr. Joanna Smith – jds114@mail.usask.ca

Administrative Coordinator: Laura Erickson - Laura.Erickson@usask.ca - (306) 966-5354

Administrative Assistant: Ashley McNabb – Ashley.McNabb@usask.ca

Description: During these sessions students will have the opportunity to acquire a patient's history and perform a physical exam in an acute care setting. Students will then work on integrating history, vital signs, and physical exam findings to generate an appropriate differential diagnosis. There will be a focus on acquiring and interpreting vital signs during the sessions. Students are requested to come to the sessions prepared to review an approach to the chest x-ray, abdominal x-ray and ECG as appropriate for the session type.

Location: Royal University Hospital ER, St. Paul's Hospital ER, Saskatoon City Hospital ER. The session site will be posted on One45 and may change with short notice. Students should check One45 **daily** to ensure that they 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 that has already been scheduled in One45, affected students will be notified directly via email by the departmental undergraduate administrators.

Duration: 3 Sessions, 2-4 hours each

Objectives: By the completion of the Emergency Medicine Patient Encounter sessions students will be able to:

1. Acquire a patient-centered, focused history (Medical Expert; Communicator).
2. Perform a focused physical exam that would assist in formulating a differential diagnosis for a patient in the emergency department (Medical Expert).

3. Acquire a complete set of vital signs using common equipment in the emergency room (Medical Expert).
4. Recall the parameters for normal vital signs: blood pressure, heart rate, temperature, as well as normal oxygen saturation and blood sugars (Medical Expert).
5. Identify abnormal vital signs and discuss their significance in a clinical context. (Medical Expert)
6. Present a patient history and physical exam in a small group (Communicator).
7. Develop a differential diagnosis for common respiratory, cardiovascular and abdominal complaints. (Medical Expert).
8. Develop a differential diagnosis for life threatening respiratory, cardiovascular and abdominal complaints. (Medical Expert)
9. Begin to interpret relevant results of laboratory investigations and imaging modalities - specifically approach to chest x-ray, abdominal x-ray and ECG. (Medical Expert).
10. Write a reflective assignment. (Communicator).
11. 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 (Professional, Collaborator).

Formative Assessment:

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

Summative Assessment:

Written Assignment: After one of the first two sessions, chosen by the student, a written reflection will be submitted onto blackboard. The assignment and associated rubric will be available on One45. The pass mark will be 70%.

Due one (1) week after the second session by 23:59.

At the end of each session, the preceptor will complete a summative assessment form for each student on One45.

Successful Completion of Discipline:

The 3 summative assessments will contribute equally to 70% of the discipline mark.

The remaining 30% will derive from the written assignment for which the marking rubric is available on One45.

Students must achieve an overall mark of 70% on the module components and achieve the standard of BEGINNING TO MEET EXPECTATIONS or greater in professionalism.

Pediatrics

Section Lead: Dr. Eric Ong

Administrative Assistant: Tara Duxbury – tfd797@mail.usask.ca – (306) 844-1271

Description: During these sessions, students will participate in clinical assessment of real patients in a variety of pediatric clinical settings. The students will begin to develop an approach to the pediatric history and physical examination and gain practice in integrating information from the history and physical examination in order to generate differential diagnoses and a management plan. In addition the students will participate in an interactive session with a parent of a pediatric patient. Students will work in small groups with a clinician preceptor. In addition the students will participate in a large group session where they will review the fundamental differences between the pediatric and adult history and physical examination. They will also participate in a facilitated small group Interactive Parent Session. Students will have further opportunities to refine and enhance their pediatric history and physical examinations, diagnosis and management plan and verbal and written patient presentation skills during sessions in Clinical Skills III and IV.

Location: See One45

Duration: 1 large group session - 1 ½ hour
1 small group facilitated session - 2 hours,
3 small group clinical sessions - 3 hours each

Groups: Stay with your whole group of 4 for these sessions.

