Core Clinical Rotations

MEDC 307.50
Year 3

Course Syllabus

2019/20 (Class of 2021)

UNIVERSITY OF SASKATCHEWAN
College of Medicine
MEDICINE.USASK.CA

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MEDC 307.5 – CORE CLINICAL ROTATIONS

COURSE DESCRIPTION

The clinical clerkship allows students to apply basic knowledge and skills acquired in the first 2 years of medical school, in the clinical setting.
Students will work under the supervision of clinical faculty and other health care providers to care for patients.

All students will experience a broad range of clinical exposure, including a mandatory minimum of four weeks of clinical training in a rural community.

Students will be assigned to clinical units participating in the care of patients and will care for patients in the office, clinic, or hospitals under the direct supervision of faculty and residents.

Students will have the opportunity to take graduated responsibility for patient care in a supportive setting where a balance will be established between time for service and learning.

Students will have the chance to follow patients over time, and in different settings, thus experiencing relationship and responsibility of care.

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

OVERALL COURSE OBJECTIVES

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

Medical Expert

1. Distinguish between normal and abnormal human development, structure, and function.
2. Utilize evidence-informed principles to screen and monitor the healthy and at-risk individuals.
3. Actively participate in patient encounters for health promotion/screening.
4. Develop care strategies for patients at risk.
5. Discuss the pathophysiology, epidemiology, natural history, clinical presentation and prognosis of common and/or important acute and chronic diseases.
6. Conduct patient-centered interviews to elicit information effectively.
7. Perform an appropriate and focused physical examination, or mental status exam that minimizes patient discomfort and allows for the detection and interpretation of positive and negative findings.
8. Develop initial working diagnostic hypotheses based upon history and physical examination findings.
9. Develop a differential diagnosis and final presumptive diagnosis through clinical reasoning and integration of clinical information.
10. Select and interpret appropriate diagnostic tests (laboratory, imaging, electrophysiologic and other modalities) using evidence-informed decision-making principles, patient and family preferences and risk tolerance.

11. Revise and re-evaluate a presumptive diagnosis and/or management plan based on new information and/or response to treatment.
12. Perform basic procedural skills relevant to clinical care.
13. Develop and apply an appropriate patient-centered and evidence-informed management plan, including (where appropriate) pharmacologic and/or non-pharmacologic strategies, multidisciplinary care, patient self-management, and ensuring adequate follow up.
14. Develop and apply appropriate skills for triage and immediate intervention in acute and life-threatening situations.
15. Develop and apply appropriate skills to prevent harm in patients (e.g. correct ID, allergies, etc.).
16. Demonstrate continuity of care by following patients through time, and in different clinical settings.

Communicator

1. Demonstrate the skills and attitudes necessary to communicate with patients and families in a respectful, culturally-competent and sensitive manner.
2. Share patient information with other providers in a manner that ensures relevancy, timeliness, and security.
3. Compose clear, accurate, and appropriate records of clinical encounters.

Collaborator

1. Participate effectively and appropriately as part of a multi-professional healthcare team.
2. Recognize and respect the diversity of roles and responsibilities of other healthcare professionals involved in the care of patients.
3. Enlist appropriate assistance and/or ensure transfer of care to an appropriate caregiver according to relevant ethical principles and policies.

Leader

1. Utilize best practice and appropriate resources when making healthcare decisions.
2. Utilize appropriate information technology to improve the care of patients.
3. Manage workload effectively.

Health Advocate

1. Demonstrate an awareness of cultural and socio-economic issues that impact patient and population health.
2. Recognize and advocate for the needs of patients, families, communities, and populations in all areas that affect health and well-being.
3. Using ethical principles, assist patients in their understanding of the risks and benefits of accepting or refusing suggested therapeutic interventions.

Scholar

1. Utilize appropriate research appraisal strategies to aid in evidence-informed clinical decision making.
2. Demonstrate self-directed learning by implementing an effective personal learning strategy to obtain the requisite medical expert knowledge necessary to provide patient care.
3. Identify the principles of quality improvement and relate these to patient care and safety.
4. Provide education to others, including colleagues, patients, families, and other members of the health care team.

Professional

1. Demonstrate professional behaviors through punctuality, appropriate attire, and respectful attitudes to patients, families, and other health care providers.
2. Recognize and be sensitive to personal biases.
3. Protect patient confidentiality, privacy and autonomy.
4. Participate in obtaining informed consent.
5. Participate in the care of patients in a culturally safe and respectful manner.
6. Recognize gender and cultural biases that exist personally, in others, and in the health care system.
7. Maintain written records securely, with the understanding that these are legal documents.

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

COURSE CONTACTS

Administrative Coordinators

Saskatoon Site: Carolyn Blushke – carolyn.blushke@usask.ca, (306) 966-7693 fax (306) 966-2601

Regina Site: Annie Ethier – annie.ethier@saskhealthauthority.ca, (306) 766-4890 fax (306) 766-4833

Prince Albert Site: Nicole Toutant – nicole.toutant@usask.ca, (306) 765-6787 fax (306) 765-6783

Administrative Assistants

Saskatoon Site: Shannon Bay – shannon.bay@usask.ca, (306) 966-8828 fax (306) 966-2601

Regina Site: Jeanette Bellavance – Jeanette.bellavance@saskhealthauthority.ca, (306) 766-0558 fax (306) 766-0538

COURSE SCHEDULE

The course consists of seven 6-week blocks (Anesthesia & Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, and Surgery).

All learning objectives (course, module, and session) can be accessed on the College of Medicine /Curriculum website under the appropriate year and course. A print version is also available. Please access the link below for most current objectives.
https://share.usask.ca/medicine/one45/kbase/Curriculum.aspx

INDEPENDENT LEARNING

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

COURSE DELIVERY

Students will learn through a variety of methods including:

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

COURSE MATERIAL ACCESS

Course materials are available on MEdIC in one45. The syllabus, forms, and other useful documents will be posted there. In some modules, BBlearn (Blackboard) will be used for the submission of assignments.

RECOMMENDED MEDICAL INSTRUMENTS

A stethoscope is required. The hospitals provide examining kits consisting of ophthalmoscope/otoscope and reflex hammer on most wards (the quality and availability of these is variable).
PPE (Personal Protective Equipment) is strongly encouraged and available in most patient areas. This is not limited to standard precautions which are the basic level of infection control which should be used in all patients all of the time.

COURSE RESOURCES

See each module for resources.

http://www.choosingwiselycanada.org/recommendations/

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

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

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.

The Core Rotations course is a practical course designed to develop and refine clinical skills. Feedback comes through a variety of sources, and in numerous ways, both formal and informal. Preceptors, residents and other members of the health care team should be providing regular formative feedback to students to help them improve their skills. In rotations of four weeks or more, students will also receive formative feedback through formal mid-rotation feedback.

Students should also pro-actively seek out feedback, and be constantly reflecting, setting targets, and developing action plans for improvement and integration of feedback. Every interaction in this course is an opportunity for growth, and students are expected to thoughtfully reflect on feedback and use it constructively to improve their performance.

Summative feedback will be provided at the end of rotation and through formal oral, written and OSCE exams.

MONITORING OF TIME SPENT IN CLINICAL ACTIVITIES

The students are asked to familiarize themselves with the Clerkship Work Hours and Call Policy. http://medicine.usask.ca/policies/clerkship-work-hours-and-call-policy.php

Students should notify administrative staff, rotation coordinators, or the Year Chair if their rotation schedule is in violation of this policy is being violated. In addition, students can access the Curriculum Feedback Tool to submit a “ticket” in an anonymous fashion, should they wish instead. This will then be addressed by the Rotation Coordinator and Year Chair.

COURSE ASSESSMENT OVERVIEW

Component	Component Requirement	Weighting in Final Mark
Inter-professional Collaboration Modules*	Successful Completion	Successful Completion
Anesthesia/Emergency	70%	11%
Family Medicine	70%	11%
General Surgery	70%	11%
Internal Medicine	70%	11%
Obstetrics and Gynecology	70%	11%
Pediatrics	70%	11%
Psychiatry	70%	11%
OSCE 1	Pass	Formative only (non-graded)
OSCE 2	Pass	23%
Total Course Mark		100%

* The Inter-professional collaboration online modules must be completed as per the requirements below.

OSCEs

There are two OSCEs in Year 3. OSCE 1 will be held in the winter of Year 3 and is purely formative. OSCE 2 will be held in the summer of Year 3 and is worth 23% of the overall grade. The OSCE pass mark will be set using an approved standard setting method as indicated by the College of Medicine's Assessment Policy. The standard setting method will reflect the specific difficulties of items in this test form and pass marks may vary from assessment to assessment. The cut score thus determined will be adjusted to a pass mark of 70%.

COURSE POLICY FOR SUCCESSFUL COMPLETION AND REMEDIATION

For successful course completion for the purposes of promotion, students must achieve the passing requirements of each rotation. In addition, students must also achieve a "pass" on the Summative OSCE. Students not promoted on the basis of being unsuccessful in the course, will receive a grade of "F" on their transcript.

A student's grade for each rotation will be determined at the end of the rotation and is based on the weighted cumulative average of all graded assessments within each individual rotation.

The requirements for successful completion of the Core Rotations Course are listed below. Please note that students must meet the overall Year 3 promotion standards in order to be promoted to Year 4 (see Student Information Guide).

A) For successful course completion for the purposes of promotion, students must achieve the passing requirements of each rotation. In addition, students must also achieve a "pass" on the Summative OSCE. Students who are not promoted on the basis of being unsuccessful in the course, will receive a grade of "F" on their transcript.

B) Students who have not met the passing requirements of any of the seven rotations, or who failed the Summative OSCE, will be deemed to be experiencing academic difficulty. The severity of academic difficulty will be based on a weighted grade deficit assessment (see Table 1 for grade deficit point allocation rubric). Students accumulating 0.5 or more deficit points at any point in the course will be required to meet with a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); and a Rotation Coordinator from a different rotation) to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Affairs representative present if desired. With any further accrual of deficit points, the student will be required to meet with the sub-committee again. If these grade deficits are not identified until the end of term, then a sub-committee meeting may not be held, but the academic outcomes will be determined by the promotions committee.

C) Students who are identified as being in academic difficulty as defined in (B) above may be offered remediation for the rotation and/or OSCE for which they did not achieve the standard. The Rotation Director/Course Director will determine the specific type of remediation needed for each individual student, targeted to the areas of academic weakness. This remediation may be in the form of additional rotational weeks, supplemental assignments, and/ or supplemental examinations as determined by the rotation director and/ or course chair(s).

D) A student who has accrued **3 or more grade deficit points** in Core Rotations Course or **who has failed remediation of a course component** (rotation **or** Summative OSCE) will be considered to have been unsuccessful in the Core Rotations Course and will NOT be offered further supplemental assignments and/ or examinations as per usual course policy. Further decisions regarding academic outcomes will be adjudicated by the Clerkship Promotions Committee and the Student Academic Management Committee.

E) Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course (70% for a Rotation and the adjusted standard-set "pass" score for OSCE). Remediation will take place by the end of the first 6 weeks of Year 4 during the electives time. Thus, the student will be required to forego elective time in order to complete remediation. Students may also request to use vacation time to remediate; this will be considered on a case-by-case basis. It is expected that all remediation will be completed within the first 6 weeks of Year 4. Exceptions to this may be considered on a case-by-case basis as determined by a subcommittee.

F) Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in a failure of the rotation. 6.2 log must be completed within one (1) week of the end of the rotation.

Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

G) A maximum of one remediation attempt/supplemental assessment on any examination component will be offered. If a student fails a supplemental assessment, a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); and a Rotation Coordinator from a different rotation) will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a <u>FAILED</u> rotation. A student may be deemed to have failed a rotation based on their clinical performance alone.

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

Table I: Grade Deficit Point Allocation

	Less than 70% on Rotation or "Fail" OSCE
Anesthesia	0.5
Emergency Medicine	1.0
Family Medicine	1.5
General Surgery	1.5
Internal Medicine	1.5
Obstetrics and Gynecology	1.5
Pediatrics	1.5
Psychiatry	1.5
Summative OSCE	1.0

NBME

National Board of Medical Examiners (NBME) examinations are used as written assessments of clinical knowledge in five of the rotations (Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry).

NBME exams are in a web-based format. NBME exams will be centrally administered by the UGME offices at all 3 sites with support from departmental administrators. NBME exams will be scheduled on the last week of the rotation (i.e. the Thursday or Friday of week 6).

The Clerkship and departmental administrative support staff will act as Chief Proctors for examinations at each site on a rotating basis. In addition, bathroom/monitoring proctors are required to accompany students one at a time on all personal breaks. Supplemental examinations due to failure will be scheduled for three calendar weeks after the originally scheduled exam. Deferred exams due to illness, personal or family emergencies, will be scheduled no later than one week after the originally scheduled exam. Students must let their preceptors and departments know that they will be away from clinic if they are writing an NBME on the supplemental date.

Students may NOT take vacation on the day an NBME Exam is scheduled. Students may NOT be on call the night before an NBME exam (after 1700).

The pass mark on the NBME is set at a 60%; NO exceptions. As all other pass marks within rotations are set at 70%, a student's actual NBME mark will be adjusted upon successful completion of the NBME to reflect the 70% pass condition specified within the rotation. This adjustment will be made in order to allow the NBME to count towards the rotations grade. Should a student be unsuccessful on their first attempt, they will be offered a second attempt three weeks later.

Rotation Based Exams

There are three rotation - based exams in each of the Anesthesia, Emergency Medicine and Family Medicine rotations. The Emergency and Anesthesia rotation exams will be scheduled on the same day as the NBMEs. The Family Medicine rotation exam will be scheduled on the last Friday of the 6-week rotation. All of the requirements for the NBME apply to the rotation-based exams; **please note however, that the pass mark for the rotation-based exams is 70%**. Please see the rotation specific information in the appropriate section below.