Objectives: By the completion of the Pediatrics Patient Encounter sessions, students will be able to:

1. Obtain a patient-centred pediatric history in a variety of clinical settings (Medical Expert, Communicator)
2. Demonstrate elements required in a complete pediatric physical examination (Medical Expert)
3. Recognize how the information gathered from the history and the physical examination contributes to the assessment of the presenting problem including the most likely diagnosis and a differential diagnosis in their small groups (Medical Expert, Collaborator, Communicator)
4. 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 (Professional, Collaborator)

Assessment:

At the end of the session, the preceptor will complete an Assessment Form for each student. The Assessment Forms will provide an evaluation of the student's history taking, physical examination skills, ability to recognize the contribution of the information gathered to the assessment of the presenting problem and professionalism.

Formative Assessment:

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

The student performance assessment form submitted following the first session is also formative, but is in the same format as the subsequent summative assessments

Summative Assessment:

The Student Performance assessments submitted following sessions 2 and 3 are summative – Pass 70%

Successful Completion of module:

Students must pass module assessments and achieve the standard of BEGINNING TO MEET EXPECTATIONS or higher for professionalism.

The 2 summative Assessments will contribute equally to the module mark.

Internal Medicine

Section Lead: Niels Koehncke – niels.koehncke@usask.ca

Administrative Assistant: Jodie Doucette – Jodie.doucette@usask.ca

Description: During these sessions, students will refine their basic clinical skills and become increasingly proficient at establishing diagnoses and planning therapeutic intervention. Because of the degree of student/patient interaction during this module, the values and attitudes pertaining to the physician/patient relationship will also be stressed.

Location: See One45

Duration: 2 Sessions, 3 hours each

Groups: Stay with your whole group of 4 for these sessions.

Objectives: By the completion of the Internal Medicine Patient Encounter sessions students will be able to:

1. State the patient's chief complaint or reason for consultation (Medical Expert).

2. Elicit a relevant history including not only medical features, but also social and environmental factors. (Medical Expert, Communicator).
3. Recognize the need to collect history data from all sources including patient, family/friends and other health professionals (Medical Expert, Communicator, Collaborator).
4. Demonstrate a focused physical examination appropriate to the patient's chief complaint (Medical Expert).
5. Formulate a differential diagnosis (Medical Expert)
6. Identify appropriate tests/ investigations relevant to the case. (Medical Expert, Manager).
7. Interpret the results of the relevant investigations. (Medical Expert).
8. Develop a management plan for the patient both immediate and longer term. (Medical Expert).
9. 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 (Professional, Collaborator).

Formative Assessment:

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

Summative Assessment:

At the end of the session, the preceptor will complete a Summative Assessment Form for each student. The Assessment Forms will provide an evaluation of the student's history taking, physical examination skills, ability to recognize the contribution of the information gathered to the assessment of the presenting problem and professionalism.

Student Performance Assessment - Pass 70%

Successful Completion of module:

The 2 summative Assessments will contribute equally to the module mark.

Students must achieve an overall mark of 70% on the module components and achieve the standard of BEGINNING TO MEET EXPECTATIONS or higher for professionalism.

Surgery

Section Lead: Dr. Trustin Domes – trustin.domes@usask.ca

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

Description: The surgery component of clinical skills II will be taught during three interactive and informative skills sessions. These sessions will be led by surgeons and will focus on the clinical skills of history taking and physical examination specific to the areas of otolaryngology/head and neck surgery, vascular and thoracic surgery and for the acute abdomen. Discipline-specific knowledge important for patient evaluation and treatment will also be discussed throughout these sessions. The principles of professionalism will be continually emphasized during the sessions and attendance all three of these sessions is **MANDATORY**.

Location/Duration/Groups: See One45 for details

Objectives: By the completion of the surgery skills sessions, students will be able to:

1. Perform a problem-focused history for an operative or non-operative surgical condition (see specific session description for more details on which conditions will be covered) (Medical Expert, Communicator).
2. Perform a problem-focused physical examination for an operative or non-operative surgical condition (Medical Expert).

3. Generate differential diagnoses utilizing information gathered from the history and physical exam findings (Medical Expert).
4. Identify appropriate investigations for a patient presenting with an operative or non-operative surgical condition, relevant to the patient's history and physical exam findings (Medical Expert, Manager).
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 (Professional, Collaborator)

Assessment: See Specific Session details below for Assessment

Successful Completion of module:

The three in-session assessments will contribute equally to the module mark.