The College of Medicine is currently developing rotation-based exams for each of the Core Rotations that currently have a NBME. Please note that for the 2019/2020 academic year, students may be required to write a **pilot** rotation exam **in addition** to the NBME. This will provide formative feedback only and will not be included in the summative assessment of the student. Students will receive specific information regarding additional rotation exams during the rotation orientation.

NBME or Module Examination Deferral

Any request for deferral of an NBME write (first attempt or remediation) must go through the appropriate channels in accordance with the College's Deferred Exam Policy.
http://medicine.usask.ca/policies/deferred-exams.php

A written (email) request must be sent to the Year Chair or Year Site Coordinator with a copy to the Clerkship Administrator at the appropriate site, and the Rotation Coordinator for the rotation in question. Any exams not requested in this manner will be held on the usual set date. If a student does not show up on that date, and a request for deferral has not been sent, the student will receive a failing grade and be required to take a rewrite.

NBME or Module Examination Remediation

A student who fails his or her first attempt should meet with the Rotation Director/Coordinator to discuss what his or her areas of weakness are and how/what the student is studying/preparing.

If a student fails his or her second attempt, they will accrue a 1.0 grade deficit point. A course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); and a Rotation Coordinator from a different rotation) to determine a course of action, which may include either (1) remediation and additional supplemental NBME, or (2) a FAILED rotation (accruing an additional 0.5 deficit point for a total deficit of 1.5 points) secondary to additional deficits identified in the rotation which may include, but are not limited to, clinical performance or professionalism. The student will be invited to attend this meeting and is encouraged to invite a Student Affairs representative present if desired.

Please note: The block 8 NBME will be held one week earlier, with the second attempt at the end of the rotation in order to have this completed prior to Year 4. Students will not accrue grade deficit points unless they fail a second re-write in block 8.

ATTENDANCE EXPECTATIONS

All academic sessions in Clerkship are mandatory.

Unexplained absences will be treated very seriously and considered unprofessional conduct. These absences may be reflected in the final grade and may constitute grounds for failure of the rotation, even if the student has passed other assessments. Students should contact the rotation coordinator or departmental administrative assistant for that particular rotation as soon as possible if an absence is necessary.

Please note that the *maximum* amount of time from a 6-week Rotation, *regardless of the reason* (education leave, vacation, illness, etc.) is 5 working days. Should a student exceed this number they may be at risk of failing the rotation and may be required to remediate. There may be differences to this maximum in rotations less than 6 weeks. Please see the rotations sections for specifics.

In addition, the maximum amount of time a student may be absent for any reason (other than vacation) during Year 3 is 12 days. If a student exceeds the maximum time allowable, a meeting with the Year Chair and the relevant Rotation Director/Coordinator will occur and this may result in an incomplete course and a student may be at risk of having to repeat Year 3.

See Student Information Guide for MD Program Attendance and Absence policy.

COURSE EVALUATIONS QUALITY IMPROVEMENT

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

The changes have been made to the following rotations:

- **Anesthesia**
  - Transitioned from paper to Examsoft MCQ exam
  - Changed laryngoscopy and intubation 6.2 requirement from 'perform' to 'participate'
  - Moved some case discussions to different weeks to balance length of teaching sessions
  - Improved lecture content on laryngoscopic anatomy
  - Added 1/2 day in pre-anesthetic clinic and 1/2 day out of OR anesthesia
- **Emergency Medicine**
  - The online interpretive module has been expanded.
- **Family Medicine**
  - Introduction of series of case-based teaching topics
- **Internal Medicine**
  - Added a third ambulatory care rotation schedule. This will ensure that each clinic will only have one clerk at a time to maximize clinical exposure and teaching.
- **Obstetrics and Gynecology**
  - SIM schedule similar to last year (which saw a big rise in the number of SIM sessions offered).
  - Standardization of teaching topics across the 3 teaching sites.
- **Pediatrics**
  - The outpatient clinic evaluation form has been updated.

COURSE MODULES

Inter-professional Collaboration
The goal of this module is to prepare you for learning opportunities designed to enhance your ability to practice collaboratively. This is a longitudinal module which will run throughout the Year 3. It will consist of 7 online video seminars.

MODULE OBJECTIVES

By the end of the module the student will be expected to:

1. Articulate unique factors that influence inter-professional communication.
2. Describe key elements of patient-centred care including the patient's family and community.
3. Describe your own role & consider the roles of others in determining your own professional and inter-professional roles.
4. Describe group processes which improve inter-professional team functioning.
5. Describe steps and strategies for conflict resolution within interpersonal groups.
6. Articulate key principles of collaborative leadership which contribute to group effectiveness.

STUDENT ASSESSMENT

Students will be required to work through 7 online mini modules covering a variety of topics in inter-professional collaboration. Each of the "IPC on the Run" modules will take approximately 30 minutes to complete – students may complete the modules on their own time, but 30 minutes will be provided within each of 7 different Core Rotations. Once each module is complete, students will be required to submit a certificate of completion (accessible from the website) to the appropriate UGME Administrative Coordinator.

Certificates will need to be submitted to the UGME office no later than 3 weeks prior to the end of Year 3. Failure to do so will be considered unprofessional and may result in an incomplete course component.

Inter-professional Collaboration will be further assessed within the rotation ITARs as well as part of the two OSCEs.

ANESTHESIA AND EMERGENCY MEDICINE

This module will be divided 65% EM and 35% Anesthesia for weight of assessment based on the split of the rotations – 4 weeks EM, 2 weeks Anesthesia. Students are required to pass both rotations with a minimum of 70% to be considered successful on completion of the module.

ANESTHESIA

MODULE CONTACTS

Rotation Director/Coordinators

SASKATOON SITE
Dr. Paul Korchinski (Director)
Email: paul.korchinski@usask.ca
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REGINA SITE
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PRINCE ALBERT SITE
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Rotation Administrators:
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WEBSITE: http://medicine.usask.ca/department/clinical/anesthesiology.php

ROTATION DESCRIPTION

Duration: 2 weeks

Call: N/A

Vacation/Educational Leave: Vacation is not permitted on this rotation. Educational leave totaling one (1) day may be allowed with permission from the College of Medicine and the rotation director.

Flex Days: Flex Days are not permitted on this rotation.

Maximum time away from rotation for any reason: Two (2) days.

Absences of more than 2 days, regardless of reason for absence, will require completion of additional anesthesia time within 30 days of the end of rotation. Failure to do so may result in failure of the rotation.

This is a compulsory rotation for clerks with the terminal objective that the graduating students possess technical experience with vascular access and airway management, including bag-mask ventilation, as well as the knowledge required of a family practitioner to prepare and counsel patients for anesthesia and surgery at a basic level. By the end of the rotation clerks will be expected to demonstrate an understanding of pre-operative evaluation and optimization, intraoperative anesthesia management and monitoring, and post-operative care including recovery room, intensive care and pain management. Interactive seminars will cover related material.

ROTATION OBJECTIVES

By the end of the rotation clerks will be expected to:

Medical Expert

1. Perform an appropriate observed, family and patient-centered history on a patient.
2. Perform an appropriate observed and focused physical examination.
3. Perform a thorough assessment of the upper and lower airway including, but not limited to, Mallampati Classification and Cormack-Lehane Laryngeal Grade.
4. Interpret results of appropriate and evidence-informed diagnostic tests in the perioperative evaluation of patients.
5. Present a focused problem list and assign an appropriate ASA physical status based on the patient assessment.

6. Determine which medications to continue or to hold preoperatively (e.g. antihypertensives, antiarrhythmics; anticoagulants, oral antihyperglycemics).

7. List the recommended preoperative fasting guidelines and risk factors for perioperative aspiration.

8. Counsel a patient regarding smoking cessation and its benefits within the perioperative context.

9. Develop an anesthetic plan from suitable options for a given patient (e.g. General anesthetic, neuraxial anesthetic, regional anesthetic, MAC).

10. Describe the anatomic and physiologic changes of pregnancy and its impact on anesthetic management.

11. Outline the anesthetic considerations in the pediatric patient and describe their impact on anesthetic management.

12. Illustrate the main therapeutic properties and side effects of the following drug classes. Examples in parentheses.
    a. Benzodiazepines (lorazepam, diazepam, midazolam)

    b. Opioids (Fentanyl, sufentanyl, morphine, hydromorphone)

    c. Intravenous anesthetic agents (Propofol, Ketamine)

    d. Inhalational anesthetic agents (Sevoflurane, desflurane)

    e. Muscle relaxants (Succinylcholine, rocuronium)

    f. Local anesthetic agents (Lidocaine, bupivacaine, ropivicaine)

    g. NSAIDS (Ibuprofen, celecoxib)

    h. Vasoactive agents (Phenylephrine, ephedrine)

    i. Antiemetic agents (Dexamethasone, ondansetron, metoclopramide)

13. Explain equianalgesic dosing of opioids and apply an appropriate dosing strategy of opioids in the perioperative period.

14. Demonstrate and interpret twitch monitoring in a patient with neuromuscular blockade.

15. Summarize the differences between amide and ester local anesthetics and list the maximum recommended dosages of common local anesthetics (Lidocaine and Bupivicaine).

16. Describe the signs and symptoms of local anesthetic toxicity and outline the initial management.

17. Demonstrate an appropriate preoperative fluid status assessment based on combined history, physical examination, and laboratory investigations.

18. Describe the physiologic and pathophysiologic routes of fluid loss in the perioperative setting.

19. Successfully insert a peripheral intravenous catheter.

20. List the major components of the commonly-used crystalloid fluid solutions.

21. Select an appropriate fluid and electrolyte replacement strategy based on anticipated and realized patient fluid and electrolyte deficits, ongoing losses, and maintenance requirements.

22. Define the indications and complications of the various blood products (PRBC's, FFP, Platelets).

23. Discuss the considerations when deciding to transfuse a blood product.

24. Explain multimodal analgesia.

25. Describe the advantages and limitations of commonly used pain modalities: Patient-controlled analgesia (PCA), epidural analgesia, peripheral nerve block.

26. Evaluate a patient's pain status using recognized assessment tools.

27. Observe the insertion of an epidural.

28. Participate in the placement of a spinal block.

29. Discuss tailored analgesia strategies in the chronic pain patient presenting for surgery.

30. Utilize the predictors of difficulty in execution of each of the following: Bag-mask ventilation, LMA placement, direct laryngoscopy and intubation.

31. Successfully bag-mask ventilate an unconscious patient.

32. Recognize the signs of upper airway obstruction and demonstrate the appropriate corrective maneuvers: Placement of oral or nasal airways, head repositioning, jaw thrust and chin lift maneuvers.

33. Successfully insert and confirm correct placement of an LMA under direct supervision.

34. Independently prepare the appropriate equipment for intubation.

35. Participate in laryngoscopy and endotracheal intubation for an anesthetized patient under direct supervision.

36. Independently recognize the signs of unsuccessful endotracheal intubation.

37. Identify the indications for endotracheal intubation and associated short-term and long-term complications.

38. Participate in the resuscitative effort in a supportive role under the direction of the supervising anesthetist.

39. Demonstrate knowledge of proper patient assessment during an emergency using an ABC approach.

40. Apply ECG leads and BP cuff to the patient with minimal required supervision.

41. Describe the risk factors, prevention and management of postoperative nausea and vomiting.

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters.

2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.

3. Communicate in a language easily understood by patients and family members.

4. Communicate in a culturally competent and sensitive manner.

5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.

2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

Leader

1. Manage workload effectively.

2. Identify and address potential barriers to efficient and safe workflow.

Health advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.

2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.

2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.

3. Participate in the education of patients, family members and other health care team members in a respectful manner.

4. Describe the principles of quality improvement and how they relate to patient care and safety.

5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.

3. Provide culturally safe and respectful care to all patients, including Indigenous populations.

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

STRUCTURE OF THE ROTATION

Saskatoon: Royal University Hospital, St. Paul's Hospital, and Saskatoon City Hospital are involved in the Anesthesia clerk program in Saskatoon. Each clerk will be assigned to a hospital at the discretion of the Rotation Director/Coordinator. Each clerk, before their rotation in the Department of Anesthesia, will receive an email from the rotation administrator advising them of the time and location of their main OR rotation and their one day of obstetrical anesthesia at the RUH Labour Unit.

Regina: Clerks will be notified of their schedule by email from Kim Gilbert one week prior to the start of the rotation. Clerks will spend time at Regina General Hospital, Pasqua Hospital, the pre-admission clinic at Regina Crossing, and the Labour and Birthing Unit at RGH. Timing and allotment will be left to the discretion of the departmental clerk coordinator. Clerks are expected to notify their preceptor to arrange a topic for discussion and to determine a location to meet on a daily basis.

Prince Albert: On the first day of your rotation please present to the OR dictation room at 7:30am and look for Dr. Chao.

CLERK DUTIES/EXPECTATIONS

Saskatoon Site: Clerks will be assigned to various clinical anesthesiologists during their main OR days. Clerks may be scheduled in the same OR as an anesthesia resident. Clerks are expected to be present in the OR holding area by 7:30 AM each day to perform a history and physical examination on their first patient. Clerks are expected to be present on RUH Labour Unit (4th floor old building) at 7:30 AM on their assigned Obstetrical Anesthesia day to meet the obs anesthesia resident or attending. If the OB nursing staff cannot direct you to the anesthesiologist or resident, please page "Obstetrical Anesthesia" through switchboard (#1000). Attendance at weekly grand rounds in encouraged and occurs on Fridays at 7:15 AM September-June.

Regina Site: Clerks will be assigned to various clinical anesthesiologists in the OR, and in addition, will complete one half day in the Surgical Assessment Centre doing preoperative consults and one day on the Labour and Birth Unit for obstetrical anesthesia. Clerks are expected to present themselves to the Day Surgery unit daily at 7:00 AM to obtain experience in starting IVs and to perform a history and physical examination on their first patient. Clerks will then be present in the OR at 7:30 AM.

Prince Albert Site: Clerks will be assigned to various clinical anesthesiologists during the two-week rotation. Clerks are expected to be present in the OR by 7:30 AM each day.

TEACHING SESSIONS

Mandatory 3-hour teaching sessions will be provided throughout the rotation on a weekly basis. Attendance is mandatory, including during the clerk's 4-week emergency rotation. Any absences will need to be justified and appropriate documentation submitted. The first week's session includes the orientation from the Rotation Director and a 1-hour anesthesia procedures workshop. Session topics, PowerPoint slides and cases will be available on One45. Each clerk is responsible give a 5-10 minute 'Student Presentation' to your colleagues on an assigned anesthesia related topic on one occasion during the 6 week block. Your presentation date and topic will be available in the teaching schedule (via email or one45).

RESOURCES

Required Reading & Primary Reference Text:

Ottawa Anesthesia Primer, Patrick Sullivan

This book is available in the Department of Anesthesia Library and may be borrowed while on this rotation.

Supplemental / Optional Reference Textbooks

Understanding Anesthesia: A Learner's Guide, Karen Raymer

This book is available for free in the iTunes bookstore. It is also available for free in PDF format at http://www.understandinganesthesiology.com.

Anesthesia Clerkship Manual: A Guide to Anesthesia for Medical Students (U of T), Ahtsham Niazi & Clyde Matava

This book is available free in the iTunes bookstore.

Oxford Handbook of Anaesthesia, Keith Allman

This book is available online through the University of Saskatchewan library portal.

STUDENT ASSESSMENT

The final evaluation and pass criteria for Anesthesia includes all of the following:

1. Clinical performance as measured by daily clinical assessment forms filled out by resident or attending physicians. The following criteria are required to pass:

    - Assessments of professionalism must be at a minimum "Meets Expectations" on the summative ITAR.

      Clinical Summative Assessment: The daily assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

    - The student must have a minimum of "Meets Expectations" on all categories for the final summative assessment form (ITAR) to pass the clinical portion.

2. End-of-rotation Anesthesia exam. 50 MCQs written on Examsoft.

    i. Mark of at least 70% is required to pass

    ii. If the initial mark is less than 70%, the student is provided with the opportunity to write a supplemental examination. A mark of at least 70% on the supplemental exam is required to pass. Students successful on the supplemental examination will be awarded a grade equivalent to the minimum pass mark for that examination.

3. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.

4. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

5. A maximum of one remediation on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

   Please note: Attendance at weekly anesthesia teaching sessions is mandatory. Unexcused absences will not be tolerated and will be considered as a reflection of a student's professionalism and scholarship on rotation.

Final clerk grades will *not* be released until 6.2 logs have been completed. The breakdown for marks will be as follows:

	Assessment Type	Weight
1.	Summative Assessment Form	50%
2.	Written examination	50%
	6.2 logs	Completion
	Total	100%

Note: The student must pass all assessment types to pass the rotation.

EMERGENCY MEDICINE

MODULE CONTACTS

Rotation Director/Coordinators

SASKATOON SITE
Dr. Schaana Van De Kamp (Provincial Director)
Email: schaana.v@usask.ca
Phone: (306) 655-1446
Saskatoon RUH 2685

REGINA SITE
Dr. Bijhan Ebrahim
Email: bijhan.ebrahim.usask.ca
Phone: (306) 766-3706
Regina RGH

PRINCE ALBERT SITE
Dr. Matthew Parsons
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Phone: (306) 765-6787
Prince Albert VGH

Dr. Jacobus Van de Merwe
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Prince Albert VGH

Rotation Administrators

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Regina RGH

Nicole Toutant
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Prince Albert VGH

WEBSITE: http://medicine.usask.ca/department/clinical/emergency.php

ROTATION DESCRIPTION

Duration: 4 weeks

Call: N/A

Vacation/Educational Leave: A maximum of 3 vacation days may be taken. Vacation leave will not be approved vacation/leave during the first week or the fourth week of the rotation. This includes leave for educational reasons. Requests for vacation/leave must be submitted no later than 6 weeks prior to the first day of the rotation. Requests may not be approved. **If you are absent more than 3 days, regardless of reason for absence, you will be required to complete additional shifts within 30 days of the end of the rotation. Failure to do so may result in failure of the rotation.**

Core EM Presentations (List 1)
Abdominal Pain, Bone/Joint Pain, Chest Pain, Syncope/Vertigo, Fever, Headache, Dyspnea/Cough, Respiratory Distress, Sepsis, Nausea/Vomiting, Intoxication/Agitation, Altered Level of Consciousness/ Seizures, Back/Flank Pain, Poisoning/Overdose, Vaginal Bleeding/Bleeding in Pregnancy, Acute Pain, Skin and Soft Tissue Infections.

Core EM Presentations (List 2)
Cardiac Arrest, Anaphylaxis/Airway Obstruction, Burns, Injury Related to Temperature Extremes, Trauma, Shock, Stroke, Bites.

ROTATION OBJECTIVES

By the end of the rotation clerks will be expected to:

Medical Expert

1. Perform an appropriate and focused observed history for patients with a core EM presentation (see list 1), using a patient and family-centered approach.
2. Perform an appropriate and focused observed physical examination for patients with a core EM presentation (see list 1), using a patient and family-centered approach.
3. Select and interpret relevant diagnostic tests in the evaluation of patients with a core EM presentation (see list 1).
4. Develop and refine a differential diagnosis based on clinical information and results from investigations for the core EM presentations (see list 1).
5. Develop and discuss appropriate plans for the management of patients with the core EM conditions (see list 2).
6. Develop and apply appropriate triage skills in the identification of patients with life-threatening conditions.
7. Develop skills to provide appropriate resuscitation to acutely unwell patients and those with immediately life threatening presentations.
8. Determine appropriate disposition for patients (admit versus discharge), and ensure appropriate disposition plans for discharged patients.
9. Discuss advantages and disadvantages of pharmacologic and non-pharmacologic treatment modalities based upon the patient's context and issues.
10. Interpret each of the following: anion gap, osmolar gap, bone/joint x-ray, Chest x-ray, Abdominal x-ray, ECG, VBG or ABG.
11. Administer appropriate local anaesthetic and perform minor wound closure.
12. Analyze the process of triage and prioritization of care.

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters.
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.
3. Communicate in a language easily understood by patients and family members.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

Leader

1. Manage workload effectively.
2. Identify and address potential barriers to efficient and safe workflow.

Health Advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

STRUCTURE OF THE ROTATION

Clerks are expected to do 3-4 shifts for every week spent in the Emergency Department (but not always exactly that many in each calendar week – for example, you may have 5 one week and 3 the following week. These shifts will be a combination of days, evenings, and nights as well as a combination of weekdays and weekends. Clerks are expected to work one weekend for every two weeks on rotation. Requests for time off must be submitted to the admin listed for your site (see above list) a minimum of 6 weeks prior to the start of the rotation. Please be aware that requests may not be approved and that requests for 'stacking' of shifts will not be approved.

Academic Half Day will be accommodated however you may also be scheduled a shift the same day. If you are scheduled during your academic half-day, you are allowed to excuse yourself from that portion of your shift and you are expected to return to your shift within 15 minutes of the end of AHD if at RUH/RGH and 30 minutes if at a different site.

First Day of Rotation

- **Saskatoon:** General orientation will occur on the 1st day of the rotation. Time and place will be confirmed through email communication. Please read your email very carefully. A welcome letter will also be sent out prior to your rotation – please review this for further details regarding the rotation. Clerks must report to their assigned sites for their first scheduled shift (it is a good idea to be a few minutes early to make introductions to the nurses and find the attending you are scheduled to work with). Clerks must identify to their attending that it is their first shift and the attending will provide a brief site specific orientation to the functioning of that particular EM department.

- **Regina:** General orientation details will be sent to Clerks in an email. The orientation will take place in the College of Medicine office. After orientation, Clerks must report to their assigned sites for their first scheduled shift (it is a good idea to be a few minutes early make introductions to the nurses). Clerks must identify themselves to their preceptors and make them aware it is the Clerks first shift. Preceptors will give their Clerks an orientation to functioning in that particular Emergency Department.

- **Prince Albert:** There is no formal orientation on the first day. Students will have been provided with a daily schedule prior to their start date. Show up a few minutes early to introduce yourself on your first shift, find out where to get scrubs, etc. Identify yourself to your preceptor and make them aware it is your first shift. They will give you an orientation to functioning in that particular Emergency Dept.

  On this rotation you will be expected to work five 8 hour shifts per week in the Emergency department, which will include overnight shifts and weekend shifts.
  Until further notice, the PA students will be required to travel to Saskatoon for one Monday of their rotation for SIMs. This will be coordinated through the admin coordinators between Saskatoon and PA. This day and time will be confirmed by email when you receive your welcome package. The SIM day will take the place of one ED shift.

CLERKS DUTIES/EXPECTATIONS

- Clerks **must** attend all shifts. If a Clerk is unable to attend clinical duties due to illness/unavoidable absence, he or she must notify the EM rotation coordinator/Admin **AND** the preceptor for that day. Failure to do so may result in a professionalism form being submitted.
- Clerks **must** show up on time.
- Clerks must dress professionally: scrubs or professional clothing. If a Clerk chooses not to wear scrubs, a lab coat or a gown will be required for procedures.
- Clerks must seek out a variety of patients while on shift to cover as many core topics as possible. It the responsibility of the Clerk to ensure that all required clinical exposures/learning experiences are achieved. Please contact the Rotation Coordinator if any deficiencies are noted BEFORE the end of rotation to ensure exposure to such deficiencies.
- Clerks **must** complete an **observed** history and an **observed** physical at some point during the rotation. It is the Clerk's responsibility to ensure this is completed during their rotation.
- Clerks must take responsibility for their patients which includes following up on investigations and response to treatments. Clerks should not leave their shift until all of their patients have been looked after (discharged or handed over/consulted to another physician). Clerks MAY have to stay beyond their scheduled shift end time to do this – in the rare event this occurs, the Clerk will NOT receive time off in lieu.
- Clerks must have their preceptors fill out their evaluation forms at the end of every shift and collate them to discuss at both the midpoint and the exit interview at the end of the rotation.
- Clerks must come up with at least one learning goal at the beginning of each shift, review that goal at the end of the shift and discuss one for the next shift.
- Clerks must attend all scheduled teaching sessions. Failure to do without prior approval for absence will result in a professionalism form being submitted.
- Clerks must write their exit exam. This is a CLOSED book exam and Clerks are required to do this independently at a time and place specified in the Welcome package.

- Clerks must fill out their 6.2 PATIENT/PROCEDURE LOGS on one45 PRIOR to handing in their daily evaluation forms at the end of the rotation. Failure to do so within 1 week of the end of rotation will result in a professionalism form being submitted and may result in a failure of the rotation.
- Clerks will be scheduled to shadow a triage nurse and/or clinical coordinator/charge nurse for a portion of one shift during the rotation. It is the Clerk's responsibility to ensure completion and submission of the triage nurse evaluation form with the clinical daily evaluation forms. The Clerk will also be required to complete and submit a written reflection on the experience. Please refer to one45 for details.
- Clerks must evaluate the rotation AND 3-4 individual preceptor(s) with whom he or she worked. Evaluations will be sent through one45 for completion.

TEACHING SESSIONS

Emergency Medicine Academic Half Day (Mandatory): Wednesdays excluding stat holidays

Saskatoon:

1200-1530h - Sasktel Theatre (please check your email regularly as the location may change)

Regina:

1200-1530 – Academic Health Sciences Conference Room RGH 0A

Prince Albert:

Please refer to the Welcome package for details.

There may be days when EM AHD ends early. If scheduled for a shift that day, Clerks must return to their shift within 30 minutes after the end of EM AHD.

Suture Lab (Mandatory)

Objective: To review and perform basic suturing techniques that will be utilized for wound closure in the ED.

Saskatoon: B410 Health Sciences Building (Mandatory)
This session will review procedures for suturing in the ED. This will generally be scheduled on the first Monday morning of the rotation.

Regina: RGH Simulation Centre (Mandatory)
Details regarding date and time will be sent in the Welcome Package.

Prince Albert
Details regarding date and time will be sent out in the Welcome Package

Core Cases (Mandatory)

Objective: To discuss general Emergency Medicine topics/cases that while essential to the practice of Emergency Medicine, may not present to the ED during the Clerks' time on the rotation, given the unpredictability of the Emergency Department

We will discuss paper-based cases on topics that are encountered in the ED. The purpose of the paper cases is to discuss subject areas that you may not see during your clinical shifts, given the unpredictability of the ED. This session will generally occur on the first Monday morning of the rotation. Time and place **at your specific site** will be specified in your Welcome Package. Please note: The cases will be distributed prior to the session so as to enhance participation and discussion. Please refer to listed resources for pre-reading around general EM topics for further preparation.