Students must pass module assessments with an overall average score of 70% or higher and achieve the standard of BEGINNING TO MEET EXPECTATIONS or higher for professionalism.

 **THE APPROACH TO THE ACUTE ABDOMEN**

Session Lead: Dr. Trustin Domes – trustin.domes@usask.ca

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

Description: Prior to the session, please review the approach to the abdominal examination from Clinical Skills I and the pre-reading documents posted on One45. Each student will be assigned a task (either a focused history and/or a focused physical examination pertaining to right lower quadrant (RLQ), right upper quadrant (RUQ) or left lower quadrant (LLQ) abdominal pain) prior to the session and should prepare for this task prior to the learning session. This task will be performed on a simulated patient in an OSCE-type format. Please also be prepared to perform the corresponding history or physical examination in your session in case your classmate cannot attend the session (i.e. if assigned the RUQ history, also be prepared to present the RUQ physical examination). The remaining students in the group will observe while their fellow classmates go through the history and physical in each station. A faculty facilitator will help lead the group through the station and will interact with the entire group regarding pertinent details of the history and physical examination and discussion regarding investigations and management of the patient presentation. Please refer to the master schedule posted on One45 to see assigned task(s) and group assignment.

Location: CLRC

Duration: 135 minutes (3 forty-five minute sessions)

Groups: Stay in your whole group of 5 or 6 for this session

Objectives: By the completion of the Approach to the Acute Abdomen session students will be able to:

1. Perform a patient-centered history including focused questions that would assist in differentiating between appendicitis, diverticulitis, gastroenteritis, cholecystitis and other intra-abdominal infectious or inflammatory conditions (Medical Expert, Communicator)
2. Perform a focused abdominal examination including examining for signs of peritonitis (Medical Expert).
3. List the differential diagnosis for right upper quadrant, right lower quadrant and left lower quadrant abdominal pain (Medical Expert)
4. Differentiate between the signs and symptoms of appendicitis, diverticulitis, gastroenteritis, cholecystitis and other intra-abdominal infections and inflammations (Medical Expert)
5. Identify initial investigations that help to distinguish between the common causes of acute abdominal pain (Medical Expert)
6. Appreciate the importance of urgent patient stabilization and the role of surgery in the management of acute abdominal pain (Medical Expert)
7. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships

with faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments (Professional, Collaborator)

Assessment: Student performance checklist for the specific task assigned to them (similar to an OSCE checklist)

■ OTOLARYNGOLOGY - HEAD AND NECK SURGERY SKILLS SESSION

Session Lead: Dr. Rick Jaggi – rick.jaggi@gmail.com

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

Location: Meet in Ellis Hall Lounge, Ground Floor

Duration: 4 hours (eight stations and end of session multiple choice examination)

Groups: Stay with your whole group of 4 for this session

Objectives: By the completion of the Otolaryngology – Head and Neck Surgery Skills Session students will be able to:

1. Perform an otoscopic examination identifying relevant normal structures (station 1) (Medical Expert)
2. List the differential diagnosis of dizziness, tinnitus, and hearing loss (station 1) (Medical Expert)
3. Outline the relevant investigations and treatment options for patients presenting with dizziness, tinnitus, and hearing loss (station 1) (Medical Expert)
4. Perform a nasal examination utilizing a nasal speculum identifying relevant normal structures (station 2) (Medical Expert)
5. Identify the normal nasopharyngeal anatomy and function utilizing indirect video endoscopy (station 2) (Medical Expert)
6. Identify the common locations of origin for epistaxis (station 2) (Medical Expert)
7. Describe the presenting symptoms and basic treatment options for common rhinological disorders, including epistaxis (station 2) (Medical Expert)
8. Identify the normal laryngeal anatomy and function of the larynx utilizing indirect video endoscopy (station 3) (Medical Expert)
9. List the differential diagnosis of a hoarse voice (station 2 and 6) (Medical Expert)
10. Perform a two-handed oral cavity examination using tongue depressors and a headlight to identify the seven sub-sites of the oral cavity and boundaries of the oral pharynx (station 4) (Medical Expert)
11. Describe high-risk areas for oral cavity carcinoma (station 4) (Medical Expert)
12. Perform a physical examination of thyroid and salivary gland, as well as all head and neck lymph node groups (station 5) (Medical Expert)
13. Identify the indications for, and key features of, an audiogram including tympanometry (station 6) (Medical Expert)
14. Identify the indications for referral to Pediatric Audiology and currently utilized implantable hearing devices (station 7) (Medical Expert, Manager, Collaborator)
15. Identify the indications for referral to a speech language pathologist (station 8) (Medical Expert, Manager, Collaborator)