High Fidelity Simulation 'SIM' (Mandatory)

Objective: The Clerk will lead a simulation case focused on the assessment and acute management of common EM presentations and provide the opportunity for the Clerk to lead a team in the ongoing resuscitation and care of critically ill simulated patients

There will be a High Fidelity Simulation session during your rotation. Given the unpredictability of the Emergency Department, cases will be chosen to expose you to cases you may not see while on rotation but are important subject areas to cover. These experiences will apply to the completion of your 6.2's/required learning experiences. We will run you through scenarios focusing on resuscitation skills: altered mental status and seizures, airway obstruction, respiratory distress and failure as well as shock and cardiac arrest. Residents will be present and there may be practicing ER nurses and paramedics participating alongside you. The goals are to give you a chance to manage the 'sick' patients you may not have an opportunity to see or manage independently during your shifts. It is also an opportunity to participate in collaborative care. It is hoped that this experience will encourage you to read around these topics and take more initiative in managing these patients while on shift. The more engaged in the simulation environment you are, the better the learning.

Saskatoon:
The sessions occur in the CLRC in the Health Sciences building. Sessions run every 2nd Monday from 1230-1630.

Regina:
This will take place on Mondays in the RGH Simulation Centre after orientation. Dates and times will be emailed prior to the start of the rotation.

You will receive an email regarding the date of the teaching sessions, as well as weekly reminders of Academic Half Day location and topics. If you are scheduled for a shift during these sessions, you are expected to excuse yourself from that portion of the shift.

RESOURCES

- Online resources

  https://flippedemclassroom.wordpress.com

  http://lifeinthefastlane.com (blog + reference library)

  https://emottawablog.com (blog + EM handbook)

  http://aliem.com (blog)

  http://canadiem.org (blog)

  http://first10em.com (blog)

  http://emin5.com (podcast)

  http://embasic.org (podcast)

  http://thesgem.com (podcast)

  http://www.oxfordmedicaleducation.com/procedures/ (procedures)

Hans, L., Mawji, Y. (2012). The ABC's of Emergency Medicine. University of Toronto.

- **Available on one45 as a pdf**

Clerkship Directors in Emergency Medicine, Society of Academic Emergency Medicine. *Emergency Medicine Clerkship Primer: A Manual for Medical Students*. Lansing, MI: Clerkship Directors in Emergency Medicine; 2008.

- 100 pages on Emergency Medicine, generating Differentials, Ordering Tests, Presenting patients to your preceptor, etc.
- **Available on one45 as a pdf**

Emergency Medicine Student Guide to Oral Presentations

- Authors: Davenport C, Honigman B, Druck J, University of Colorado School of Medicine
- A framework on how to present your patients efficiently and effectively during an Emergency Department shift
- **Available on one45 as pdf**

Tintinalli, J.E., G. D. Kelen, et al. Tintinalli's Emergency Medicine: A Comprehensive Study Guide. New York: McGraw-Hill, Health Professions Division, 2011.

- Covers almost all relevant EM topics in depth
- Available through the U of S library, in print, and on-line
- Access Medicine

  http://www.accessmedicine.com.cyber.usask.ca/resourceTOC.aspx?resourceID=40

STUDENT ASSESSMENT

The final evaluation for Emergency Medicine includes all of the following:

	Assessment Type	Weight
1.	Clinical Performance (ITAR)	70%
2.	Written examination	25%
3.	Reflection	5%
4.	6.2 logs	Completion
5.	On Line Interpretive Assignment	Formative
6.	Ultrasound Module	Formative
	Total	100%

Note: The student must pass all assessment types to pass the rotation.

** **Final grades will not be released until the 6.2 logs are completed****

** **Overall the EM rotation is worth 65% of the combined EM/Anesthesia Rotation but each individual rotation must be successfully completed with a minimum of a 70% to achieve a 'Pass' on the overall rotation****

1. **Clinical Performance** as measured by evaluations filled out by attending physicians for **every** Emergency shift. If a Clerk fails to submit all of the daily ITARs, the clinical component is considered to be incomplete and may constitute a failure of the rotation. A failure of clinical performance is indicated by any of the following:

    - Assessments of professionalism below "Meets Expectations" on the summative ITAR.
    - Failure to achieve a minimum of "Meets Expectations" on all categories for the final Summative Assessment (ITAR).
    - The daily assessments will be compiled to complete an ITAR (In Training Assessment Report). This will contribute to 70% of the mark. All narrative comments as well as the rating scales will be utilized to formulate a final summative itar.

      Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

2. **Written Exam:** Clerks must achieve a minimum of 70% on the written exam. If a Clerk has a score of less than 70% he or she may be offered an opportunity to remediate and write a supplemental exam, however this is contingent on overall performance in the other components. If a Clerk is performing poorly overall, he or she may NOT be offered an opportunity to remediate and may be required to repeat a portion of/all of the rotation. A meeting with a subcommittee consisting of the Clerkship Chair, the Rotation Director and a Rotation Coordinator from another discipline may be convened in this circumstance to make decisions regarding remediation.

3. **Reflection:** You must submit the reflection no later than seven (7) consecutive calendar days following the shadowing experience. See Assignment Submission Policy. The reflection will be marked according to a rubric and is posted on One45.

4. **6.2 log**: Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.

5. **Online Interpretive Assignment:** This is an online formative assignment to provide Clerks an opportunity to develop their interpretive skills through case based, independent learning of 'must not miss' diagnoses. Clerks are expected to complete and submit the assignment during the EM rotation.

6. **Online Ultrasound Module**: This is an online, formative module designed to provide Clerks additional opportunities to interpret POCUS images. Clerks are expected to complete the module on Blackboard during their EM rotation.

Please note: Attendance at all learning activities, including Emergency Academic Half-Days is mandatory. If you are absent from any learning activity (suturing lab, SIMs, AHD, Triage shift, core cases) without prior approval, this constitutes an incomplete rotation and may be grounds for failure, at the discretion of the Rotation Director or Rotation Coordinator.

Clerks will be required to attain "Meets Expectations" on assessments of professionalism. If any unprofessional behavior is identified, this may be grounds for failure of the rotation independent of performance in clinical shifts/learning activities.

Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

A maximum of one remediation attempt on any rotation component may be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) an additional supplemental assessment, or (2) a FAILED rotation.

Daily Shift Evaluation Forms

1. Fill out a learning goal at the beginning and end of each shift.
2. Solicit feedback from the preceptor at the end of each shift.
3. A copy of the daily evaluation form is available on one45.
4. Please ensure all forms are submitted for review at the mid-rotation and exit interviews.

Written Exam

Clerks will write a rotation-based exam consisting of multiple choice and short answer questions focusing on an approach to undifferentiated patients and common ER presentations. Clerks must achieve 70% on this exam to pass. Please see above for clarification of process if a Clerk is unsuccessful on the written exam. The exam will be written on the last Thursday of the 6-week rotation. Students will receive an email confirming the location and time of the exam.

** There will be a mid-point rotation interview as well as an exit interview during your rotation. The date/time/place will be specified by the individual Rotation Coordinator/admin at each site.

This is a high yield rotation which can provide an excellent learning environment. Please be eager to learn and engaged in the process – this will ensure a good learning experience for you. Please be aware that this is a fast paced, highly acute environment. There may be situations you are exposed to or be involved in that may make you feel uncomfortable or cause stress. It is always a good idea to debrief these experiences with your attending preceptor for that shift. You can also contact the Rotation Director/Coordinators as well as Student Services for support/debriefing.

** Mistreatment: there is zero tolerance for student mistreatment. If you experience any kind of mistreatment from faculty, nursing staff, other allied health care professionals, etc. while on your rotation, please contact the Rotation Director/Coordinator immediately.

FAMILY MEDICINE

MODULE CONTACTS

Rotation Director/Coordinators

Rotation Administrators

SASKATOON SITE

Dr. Chantal Ansell (Site Coordinator)
Email: chantal.ansell@usask.ca
Phone: (306) 655-4200
West Winds Primary Health Centre

Tracy Lewis
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Phone: (306) 655-4211
Fax: (306) 655-4895
West Winds Primary Health Centre

REGINA SITE

Dr. Rejina Kamrul (Director)
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Phone: (306) 766-0444
Fax: (306) 766-7135 Regina Centre Crossing

Dr. Kaitlyn Hughes (Site Coordinator)
Email: kaitlyn.hughes@usask.ca
Phone: (306)-766-0444
Regina Centre Crossing

Kristen Fuchs
Email: Kristen.Fuchs@saskhealthauthority.ca
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PRINCE ALBERT SITE

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Fax: (306) 765-6783
Prince Albert VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/family-medicine.php

ROTATION DESCRIPTION

Duration: 6 weeks: 4 weeks rural, 2 weeks urban

Call: Rural: up to 1 in 4 days, which will include three weekend days (Friday, Saturday, Sunday) Urban: up to three days of call, including one Saturday or one Sunday

Vacation/Educational Leave: Rural: Maximum 5 working days
Urban: Not Permitted

Family Medicine is recognized as a specialty, based on a body of knowledge and an approach to care unique to its discipline. Because family physicians' commitment is to the person and not to a particular organ system, age group, or technique, they must be skilled in accepting responsibility for the **full scope of care of patients in health and illness at all stages of the life cycle**. While facets of its comprehensive patient-centered approach are present in the care provided by other specialists, no other discipline has all of these tenets as its core raison d'être. This approach is described according to the four principles of family medicine:

- The family physician is a skilled clinician.
- The patient-physician relationship is central to the family physician's role.
- The family physician is a resource to a defined population.
- Family medicine is community based.

ROTATION OBJECTIVES

By the end of the rotation clerks will be expected to:

Medical Expert

1. Perform an appropriate observed history on a patient, using a patient and family-centered approach, presenting with a problem not limited to List 1, 2, and 3**.

2. Performance of an appropriate observed physical examination on a patient presenting with a problem, using a patient and family-centered approach, not limited to List 1, 2, and 3**.

3. Develop a relevant, prioritized differential diagnosis through clinical reasoning and integration of clinical information for a problem from List 1**.

4. Select and interpret results of appropriate and evidence-informed diagnostic tests in the evaluation of patients with a problem from List 1, and propose initial management plan with consideration of patient context **.

5. Develop and apply an appropriate evidence informed treatment or management plan, including where appropriate pharmacologic and/or non-pharmacologic strategies, multidisciplinary care, patient self management and follow-up plans for patients with conditions and/or complications related to the conditions from List 2**.

6. Actively participate in the following patient encounters from List 3**. Understand normal development and aging processes and recognize deviations from the norm.

7. Describe evidence-informed principles of surveillance and screening for the normal/healthy population and for at-risk populations.

8. Perform each of the following: a pap smear, breast examination, rectal exam, otoscopy, Plot and interpret growth curve, and BMI, Perform and interpret vital signs.

9. Identify the four principles of family medicine.

10. Describe how the four principles of family medicine differ from a specialist.

11. Differentiate between rural and urban family medicine from the perspective of the physician.

12. Differentiate between rural and urban family medicine from the perspective of the patient.

13. Discuss reportable illnesses.

14. Discuss advantages of pharmacologic and non-pharmacologic treatment based on patient's context and issues.

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters.

2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.

3. Communicate in a language easily understood by patients and family members.

4. Communicate in a culturally competent and sensitive manner.

5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.

2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

3. Collaborate with appropriate community resources and other professional services such as OT, social work, public health nurse, etc.

Leader

1. Manage workload effectively.
2. Identify and address potential barriers to efficient and safe workflow.

Health Advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

Family Medicine Lists (referenced above)

CORE FAMILY MEDICINE PRESENTATIONS (LIST 1)

Abdominal Pain, Joint Pain, Chest Pain, Syncope/Vertigo, Fever, Fatigue, Dyspnea/Cough, Headache, Low Back Pain

CORE FAMILY MEDICINE CONDITIONS (LIST 2)

Hypertension, Mental Health (Anxiety, Depression, Addiction), Diabetes, Lung Disease (COPD, Asthma), Coronary Artery Disease, Pregnancy

HEALTH PROMOTION ACTIVITIES (LIST 3)

Sexual Health (contraception, STIs), Smoking Cessation, Prenatal Care, Periodic Health Exams (Adult Male, Adult Female, Well Child/Adolescent, Preventative Health Care).

LOGS

Students can find a complete list of their expected clinical experiences (6.2 logs) on one45. Please ensure that you are looking at the Expectation Summary for the 6.2 logs which will list the number of encounters needed to complete that exposure. All logs are mandatory and must be completed in order to pass the rotation. Students who are not exposed to a particular experience must make the Clerk site Coordinator aware (prior to the last day of one's rotation) so a learning plan can be appropriately developed to address the incomplete 6.2 log.

STRUCTURE OF THE ROTATION

The Family Medicine rotation will be six weeks in duration, divided into a two-week urban portion and a four-week rural portion. The only approved urban/regional sites are Saskatoon, Regina, Moose Jaw and Prince Albert. Rural sites will include all other approved locations in Saskatchewan. A copy of the approved preceptor list will be forwarded from the Department of Family Medicine.

Applications to change a rotation placement must be made in writing, stating the reason for the proposed change, and will be considered on a case-by-case basis. Approval will be granted based on the timing of the request and the merits of the reason for change. Clerks who have concerns about their family medicine rotation placement are encouraged to contact the appropriate coordinator to discuss the matter. In cases where concerns cannot be satisfactorily addressed, the student can appeal the decision of the coordinator to the College of Medicine (site assignment appeal policy).

Clerks will be excused from clinical duties both Thursday afternoons during the urban rotation and the third Thursday afternoon in their rural rotation to read up on the assigned cased based learning sessions. This time is also allotted to help students complete their mandatory Family Medicine Project.

Orientation:
8:30 – 9:30 AM on the first day of the 6-week block there is a **mandatory** teleconference orientation to review important Family Medicine rotation information and answer any questions clerks may have.

Every Tuesday morning from 8:00-11:00 (2019/20) there is the **mandatory** Selected Topics in Medicine (MEDC 308.16) course/videoconference.

URBAN PORTION

The two-week urban/regional portion of the rotation will be spent at either West Winds Primary Health Centre (Saskatoon), the Regina Family Medicine Unit (Regina) or an approved community-based preceptor in Regina, Saskatoon, Moose Jaw or Prince Albert. A letter of notification will confirm all final arrangements and the schedule of assignments will be available from:

- Saskatoon – Tracy Lewis (dafm.ugme.saskatoon@usask.ca, 655-4211)
- Regina – Kristen Fuchs (kristen.fuchs@saskhealthauthority.ca 766-0449)
- Prince Albert – Nicole Toutant (nicole.toutant@usask.ca 765-6787)

RURAL PORTION

Each clerk will be assigned to a four-week rural placement within the province of Saskatchewan with accommodation at all sites. Placement ranking forms are distributed in advance and will be considered in the creation of the schedule. As can be expected, with such a complicated schedule, it is not always possible to accommodate each student's preferences. Written requests for special consideration should ideally be submitted a minimum of six weeks in advance of the clerk year and will be honored on their merit and time of submission.

Applications to change a rotation placement must be made in writing, stating the reason for the proposed change, and will be considered on a case-by-case basis. Approval will be granted based on the timing of the request and the merits of the reason for change.

A letter of notification will confirm all final arrangements and the schedule of assignments will be available from:

- Saskatoon – Tracy Lewis (dafm.ugme.saskatoon@usask.ca, 655-4211)
- Regina – Kristen Fuchs (Kristen.Fuchs@saskhealthauthority.ca, 766-0449)
- Prince Albert – Nicole Toutant (nicole.toutant@usask.ca, 765-6787)

Clerks will **NOT** be assigned to a preceptor who is an immediate family member. This would constitute a conflict of interest in terms of evaluation.

INSTRUCTIONAL METHODS

- Ambulatory and hospital patient contact under direct supervision, with graded responsibility.
- Morning sign-in rounds and presentation
- Optional Academic Half Day presentation and Small group learning session
- Project preparation and presentation (see "Student Assessment" below).
- Optional and scheduled community based clinical experiences with direct supervision.
- Self-reflection exercise (see "Student Assessment" below).

CLERK DUTIES/EXPECTATIONS

Charting /Clinical Documentation

Clerks are responsible for timely completion of chart notes from patient encounters. Chart notes should be completed as soon as possible after the encounter and no later than 48 hours after the encounter.

CALL RESPONSIBILITIES

Urban Portion

On-call responsibilities may include up to three days of call, including one Saturday or one Sunday. Clerks may call in advance to obtain the call schedule:

- Saskatoon – Tracy Lewis (dafm.ugme.saskatoon@usask.ca, 655-4211)
- Regina – Kristen Fuchs (Kristen.Fuchs@saskhealthauthority.ca, 766-0449). For other community preceptors, please contact your preceptor's office
- Prince Albert: Nicole Toutant (nicole.toutant@usask.ca, 765-6787)
- If the student on-call has performed assessments in the emergency room or delivery suite after 2300 H, the student is relieved from clinical and educational responsibilities by noon the following day. The student must inform his or her preceptor before departing from any scheduled clinical or educational activities post-call.

RURAL PORTION

Call responsibilities are up to 1 in 4 days throughout the rural portion of the rotation. This will include three weekend days (Friday, Saturday and Sunday) in the month. Arrangement of call duties usually is completed with the site preceptor on the first day of the rural rotation.

RESOURCES

Ian R. McWhinney. An Introduction to Family Medicine. New York: Oxford University Press; 2016 (4th) edition.

M. Stewart et al. Patient-Centered Medicine: Transforming the Clinical Method (3rd Ed). London: Radcliffe Medical Press, 2014.

Wolpaw TM, Wolpaw DR, Papp KK. "SNAPPS: a learner-centered model for outpatient education." Acad Med 2003; 78(9): 893-898.

TEACHING SESSIONS IN FAMILY MEDICINE ROTATION:

Clerks will get exposure to a series of educational topics using case-based sessions on key and pertinent topics in Family medicine. Topics will be based on core Family Medicine objectives.

Mandatory half-days will be provided throughout the urban rotation on a weekly basis and one half-day of the rural rotation (total of 3 half-days). Session topics as well as resources for the topics will be available on Blackboard/One 45.

Clerks will be excused from clinical duties both Thursday afternoons during the urban rotation and the third Thursday afternoon in their rural rotation to read up on the assigned cased-based learning sessions. This time is also allotted to help students complete their mandatory Family Medicine Project.

Family Medicine Learning Topics:

APPROACH TO COUGH
APPROACH TO DIZZINESS
APPROACH TO DYSLIPIDEMIA
APPROACH TO DIABETES TYPE 2
APPROACH TO FATIGUE
APPROACH TO HYPERTENSION
APPROACH TO HEADCHE
APPROACH TO LOWER BACK PAIN
APPROACH TO SMOKING CESSATION

STUDENT ASSESSMENT

End of rotation assessments are based on the rotation objectives outlined above. One45 is utilized for the purpose of assessment. Each learner is encouraged to review the assessment parameters with the preceptor during orientation. Assessment of the project and clinical reflections will all make up a part of the learner's final assessment and be used in consideration for awards and prizes. Assessment forms should be reviewed at the midpoint of the longer rural rotation by the clerk and preceptor as part of the mid-term interview and **MUST** be reviewed at the end of the rotation. The project description can be found on one45.

Learner's proposed project topic should be decided upon by the mid-point of the rotation. Project should be presented orally during morning rounds (at the academic teaching units) or to the preceptor and his/her colleagues at a mutually agreed upon time. Learners are expected to submit either a written report or PowerPoint of the project to the rotation administrator (for grading by the rotation coordinator) by the last day of the Family Medicine rotation.

Each student must submit, via one45, two short reflections on clinical exposures – information about these can be found on one45.

There will be a multiple-choice exam that is **mandatory** on the last Friday (Thursday if the Friday is a stat holiday) of the rotation. Students will return to their home sites on that morning and the exam will be administered on Thursday or Friday afternoon.

The final grade will consist of: 30% for Family Medicine Rotation Examination, 30% for Rural Clinical Component, 20% for Urban Component, 20% for Project Component.

- The student must have a minimum of "Meets Expectations" on all categories for the final ITAR (summative assessment form) to pass the clinical portion.

The Family Medicine mark breakdown is as follows:

	Assessment Type	**Weight**
1.	Rural ITAR	30%
2.	Urban ITAR	20%
3.	Final Exam	30%
5.	Project	20%
6.	Reflective Exercises	Complete

A student will fail Family Medicine Rotation for **ANY** of the following:

- Assessments of professionalism below "Meets Expectations" on the summative ITAR.
- Failure to achieve a minimum of "Meets Expectations" on all categories for the final Summative Assessment (ITAR).
- Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).
- Grade of < 70% on the combination of the Summative ITAR and Examination.
- An adjusted grade of < 70% on 2 writings of the Family Medicine exam (initial exam and re- write, unless otherwise specified by the clerkship Sub-Committee. Please see the Course Assessment Policy for further information.
- Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.
- Timely completion of alternative experiences – Clerks should contact the clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.
- A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

INTERNAL MEDICINE

MODULE CONTACTS

Rotation Director/Coordinators

SASKATOON SITE

Dr. Rahul Mainra (Provincial Director)
Email: Rahul.mainra@usask.ca
Phone: (306) 655-5934

Dr. Alexander Zhai (RUH Site)
Email: alexander.zhai@usask.ca
Phone: (306) 844-1472

REGINA SITE

Dr. Liz Gibbings
Email: lgibbings40@gmail.com
Phone: (306) 766-3703

PRINCE ALBERT SITE

Dr. Paul Acheampong
Email: p.acheampong1@yahoo.com
Phone: (306) 765-6783

Rotation Administrators

Tenille Shivak
Email: tenille.shivak@usask.ca
Phone: (306) 844-1153
Fax: (306) 844-1525

Angela Kuffner
Email: angela.kuffner@usask.ca
Phone: (306) 844-1476

Shanda Litke
Email: shanda.litke@saskhealthauthority.ca
Phone: (306) 766-3447
Fax: (306) 766-4883

Nicole Toutant
Email: nicole.toutant@usask.ca
Phone: (306) 765-6787
Fax: (306) 765-6783

WEBSITE: http://medicine.usask.ca/department/clinical/medicine.php

ROTATION OBJECTIVES

Core IM Conditions/Diseases (List 1)

Cardiac: Hypertension, Primary; Arrhythmias; Valvular Heart Disease; Coronary Artery disease; Heart Failure

Respiratory: Thromboembolic Disease; COPD; Asthma; Pneumonia; Pleural Effusion; Tuberculosis

Gastrointestinal: Irritable Bowel Syndrome; Inflammatory Bowel Disease; Gastroesophageal Reflux Disease; Gastrointestinal Bleeding; Hepatitis; Cirrhosis; Peptic Ulcer Disease; Pancreatitis; Biliary Tract Disease

Renal: Acute Kidney Injury; Chronic Kidney Disease; Acid Base Abnormalities; Electrolyte Abnormalities; Glomerulonephritis

Hematology/Oncology: Coagulation Disorders (Platelets, Hypercoagulable State); Anemias; Hematological Malignancies (Leukemia, Myeloma); Breast Cancer; Colon Cancer; Lung Cancer

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

Neurology: Stroke; Seizure; Delirium; Movement Disorders; Alzheimer's Disease

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

Infectious Disease: Infections of Bodily Systems; HIV

Miscellaneous: The Dying Patient; Skin Rash/Ulcer

Core Internal Medicine Problems/Symptoms (List 2)

Cardiac: Cardiac arrest; Chest Pain; Syncope, Pre-Syncope; Hypotension, Shock; Murmurs; Palpitations

Respiratory: Hemoptysis; Cough; Hypoxia; Dyspnea; Respiratory Arrest; Wheezing

Gastrointestinal: Abdominal Pain/Distension; Ascites; Abnormal Liver Enzymes/Function; Hematemesis, Melena, Hematochezia; Organomegaly (Kidney, Spleen, Liver); Constipation; Diarrhea; Dysphagia; Jaundice; Nausea/Vomiting; Weight Gain/Loss

Renal: Hematuria; Proteinuria; Metabolic Acidosis and Alkalosis; Respiratory Acidosis and Alkalosis; Hypo- and Hypernatremia; Hypo- and Hyperkalemia; Urinary Abnormalities (Oliguria, Polyuria, Pyuria, Dysuria, Frequency); Edema

Hematology/Oncology: Bleeding Tendencies; Polycythemia; Anemia; Leukocytosis/Leukopenia; Lymphadenopathy

Endocrinology: Hypo- and Hypercalcemia; Hypo- and Hyperphosphatemia; Hypo- and Hyperglycemia

Neurology: Diplopia/Visual Abnormalities; Dizziness/Vertigo; Ataxia; Headache; Weakness/Paralysis; Sensory Abnormalities (Numbness/Tingling); Aphasia and Speech Disorders; Altered Mental State/Coma; Seizure; Delirium/Dementia

Rheumatology: Musculoskeletal Pain; Back Pain; Joint Pain (Oligo-, Polyarthralgia)

Geriatrics: Frailty; Falls; Urinary Incontinence; Failure to Thrive

Miscellaneous: Overdose/Poisoning; Allergic Reactions/Anaphylaxis; Fever; Pruritis

Medical Expert

1. Perform an appropriate observed history on a patient, using a patient and family-centered approach, presenting with a problem not limited to List 1, and 2**
2. Performance of an appropriate observed physical examination on a patient presenting with a problem, using a patient and family-centered approach, not limited to List 1 and 2**
3. Define accurately common and life threatening Internal Medicine conditions and their associated epidemiology. (List 1)
4. Describe the pathophysiology and clinical features of common and life threatening Internal Medicine conditions. (List 1)
5. Select and interpret necessary investigations required to confirm the diagnosis of common and life threatening Internal Medicine conditions (List 1) and consider their costs, contraindications and characteristics (sensitivity and specificity). (List 2)
6. List the common complications of common and life threatening Internal Medicine conditions. (List 1)
7. Develop a management plan for common and life threatening Internal Medicine conditions based on evidenced informed medicine. (List 1)
8. Develop and apply appropriate skills for triage and immediate intervention in acute, life-threatening situations (safety first).
9. Develop and apply appropriate skills to prevent harm in patients (correct ID, allergies, drug interactions, etc) (harm prevention).

Communicator

1. Maintain clear, accurate, and appropriate records of all aspects of the clinical encounters.
2. Present clinical encounters/patient presentations effectively including differential diagnosis, management plans and disposition.
3. Communicate in a language easily understood by patients and family members.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

Leader

1. Manage workload effectively.
2. Identify and address potential barriers to efficient and safe workflow.

Health Advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidence based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, such as: maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases and ensure that these do not intrude on patient care.
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

STRUCTURE OF THE ROTATION

Saskatoon

- A 4-week rotation on one of the three clinical teaching units (CTU Red, CTU Blue, CTU Silver) at Royal University Hospital.
- A 2-week ambulatory care rotation.

Regina

- A 4-week rotation on the Clinical Teaching Unit/General Internal Medicine.
- A 2-week ambulatory care rotation.

Prince Albert

- A 6-week rotation based between the hospital/ICU and the internist's clinics.

Problems should be discussed with your hospital supervisor and, if not resolved, then with Dr. R. Mainra.

Orientation

Saskatoon: All clerks **MUST** report for general orientation on the first day of their rotation to Royal University Hospital before proceeding to the wards. Clerks will receive specific instructions and location information by memo from the Department of Medicine prior to orientation. Orientations will **NOT** be scheduled through One45. Clerks assigned to other hospitals may then proceed for further orientation to their respective hospitals once orientation at Royal University Hospital is complete. The rotation administrator will notify all clerks by memo through email. If the start time is at 1300, clerks are expected to report to their wards in the AM and then come for orientation at 1300. Orientation is **MANDATORY**. Unexplained absences and failure to report to orientation may result in a Breach of Professionalism.