Assessment: At the conclusion of the session, there will be a mandatory closed book multiple choice quiz.

■ VASCULAR AND THORACIC SURGERY SKILLS SESSION

Session Lead (Vascular): Dr. Bruce Duval – bduval@sasktel.net

Session Lead (Thoracic): Dr. Steven Bhardwaj - scbharadwaj@gmail.com

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

Location: CLRC

Duration: 4 hours (six stations and end of session written examination)

Groups: Stay with your whole group of 4 for this session

Objectives: By the completion of the Vascular, Thoracic Surgery Half Day Patient Encounter session students will be able to:

1. Perform a focused history and physical examination on a patient with claudication symptoms (station 1) (Medical Expert, Communicator)
2. Calculate an ankle-brachial index (station 1) (Medical Expert)
3. List and recommend appropriate investigations for the patient presenting with claudication symptoms (station 1) (Medical Expert, Manager)
4. Identify risk factors for PAOD (peripheral arterial occlusive disease) (station 1) (Medical Expert)
5. Perform a focused history and physical examination on a patient with diabetic foot (station 3) (Medical Expert, Communicator)
6. Classify clinical presentation of diabetic feet in terms of neuropathic, infectious, or arteriopathic changes (station 3) (Medical Expert)
7. List and recommend appropriate investigations for the patient presenting with diabetic foot (station 3) (Medical Expert, Manager)
8. Perform a focused history and physical examination on a patient with pulmonary nodules (station 4) (Medical Expert, Communicator)
9. Formulate a preliminary differential diagnosis for the patient presenting with pulmonary nodules (station 4) (Medical Expert)
10. List and recommend appropriate investigations for the patient presenting with pulmonary nodules (station 4) (Medical Expert, Manager)
11. Perform a focused history and physical examination on a patient with pleural effusion (station 5) (Medical Expert, Communicator)
12. Formulate a preliminary differential diagnosis for the patient presenting with pleural effusion (station 5) (Medical Expert)
13. List and recommend appropriate investigations for the patient presenting with pleural effusion (station 5) (Medical Expert, Manager)
14. Perform a focused history and physical examination on a patient with dysphagia (station 6) (Medical Expert, Communicator)
15. Formulate a preliminary differential diagnosis for the patient presenting with dysphagia (station 6) (Medical Expert)
16. List and recommend appropriate investigations for the patient presenting with dysphagia (station 6) (Medical Expert, Manager)
17. List surgical and non-surgical treatment options for patients presenting with claudication, diabetic foot, pulmonary nodule and dysphagia (Medical Expert)

Formative Assessment: Will occur at each individual “station” during the half day.

Summative Assessment: At the conclusion of the session, there will be a mandatory short answer quiz.

INTRODUCTION TO SUTURING (CONTINUED FROM CS I)

Session Lead: Leona Boyer – leona.boyer@usask.ca – (306) 966-8212

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

Description: Through a combination of presentation, demonstration and hands-on experience, students will be introduced to all things related to suturing. This will include suture products, needles, instrumentation, and the basic

techniques required for proper wound closure. There will be an emphasis on safe needle handling when suturing to protect both the student and others in the vicinity.

Location: Surgical Skills Lab B410 Health Science, B Wing, 4th floor

Duration: 1 Sessions - 2.5 hours each

Groups: Stay with your whole group of 4 for this session.