Regina: All clerks **MUST** report for orientation before proceeding to the wards. Clerks will receive specific instructions and location information by memo from the College of Medicine prior to orientation.

Prince Albert: On the first day of your rotation please present to the ICU at 8:45 AM.

Clinical Duties: On this rotation you will be expected to do ICU rounds at 8:00 am every day. This should allow time to see two or three patients in the ICU, then you will report to the attending when they arrive at 9:00am. You are also expected to identify at least one patient per day from either the ICU or the ER that you have seen to report to your preceptor at some point in the day for discussion. You will work in the ER, ICU, stress lab and may arrange to work in the clinic. It is your responsibility to arrange clinic days at least a week in advance if you wish to attend clinic. You may attend clinic with Dr. Martin, Dr. Ali or Dr. Bensaleh. Please contact their office directly to arrange the dates. All other days, your preceptor will be the internist on call. Clinic phone numbers are as follows:

Dr. A. Martin (Associate Medical Clinic) - (306) 953-1681

Dr. A. Bensaleh (Associate Medical Clinic) - (306) 764-1513

Dr. S. Ali - (306) 764-2870

Dr. P. Acheampong (Associate Medical Clinic) – (306) 953-1681

CLERK DUTIES/EXPECTATIONS

Specific duties and responsibilities vary somewhat, but some general rules apply.

Admissions

- Clerks must advise the on-call resident as well as the attending physician of all admissions.
- When a patient is admitted to the department from outside the institution, a detailed history including the patient profile, present complaint, history of present illness, functional inquiry, and past history should be recorded. In addition, a complete physical examination must be carried out.
- It is, at times, difficult to obtain a complete history on a patient who is unable to personally provide this information. It is expected that when adequate information is not available from the patient, an appropriate relative will be interviewed and an attempt made to obtain as much information as possible.

Elective Admissions Before 1700 Hours

In the case of an elective admission prior to 1700 hours, the patient is to be fully examined on the day of the admission with the appropriate history, physical examination, and admitting orders written on the chart.

Elective Admissions After 1700 Hours

In the case of an elective admission after 1700 hours, a complete history and physical examination is still desirable, particularly if the patient is admitted to the service of the on call clerk. Should other duties not allow sufficient time for a complete work-up, an admission note shall suffice providing the patient is medically stable. The patient and his or her management should be discussed with the on call resident and the attending physician notified.

Whenever a complete clinical examination has not been done, the complete history and physical must be taken and recorded by the clerk the following morning prior to leaving. If time does not permit, it is incumbent on the clerk to sign over this responsibility to a colleague.

In the case of an emergency admission or a medically unstable elective admission, the patient is to be immediately examined by the clerk and the resident notified upon completion of the examination. A full history and physical examination must be taken and recorded on the chart. The attending physician shall, in the case of all emergency admissions, be informed of the admission by the resident.

Please Note: As admissions after 1700 hours are often admitted through the Emergency Department, clerks are encouraged to come down to the department and participate in the immediate assessment, management, and work up of these cases wherever possible. Admitting residents have been alerted to contact clerks in this regard.

Patient Caseloads

- Specific clerk responsibilities will be delegated by the residents and/or attending physician.
- Clerks will normally assume responsibility for no more than 4-6 patients at any given time. Although the exact number may vary according to the type and seriousness of the patient's illnesses, patients who exceed the recommended clerk caseload should become the responsibility of the ward resident or attending physician on that service.
- While some flexibility is necessary and expected, repeated transgression of these guidelines by any service should be reported to the Rotation Site Coordinator and Rotation Director.

- Remember, progress notes should be used to interpret and clarify data and not serve as a regurgitation of findings or data previously recorded.
- It is important for house staff to consider the goals and objectives of hospitalization and develop therapeutic plans based on the objectives and some predetermined time frame.
- In many instances, progress notes will be required daily as information becomes available.
- Where appropriate, flow sheets are encouraged to better document critical aspects of management and treatment
- All orders and progress notes must be signed and dated and the time recorded.

Patient Care

Clinical Rounds and Patient Responsibility

The Clerk shall review all patients for which he or she is responsible **at least** once daily, formulating investigative and therapeutic plans under the supervision of the resident and/or attending physician.

It is essential that house staff give priority to the review and management of more seriously ill patients. Accordingly, these patients should be the first to be visited each morning and, if necessary, reviewed with the resident and/or attending physician.

During weekends and statutory holidays, the on call clerks are responsible, in association with the on-call resident, for the welfare of all patients on the service and, following discussion with the nursing staff, shall visit, review, and leave necessary orders for these patients under continuing supervision of the attending physician and/or duty resident.

Continuity of Care

When unavailable for any reason, the clerk should sign out to another team member and inform the hospital switchboard.

At the end of each regular workday and before leaving the hospital, clerks must inform the on call clerk and/or resident of the status of all patients, particularly those that may require particular attention or care. Failure to do so could result in serious breach in continuity of patient care.

CALL

Call Responsibilities

- Clerks work a five-day week (Monday to Friday), plus night and weekend call as assigned.
- Clerks will be on call a maximum of 1-in-4 (averaged over the rotation) and will be designated to wards in which they are normally assigned during the day.
- Scheduling pressures may, on rare occasions, require that a clerk work more frequently than one night in four. The total nights on call over a one-month period, however, cannot exceed the one in four guidelines.

Saskatoon: At Royal University Hospital, the call schedule is drawn up by the UGME Administrative Assistant.

Regina: At the Regina General Hospital, the call schedule is prepared by the Chief Internal Medicine Resident.

Prince Albert: At the Victoria Hospital, clerks continue on the regular ER call schedule with clerks rotating in other disciplines. The call schedule is drawn up by the Chief Family Medicine resident.

Duties on Call

During on call hours, the clerk will be responsible for all admissions and medical problems that may arise on the ward to which they are assigned and should be the first individual contacted by the nurses. The clerk, in turn, will report directly to the medical resident on call for supervision and direction. Wards not having a designated clerk will be the responsibility of the general ward resident on call.

Please Note: The clerk is encouraged to interact closely with the supervising residents on call and to become involved with teaching opportunities outside the assigned ward.

ER Responsibilities: The primary contact between the ER and the admitting team is the clerk or resident on call. However, if the clerk is not the person on call, they are still expected to participate in the care of patients in the ER as assigned by the resident and/or attending physician.

Changes in Assigned Call

Where the clerk desires a substitute to provide call, or another change in the call schedule, he/she may arrange for this using the following procedure:

1. In Saskatoon contact the Tenille Shivak in the Department of Medicine Office 844-1153 (or if unavailable, Dr. A. Zhai) for permission. In Regina contact Andrea Holtkamp at 766-3703.
2. If permission is granted, the clerk who is in agreement to switch must also contact Tenille Shivak or Dr. A. Zhai to say that they agree to the switch. Both clerks are then responsible to advise the senior resident and the attending physician on call.
3. Notify hospital switchboard and amend the posted call schedules as necessary.
4. Clerks, like physicians, have a serious responsibility in this regard, even if personal considerations have to be delayed. Unexplained absences will not be tolerated and formal disciplinary action will be taken.

TEACHING SESSIONS

WEBINARS & PODCASTS

A series of video webinars and podcasts are accessible for all clerks for viewing. These will cover the topics outlined below. They will be kept on the Black Board site and must be viewed by the students. Objectives for these sessions are the following:

a) Describe key features on history and physical exam in patients presenting with the following listed conditions
b) Describe key features of the pathophysiology and clinical features of the listed conditions
c) Select and interpret necessary investigations required to confirm the diagnosis of the listed conditions
d) List the common complications of the listed conditions
e) Develop a management plan for the listed conditions based on evidence informed medicine

Approach to acute kidney injury

Approach to electrolyte and acid base disturbances

Approach to chest pain

Approach to dyspnea

Approach to anemia

Approach to fever/FEVER OF UNKNOWN ORIGIN (FUO)

Approach to diabetes and its complications

Approach to elevated liver enzymes

Approach to obesity

Approach to dyspepsia

Approach to heart failure

Approach to diarrhea/constipation

Approach to hypertension

Approach to edema

Approach to hemiplegia

SASKATOON

Teaching, conferences, and rounds have been scheduled throughout the rotation. The schedules for these sessions will be distributed as part of the orientation package on the first day of the rotation.

Noon Rounds
Rounds are conducted by the medical subspecialties Mondays and Thursdays from 1200-1300. Attendance and active participation of the clerks are encouraged. Lunch is often provided.

RUH Grand Rounds
These are held in the SaskTel Theatre Wednesdays at 0800 hours. Ordinarily, there is no specific clerk responsibility but attendance is mandatory while on CTU.

REGINA

Teaching, conferences, and rounds have been scheduled throughout the rotation. The schedules for these sessions will be distributed as part of the orientation package on the first day of the rotation. Students are encouraged to attend the weekly video-conferenced grand rounds.

Specialty Rounds
Monthly specialty rounds are scheduled in Regina in the disciplines of Dermatology, General Internal Medicine, Cardiology, Nephrology, Endocrinology, Gastroenterology, Respirology, Oncology, and Rheumatology. See monthly schedule for specific times and locations.

PRINCE ALBERT

Grand Rounds
Held on the second Tuesday of the month from 0700-0800. Clerks are encouraged to attend monthly but attendance is mandatory during the Internal Medicine rotation. A schedule is posted in the Student Lounge with topics and presenters.

Please Note: The Director of the program, as well as program administrative staff has the authority to complete a Breach of Professionalism report on any clerk who fails to follow the Professionalism Policy.

ROTATION DESCRIPTION

Duration: 6 weeks

Call: 1-in-4

Vacation/Educational Leave: 5 working days and 2 off-call days **maximum.**
Vacation approval is on a first come-first granted basis.
Only one clerk may be away or on vacation at any time.
This time may not be taken during the period allocated for orientation, oral or written exams, or exit interviews. Vacation time is not allowed during the ambulatory care portion of the rotation. Educational leave during the ambulatory care rotation will be approved on a case by case basis. Appropriate documentation of the educational session being attended will be required.

RESOURCES

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

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

Longo, Dan et al. *Harrison's Principles of Internal Medicine*. 18th ed. New York: McGraw-Hill Education, 2011.

Lee Goldman and Andrew I. Schafer. *Goldman-Cecil Medicine*. 25th ed. Philadelphia: Saunders, 2015.

Davidson's Essentials of Internal Medicine

Useful handbooks to keep in the pocket of your White Coat:
- Essentials of Internal Medicine. Talley, Frankum & Currow
- The Washington Manual of Outpatient Internal Medicine

Department of Medicine Library – Royal University Hospital
A general medicine reference library is located adjacent to the departmental office on the third floor. General internal medicine textbooks as well as reference books relating to the various subspecialties of medicine are available for use in the library. Internet access is also available to facilitate literature searches.

Health Sciences Library – Regina General Hospital
The library is located on level 0 of the hospital, directly under the College of Medicine Office. Reference books, computers, scanners, and the Internet is available for use. Reference librarians and research assistants are available for assistance in the library.

STUDENT ASSESSMENT

Clerks are assessed by the attending staff of the services on which they are assigned. The assessment criteria include: medical knowledge, clinical skills, clinical performance, self-education, sense of responsibility, and relationships with both patients and colleagues. Resident and nursing input is also received regarding overall performance.

Please Note: While a formal assessment will be provided at the midpoint and end of the rotation, it is highly recommended that clerks seek interim assessment and feedback at all stages of their rotation.

All clerk evaluations will be reviewed by the Department of Medicine Rotation Director/Coordinator at each site at the completion of the rotation before submission to the Dean's Office. The final clerk grade sheet will be available to each student in One45 following the completion of the Medicine rotation.

The final assessment and pass criteria for Internal Medicine includes all of the following:

1. Clinical performance as measured by clinical assessments filled out by attending physicians during CTU and Clinical Preceptorships (50% of final grade). The following criteria are required to pass:
    - Assessments of professionalism must be at a "Meets Expectations" for summative ITAR.

      Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

    - The student must have a minimum of "Meets Expectations" on all categories for the final ITAR (clinical summative assessment) to pass the clinical portion.

2. Oral examination (30% of final grade). The following are required to pass:
    - The oral examination score must be 70% or greater. If the initial oral examination score is < 70% the student will be provided a second oral exam attempt. The score on the second attempt must be 70% or greater to pass and students who are successful will receive a 70% mark.

3. Written NBME Examination (20% of final grade). The following are required to pass:
    - An adjusted NBME score of 70% or greater.
    - If the initial NBME score is less than 70% the student must complete all of the online SIMPLE Cases and score 70% or greater on a re-write of the NBME in order to pass. Please See the Course Assessment Policy for further information.

4. 6.2 documentation. Failure to achieve the following requirements around the 6.2 standard will be considered unprofessional behavior. The following are required to pass:

    - Timely documentation of the discipline-specific 6.2 log – completed within one (1) week of the end of the rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete.
    - Timely completion of alternative experiences – clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

5. Critical Appraisal Assignment

    - The clerk will complete a critical appraisal assignment on a scholarly article relevant to Internal Medicine. The clerk has a choice of article from a list provided at the start of rotation. This assignment is designed to continue the development of the student's critical appraisal skills.

6. Webinar & Podcast viewing

The clerk will view and listen to all webinars and podcasts available on the blackboard site. Student viewing will be tracked electronically by Black Board reports.