Objectives: By the completion of the Introduction to Suturing session students will be expected to:

1. Identify suture size, suture type/category, and needle specifics indicated on the suture package (Medical Expert)
2. Describe the name and proper handling technique of basic suturing instruments (Medical Expert)
3. Demonstrate proper suturing technique which will include:
 - the safe loading/reloading and driving of the needle, forehand and backhand
 - atraumatic handling of tissue
 - applying the mechanics of proper needle placement and driving to achieve the best results
 - tying of square knots (Medical Expert)
4. Demonstrate simple stitch patterns as determined by the instructor (Medical Expert)

Formative Assessment: Student performance checklist on One45.

Completion of session with professional behavior results in a passing mark

Family Medicine

Section Co-Lead: Dr. Carla Holinaty – carla.holinaty@usask.ca

Section Co-Lead: Dr. Rae Waslak – rae.waslak@usask.ca

Office phone: 306-655-4200 (West Winds)

Administrative Assistant: Amy Winik – amy.winik@usask.ca

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: Student sessions will be posted on one45

Duration: 2 Sessions, 3 hours each.

Groups: Students attend sessions in groups of 2. Please check your One45 Schedule.

Objectives: By the completion of the Family Medicine Patient Encounter sessions students will be able to:

1. Conduct a patient centred interview. (Medical Expert)
2. Elicit the patient's experience of illness (FIFE) (Communicator)
3. Acquire skill in finding common ground in a physician-patient relationship. (Communicator)
4. Consider a patient's personal history and context. (Communicator)
5. Demonstrate the appropriate use of open and closed ended questions. (Communicator)
6. Demonstrate communication skills of active listening, paraphrasing and use of non-verbal indicators. (Communicator)
7. Identify non-biological determinants of health (housing, SES, social network, education, work, culture, environment). (Medical Expert)

8. Acquire a history of non-biological determinants of health from a patient. (Medical Expert)
9. Perform a focused physical exam. (Medical Expert)
10. Acquire a full set of vital signs. (Medical Expert)
11. Assess vital signs and how they affect a differential diagnosis. (Medical Expert)
12. Create a problem list after conducting a history and physical exam. (Medical Expert)
13. Identify areas where preventive measures (screening or intervention, primary or secondary) could benefit the patient. (Medical Expert)
14. Use appropriate record keeping when caring for patients –prepare a SOAP note. (Communicator)
15. Demonstrate evidence-based and shared decision making to aid patients and physician with clinical decisions. (Medical Expert, Scholar)
16. identify evidence-based resources, ability to appraise a variety of resources critically, synthesis of relevant resources/information to help make a clinical decision. (Scholar)
17. Formulate a clinical question using the PICO format. (Scholar)
18. Formulate a written and/or verbal patient care plan. (Medical Expert)
19. Reflect honestly on their development as a physician and identify their personal learning needs. (Professional)

Session Objectives:

The session objectives will be the same for both sessions. It is possible that not all objectives are covered at each session.

- Conduct a patient-centred interview
- Acquire and assess a full set of vital signs
- Perform a focused physical exam where indicated by the presenting problem(s)
- Demonstrate clinical reasoning skills in developing a differential diagnosis, working diagnosis, and patient-centred management plan
- Discuss preventive measures
- Discuss non-biologic determinants of health
- Demonstrate effective communication skills

Formative Assessment: This will occur on an ongoing basis throughout the sessions.

Summative Assessment: Will consist of the following four items:

- 2 Student Performance Assessments (completed by tutor)
- Completion of a Clinical Question (submitted by student, marked by tutor)
Due one week after final session by 23:59
- Completion of a SOAP note (submitted by student, marked by tutor)
Due one week after final session by 23:59

See Blackboard and/or One45 for further instructions on assignments

Successful Completion of module:

Students must pass the module with an overall mark of 70% and achieve the standard of BEGINNING TO MEET EXPECTATIONS or higher for professionalism

The student module mark is established by combining the two tutor performance assessments (50%), the clinical question (25%), and the SOAP note (25%). The pass mark is set at 70%.

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