	Assessment Type	**Weight**
1.	Final ITAR (Clinical Summative assessment)	50%
2.	Oral examination	30%
3.	NBME exam	20%
4.	6.2 logs	Full Completion
5.	Critical Appraisal Assignment	Formative (non-graded)
6.	Webinar & Podcast viewing	Formative (non-graded)
	Total	100%

Note: The student must pass <u>all</u> assessment types to pass the rotation.

Ward Evaluation

Clerks need to contact their supervising physician during the final week of the service. A mutually suitable time will be established for the Clerks to receive an assessment of their performance. Clerks are also encouraged to cordially remind their attending of their responsibility in this regard, should this be overlooked.

Please Note: The clerk as well as the attending is asked to sign the assessment form to signify that it has been discussed.

Oral Examination

A clinical oral examination is required near the end of the medical rotation. The student will have one hour for a history and physical examination of a patient, following which, the findings along with a presentation of a differential diagnosis and management plan will be reviewed with the examiners. It is expected that basic tools such as white lab coat, stethoscope, reflex hammer, and pen light will be brought by the student to the exam. DO NOT bring notes, back packs, etc.

Written Examination

A 3 hour 26 minute NBME exam will be held at the end of the medicine rotation dealing with general aspects of internal medicine. All clerks have access to SIMPLE Cases to aid in studying.

Internal Medicine Awards

There are 2 Internal Medicine awards that will be presented at convocation to the student earning the highest marks during their core Internal Medicine rotation.

1. Dr. Eric Lepp Memorial Award in Medicine. $1000
2. Hilliard Medal in Medicine and the Department of Medicine Prize. $400

OBSTETRICS AND GYNECOLOGY

MODULE CONTACTS

Rotation Director/Coordinators

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VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/obstetrics.php

ROTATION DESCRIPTION

Duration: 6 weeks

Call: 1-in-4

Vacation/Educational Leave: 5 working days
The student must also be present for the orientation session the first day of their rotation, as well as their OSCE in the last week. Therefore, NO vacation will be granted during these times.
All leave requests must be submitted no later than sixty (60) days prior to the start of the Obstetrics/Gynecology rotation.

The Obstetrics and Gynecology rotation will provide basic experiences that will enable Clerks to understand and apply the knowledge and skills in women's healthcare to provide excellent reproductive care for women throughout his or her career. Expectations of learning and evaluation are the same regardless of where the rotation is completed; there are some site-specific differences in the way in which the rotations are organized.

Core Obstetrical Presentations (List 1)

Uncomplicated pregnancy including prenatal screening.

Medical Diseases Complicating Pregnancy – Hypertension, Diabetes, Heart Disease, Renal Disease

Other Pregnancy Complications – Multiple Gestation, Ectopic Pregnancy, Spontaneous Abortion, Ante-Partum Hemorrhage, Isoimmunization including Rh Disease, Pre- Term/Post-Term Labour, Pre-Labour Rupture of Membranes, Chorioamnionitis, Polyhydramnios/Oligohydramnios, Intrauterine Growth Restriction, Intrauterine Fetal Death

Uncomplicated Delivery

Complicated Delivery - Prolonged Labour, Breech, Malpresentation, Forceps and/or Vacuum Assisted, Caesarian, Non-Reassuring Fetal Heart Rate

Uncomplicated Post-Partum Care

Core Gynecological Presentations (List 2)
Abdominal Pain

Hirsutism and Virilization, Endometriosis

Abnormal Bleeding – Amenorrhea, Dysmenorrhea, Dysfunctional Uterine Bleeding

Urinary Incontinence

Vaginal Discharge, Fertility Issues

Delayed Menarche, Premenstrual Syndrome, Menopause, Contraception
Ovarian Tumors – Benign and Malignant

Uterine Cancer, Cervical Cancer

Vulvar Conditions – Benign, Pre-Malignant, Malignant

ROTATION OBJECTIVES

By the end of the Rotation the clerk will:

Medical Expert

1. Perform an appropriate and focused observed history for patients with a Core Obstetrical or Gynecologic presentations (see list 1 and 2), using a patient and family-centered approach.
2. Perform an appropriate and focused observed physical examination for patients with a Core Obstetrical or Gynecologic presentations (see list 1 and 2), using a patient and family-centered approach.
3. Provide a diagnostic work-up of patients with a Core Obstetrical and Gynecologic presentations (see list 1 and 2).
4. Interpret relevant diagnostic tests in the evaluation of patients with a Core Obstetrical and Gynecologic presentations (see list 1 and 2).

5. Develop a relevant, prioritized differential diagnosis through clinical reasoning and integration of clinical information for a problem of a core Obstetrical and Gynecologic presentations (see list 1 and 2).
6. Discuss the pathophysiology, epidemiology, natural history and prognosis of the Core Obstetrical and Gynecological presentations (see list 1 and 2).
7. Select and defend the choice of contraception (reversible and irreversible) for a patient including application, contraindications, and adverse effects.
8. Assess fetal health by examination, prenatal screening, ultrasound, and non-stress testing.
9. Assign gestational age by menstrual history and/or ultrasound.
10. Manage a patient with an uncomplicated pregnancy in the inpatient/outpatient setting.
11. Manage (with assistance) a patient with a complicated pregnancy (other than a medical disease).
12. Manage (with assistance) a patient with a medical disease complicating the pregnancy in the inpatient/outpatient setting.
13. Manage an uncomplicated delivery in the inpatient setting.
14. Observe the management of a patient with a complicated delivery, e.g vacuum, forceps.
15. Assist in a Caesarean delivery of a patient.
16. Participate in the induction of labour of a patient.
17. Interpret a fetal heart tracing.
18. Perform artificial rupture of membranes or fetal scalp electrode placement.
19. Perform, with assistance, a repair of a vaginal laceration.
20. Manage a patient with an uncomplicated postpartum course.
21. Perform a Pap smear.
22. Perform a pelvic examination (speculum, bimanual, inspection of vulva).
23. Assist in a D&C/incomplete abortion/termination of pregnancy of a patient.
24. Assist in a vaginal or bladder surgery.
25. Assist on a laparotomy/laparoscopic/endoscopic procedure.
26. Manage, with assistance, a patient with abnormal bleeding.

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters.
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.
3. Communicate in a language easily understood by patients and family members.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

Leader

1. Manage workload effectively.
2. Identify and address potential barriers to efficient and safe workflow.

Health advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.

3. Provide culturally safe and respectful care to all patients, including Indigenous populations.

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

STRUCTURE OF THE ROTATION

The primary source of knowledge acquisition arises from patient contact. Clerk clinical experience will involve patient contact in the emergency room, on the labour ward, on the ante-partum/post-partum unit, in the operating theatre, as well as office outpatient care. Clerks are required to demonstrate the ability to deal not only with problems encountered, but also with other serious obstetric and gynecologic problems that are not seen on a daily basis. An excellent example of this would be placenta previa, which is a rare but significant complication that requires immediate attention.

Orientation

Saskatoon: All students in the Clerk program are to appear in RUH Room 4501 for orientation at 0800 hours on the first day of the rotation, regardless of hospital assignment.

Regina: Clerks must review all information on One45 prior to meeting with Dr. Bhargava (Site Coordinator) on the first day of their rotation. Clerks will be notified by e-mail from Tracy Arnold one week prior with the time and location of the meeting.

Prince Albert: Students will be sent a daily schedule in advance of their start date on this rotation. The schedule will provide a list of where to student is to be on each day of their rotation. On your first day report to the Labour Floor at 0700.

DUTIES/EXPECTATIONS

Post-call Responsibilities

The expectations for work after in-house call will be consistent with the whole College of Medicine, except after being on call for 24 hours at Labour and Delivery. The post-call clerk is allowed to go home after morning teaching rounds except under extraordinary circumstances.

If the time off post call conflicts with a scheduled clinic, it is the Clerks responsibility to either:

- Trade the on call responsibility to avoid the conflict with the clinic, or
- Trade the clinic assignment.

In all cases, before leaving, the clerk will hand over patient responsibilities, consistent with good professional practice.

TEACHING

SASKATOON

All clerks on rotation at both the Royal University Hospital and City Hospital are to be at RUH for teaching Monday through Friday. A detailed schedule will be provided.

Scheduled Sessions – *Mandatory*

Clerks on OBS & GYNE:	Monday, Wednesday & Thursday: 0700 teaching at RUH, Room 4649 unless otherwise specified (Tuesday am for half day off). Saskatoon Tuesday afternoon SIM and teaching sessions are mandatory attendance. See block calendar for specific times and dates
Clerks on OBS & GYNE:	Seminars 0800-0900 at RUH Room 4501 Wednesday – Friday, unless otherwise specified. CLERKs on Gyne rotation are to go to SCH after the seminar.

Grand Rounds – *Mandatory*
1st Friday of the month (September to June) – 0730 – RUH East Lecture Theater

Combined Perinatal Rounds – *Mandatory*
2nd Wednesday of the month (September to June) – 0700 – RUH East Lecture Theatre

REGINA

Clerk O&G Academic Half-Day including weekly SIMs sessions- *Mandatory*
Tuesday 1300-1600

Combined Perinatal Rounds – *Mandatory*
2nd Wednesday of the month (September to June) – 0700

Subspecialty Rounds
Monday PGY teaching 0715-0745 (see One45 calendar)
Tuesday REI rounds 0700-0800 (see One45 calendar)
Wednesday MFM rounds 0700-0800 (see One45 calendar)

A member of the department will lead a session presenting a series of major topics on a 6 week rotating schedule. Clerks will be provided with a list of topics and learning objectives at the beginning of the rotation (see One45). It is expected that clerks will arrive with some knowledge and understanding of the topic to be presented. This facilitates the learning experience and improves the discussion, especially if a case presentation is included as part of the teaching.

Grand Rounds – *Mandatory*
0800-0900 – Grand Rounds are held the 4th Wednesday of the month (see One45 calendar).

PRINCE ALBERT

Weekly Teaching Rounds – *Mandatory regardless of what rotation you are on*
Wednesdays, 0700 – 0800

RESOURCES

Textbooks

- Hacker and Moore's Essentials in Obstetrics and Gynecology, Neville F. Hacker et al.
- **Beckmann and Ling's Obstetrics and Gynecology Eighth Edition**

Websites

- SOGC (Society of Ob/Gyne of Canada) www.sogc.org
- ACOG (American College of Ob/Gyne) www.acog.org
- WHO (World Health Organization) www.who.int/en
- Health Canada www.hc-sc.gc.ca
- CDC (Center for Disease Control) www.cdc.gov

STUDENT ASSESSMENT

Students will be assessed on the following in the Obstetrics and Gynecology rotation:

1. Clinical assessments (50%) based on the stated objectives by the attending staff and/or residents on an ongoing basis.
    - Assessments of professionalism must be at a minimum "Meets Expectations" on the summative ITAR.

      Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

    - The assessments will be compiled to complete a Summative ITAR (In Training Assessment Report). This will contribute to 50% of the mark.
    - The student must have a minimum of "Meets Expectations" on all categories for the Summative ITAR (assessment form) to pass the clinical portion.

2. Departmental OSCE (10%) administered in the department of O&G during the final week of the rotation.

3. NBME Exam (40%).

There will be a mandatory FORMATIVE WRITTEN exam at the end of the six week block. This will be in addition to the NBME and the OSCE.

	Assessment	**Weight**
1.	Clinical Assessment (ITAR)	50%
2.	Departmental OSCE	10%
3.	NBME	40%
4.	6.2	Completion
		100%

Note: The student must pass <u>all</u> assessment types to pass the rotation.

A student will <u>fail</u> Obstetrics and Gynecology for **ANY** of the following:

1. Below Expectations on assessments of Professionalism.
2. An adjusted grade of < 70% on 2 writings of the NBME Obstetrics and Gynecology exam (initial exam and re-write, unless otherwise specified by the clerkship Sub-Committee (see NBME policy).
3. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.
4. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.
5. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a <u>FAILED</u> rotation.

The final percentage mark will form the basis for the Obstetric and Gynecologic prize and medal awards. Percentage grades of at least 70% will constitute a Pass for the rotation. The Pass/Fail grade, along with the written description of the student's performance, will be submitted to the Undergraduate Office.

PEDIATRICS

MODULE CONTACTS

Rotation Coordinators

Rotation Administrators

SASKATOON SITE

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VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/pediatrics.php

ROTATION DESCRIPTION

Duration: 6 weeks

Call: Maximum of 6 per rotation (regardless of vacation/educational leave)

Vacation/Educational Leave: 5 working days and either the weekend before OR the weekend after. Cannot take vacation on the date of the NBME write.

This rotation is designed to give the third year students instruction in providing care for the pediatric and adolescent patient and to enable the student to recognize the need for referral, when necessary.

The instructional methods used include: informal bedside teaching both as inpatient and outpatient encounters, formal lectures in the form of weekly Pediatric Seminars, experience in general pediatrician offices, experience in Pediatric sub-specialty clinics, and participation in various academic rounds such as weekly Pediatric Grand rounds. Clerks are expected to read around their cases and to expand their general pediatric knowledge by independent learning to supplement academic half-day, Clerkship seminars and clinical teaching.

Core Pediatrics Presentations

- Pallor (Anemia)
- Bruising and Bleeding
- Lymphadenopathy
- Respiratory Symptoms – Cough, Wheeze, Stridor, Acute Respiratory Distress
- Fever
- Heart Murmur
- Dehydration
- Head and Neck Symptoms – Otalgia, Pharyngitis, sinusitis, mouth pain
- Rash
- GI Symptoms – Vomiting, Abdominal Pain, Diarrhea, Constipation
- Headache
- Acute CNS Symptoms – Altered Level of Consciousness, Seizures
- Meningitis
- Sepsis
- Osteomyelitis/Septic Arthritis
- Failure to Thrive
- Obesity
- GU Symptoms – Polyuria/Nocturia, Dysuria, Hematuria, Frequency/Urgency
- Limp
- Child with a Chronic Illness

ROTATION OBJECTIVES

By the end of the Rotation the Clerk will:

Medical Expert

1. Perform a complete observed, patient and family-centered history from the pediatric patient and/or their caregiver(s) of a Core Pediatric Presentation to elicit information effectively.
2. Perform an appropriate observed patient and family-centered physical examination of newborns, infants, children and adolescents with Core Pediatric Presentations paying particular attention to the following skills:

    Positioning and immobilizing the pediatric patient
    Optimization of patient comfort
    Measuring height, weight and head circumference
    Taking a complete set of vital signs
    Assessing hydration status
    Examining for dysmorphic features
    Tanner staging
    Identification and interpretation of both positive and negative findings on physical examination

3. Develop an initial working diagnostic hypotheses based upon history and physical examination findings.

4. Provide a diagnostic work-up of patients with a core Pediatric presentation.

5. Select and interpret appropriate diagnostic tests using evidence informed decision making.

6. Determine the relative appropriateness and necessity of such tests based upon the working diagnostic hypotheses, considering the patient and family preferences and risk tolerance.

7. Develop a reasoned and reliable approach to a differential diagnosis of Core Pediatric Presentations.

8. Integrate relevant elements of clinical information and diagnostic tests in the evaluation of patients with a core Pediatric presentation to arrive at the final presumptive diagnosis.

9. Develop appropriate plans for the management of patients with the Core Pediatric Presentations listed above, while also considering the patient's background and family context.

10. Discuss the pathophysiology, epidemiology, natural history, clinical presentation and prognosis of common Core Pediatric Presentations.

11. Develop appropriate therapeutic intervention plans, using both pharmacological and non-pharmacological techniques as appropriate to the diagnosis, within the context of the patient and family-centered approach to care.

12. Revise and re-evaluate the presumptive diagnosis and/or treatment plan based on new information and/or response to treatment.

13. Demonstrate anticipatory guidance for patients in the following age categories:

    Newborn/infant/toddler

    School age/adolescent

14. Describe the elements of well child care, including:

    Stages of normal development

    Nutritional issues including appropriate diet and sequencing of advancement in infant nutrition

15. Describe and when appropriate apply, how health promotion and public health principles apply to clinical care in pediatrics.

16. Develop and apply appropriate skills to prevent harm in patients both in the medical and non-medical settings.

18. Demonstrate proficiency in basic procedural skills relevant to pediatric clinical care as documented in the 6.2 Pediatric Clinical Learning Experiences logs.**

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters.
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.
3. Communicate in a language easily understood by patients and family members.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

Leader

1. Manage workload effectively.
2. Identify and address potential barriers to efficient and safe workflow.

Health advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent shifts based n personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.

3. Provide culturally safe and respectful care to all patients, including Indigenous populations.

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

STRUCTURE OF THE ROTATION

Saskatoon

- Three-week rotation on one of the two pediatric inpatient teams (Orange or Purple) at Royal University Hospital.
- Three weeks in Pediatric Outpatient Clinics attending general and subspecialist pediatric clinics as well as Pediatric Emergency shifts. Subspecialist pediatric clinics include those that are on-site at the Royal University Hospital, as well as Social Pediatrics, Neonatal follow up clinics and Developmental Clinics. Social Pediatrics is run out of school-based clinics. Developmental and Neonatal Follow-up clinics are based in the Alvin Buckwold Child Development Program at the Kinsmen Children's Centre. In addition, Clerks participate in at least one half day shift in the Neonatal Intensive Care Unit.

Regina

- Three weeks on the Pediatric Teaching Unit (PTU)
- One week in the Neonatal Intensive Care Unit
- Two weeks on outpatient pediatrics in both general and subspecialty clinics (e.g. Asthma Clinic, Cystic Fibrosis Clinic, Pediatric Cardiology Clinic, Developmental Assessment Clinic, Pediatric Oncology Clinic, Wascana Rehabilitation Clinics).

Prince Albert

- On this rotation you will be expected to work in the emergency room, the nursery, the general pediatric clinic providing ambulatory care, and on the pediatric inpatient wards at the Victoria Hospital in Prince Albert. Clinical duties will be variable day to day depending on the areas of highest pediatric patient activity and clinical experiences identified to have the greatest educational benefit to the Clerk by the attending physician.

Orientation

- **Saskatoon**: A one hour orientation will be arranged at the Royal University Hospital starting at 0730 on the first day of the rotation. Schedules concerning nights on call, teaching sessions, and clinical assignments will be available for each group of Clerks before the rotation begins. If a student has not received his or her rotation schedule by the orientation date, he or she must pick it up from the academic secretary in room 3711.

- **Regina**: An orientation is scheduled at 0730 on 4F at Regina General Hospital. You will meet with the PTU Nurse Coordinator, Joanne, and then Dr. Flavelle.

- **Prince Albert**: Clerks must contact the Pediatric Clinic Office Leader, Mariann Lopinski (pedsadmin@sasktel.net or 953-5664) prior to the start of their rotation to receive instructions on where to report to on the first day. There is no formal orientation day for this rotation. All orientation will be provided by Ms. Lopinski and the attending Pediatrician assigned that first day.

CLERK DUTIES/EXPECTATIONS

Inpatient Service

The Clerk is responsible for:

- Reviewing all patients for which he/she is responsible ***at least*** once daily. Priority will be given to the review and management of more seriously ill patients. Accordingly, these patients should be the first to be visited each morning and, if necessary, reviewed with the resident and/or attending physician.
- Knowing his or her assigned patients' hospitalization history to date, results of investigations, and their clinical status at present.
- Performing a focused physical examination on their assigned patients at least once daily, with more frequent re-assessments as their clinical status mandates.
- Verbally presenting a concise summary of their assigned patients during ward rounds.
- Formulating investigative and therapeutic plans under the supervision of the resident and/or attending physician.
- Writing daily progress notes on their assigned patients. Progress notes should be used to interpret and clarify data, and may need to be written more than once daily as information becomes available.
- On-call during weekends and statutory holidays, the on call Clerks are responsible, in association with the resident(s), for the welfare of all patients on the ward.
- **In Saskatoon**, Clerks will be responsible for the discharge documentation (Dear Doctor letter or dictated discharge summary) of their assigned patients under the supervision of the most senior pediatric resident on the ward or the ward attending. Clerks are responsible for dictating, at most, five discharge summaries during the rotation and only on patients in which they have been actively involved in that patient's care. Clerks will receive feedback on their discharge dictations from the pediatric residents on the ward or the ward attending.
- **In Regina**, Clerks will be expected to complete the dictated discharge summaries for their patients. Some of the more complicated admissions may not be suitable for a Clerk to dictate so please discuss these cases with Joanne or the attending physician.

Outpatient Service

The Clerk will:

- Promptly attend all assigned outpatient clinics.
- When time and resources permit, the Clerk will complete a history and/or physical examination of a patient, formulate a differential diagnosis, interpret investigations, list required investigations, and/or formulate a management plan under the supervision of the attending physician.

Hours of Work

- **Saskatoon**: Regular working hours are generally from 0730-1630 Monday to Friday on the inpatient service. On Saturday, Sunday and stat holidays only the Clerk on call for that day is expected to appear. The regular working hours for the outpatient service are generally 0800-1700 Monday to Friday. See details of working hours under the "Call" and "Post-Call" sections for Pediatrics (below).

- **Regina**: Regular working hours are from 0730 to 1700 Monday to Friday on PTU and 0800 to 1700 on NICU. Outpatient clinic times will vary. On Saturday, Sunday and stat holidays only the Clerk on call for that day is expected to appear. See details of working hours under the "Call" and "Post-Call" section for Pediatrics (below).

CALL

SASKATOON

- Maximum of 6 per rotation (regardless of vacation/educational leave).
- Call will be arranged only during the inpatient portion of the rotation and will consist of a mix of night call (until 2300) and overnight call.
- Call Monday to Friday starts at 1600. Call Saturday, Sunday, and Statutory Holidays starts at 0800.
- No Clerk will be scheduled for overnight call the night before any mandatory teaching or their end of rotation written examination.
- Requests to be off-call are to be submitted to the administrative assistant no later than 6 weeks prior to the start of the rotation. Off-call requests for vacation/educational leave will be considered on a first come-first served basis. Off-call requests for occasions other than vacation/educational leave will be considered on a case-by-case basis. Call changes occurring after the schedule is finalized are the responsibility of the Clerk to arrange. Call changes are to be communicated to RUH Switchboard, the Pediatric Undergraduate Administrative Assistant, as well as the residents, and attendings the Clerk is scheduled to be working with.
- Each Clerk is responsible for arranging a replacement if he or she is unable to take assigned call. All Clerks must notify their clinical supervisors, the Administrative Assistant in the Department of Pediatrics (at 844-1271) and the switchboard of any changes. **IF YOU CALL IN SICK FOR CALL, YOU MUST MAKE THIS SHIFT UP LATER IN THE ROTATION.**

On-Call Duties

- The Clerk will always be first on call for ward issues with residents available to help with any issues the Clerk is unable or uncomfortable to manage.
- Clerks will also be assigned to admit patients from Emergency or directly from another facility. Assignment of this duty will be at the discretion of the most senior resident on call.

Post-Call

- Night call ends at 2300. Clerks are expected start work again by attending the 0730 handover rounds the next day.
- Clerks are expected to be available until after 0730 handover rounds when they have been on overnight call. Additionally, students are expected to review their patients, write daily notes, and provide handover to the most senior resident prior to leaving post-call.

REGINA

- Maximum of 6 per rotation (regardless of vacation/educational leave).
- Can be scheduled during any week of the rotation (PTU, NICU or outpatient) and will consist of a mix of night call (until 2300) and overnight/weekend call.
- Holidays cannot be taken during the three weeks spent on the Pediatric Teaching unit (PTU) or the one week spent in NICU, meaning holidays will only be granted during the time spent on pediatric outpatients. The rotation coordinators will endeavor to be flexible when scheduling the requested time off.
- Call Monday to Friday starts at 1700.
- Call Saturday, Sunday, and Statutory holidays starts at 0800.
- Call Sunday through Thursday ends at 2300 so students are expected to be present for clinical duties and teaching the following day.
- Call Friday and Saturday ends at 0800 the following morning after sign-over is complete.
- Call changes occurring after the schedule is finalized are the responsibility of the Clerk to arrange. Each Clerk is responsible for arranging a replacement if he or she is unable to take their assigned call shift. Call changes are to be communicated to RGH Switchboard and Tracey Murray, or the College of Medicine (306-766-3705). As a courtesy, also inform the residents and attendings. **IF YOU CALL IN SICK FOR CALL, YOU MUST MAKE THIS SHIFT UP LATER IN THE ROTATION.**

On-Call Duties

- When on-call, Clerks cover the general pediatric inpatient ward/PTU (4F) and consults from the Emergency Department.
- Clerks are always under the supervision of an Attending Pediatrician. The Pediatricians are not in-house overnight but are readily available when needed.

Post-Call

- Students are expected to attend regular working hours if they were only on call until 2300 (Sunday through Thursday).
- Clerks are expected to be available post-call (Saturday and Sunday AM) until after handover at 0800 the next morning. Then they should tidy up any outstanding issues (i.e. documentation, phone calls, etc.) that arose overnight before leaving.

PRINCE ALBERT

- Maximum of 6 per rotation (regardless of vacation/educational leave).
- Clerks continue on the regular ER call schedule with Clerks rotating in other disciplines. The call schedule is drawn up by the Chief Family Medicine Resident and any call requests or changes need to be communicated and approved by them. **IF YOU CALL IN SICK FOR CALL, YOU MUST MAKE THIS SHIFT UP LATER IN THE ROTATION.**

On-Call Duties

- When on-call, Clerks cover the Emergency room and respond to any Pediatric consultation requests.

TEACHING SESSIONS

Clerks are expected to return to their clinical duties immediately following the conclusion of their mandatory teaching sessions.

All Sites:

Clerkship Teaching
Clerkship seminars occur on Wednesday from 1300-1500, and are video conferenced to all three sites. Clerkship seminars consist of 8 topics given once each during the 6 week rotation. A Clerkship seminar schedule will be provided at the beginning of the rotation, and handouts have been posted on One45. It is expected that Clerks will arrive at the session with some knowledge and understanding of the topic to be presented having reviewed the session handouts ahead of time. This facilitates the learning experience and improves the discussion.

In Saskatoon – Clerks are to consult the provided schedule for room location
In Regina – Clerks are to proceed to the College of Medicine Office
In Prince Albert – Clerks are to proceed to the College of Medicine Office

SASKATOON

Clerkship Seminars (As above) Wednesday from 1300-1500. The majority held in Saskatoon, with some sessions being video conferenced from Regina.

Saskatoon Pediatric Grand Rounds: Thursdays 1100 - 1200 in the East Lecture Theatre, Ground Floor, RUH. Presented via telehealth to other sites in Saskatchewan, including Regina and Prince Albert. Clerks are welcome but this is not mandatory teaching for the Clerks.

Pediatric Resident Academic Half-Day: Thursdays from 1200-1500. Admission rounds led by a pediatric resident (1200-1300) followed by teaching from General Pediatrics/Subspecialty Pediatrics (1300-1500). Video conferenced to Regina and Prince Albert if there are pediatric residents on-site. Lunch is provided at the Saskatoon site for residents only. Clerks attending these sessions will need to provide their own lunch. Clerks are welcome but this is not mandatory teaching for the Clerks. A Clerks ability to attend will depend on absence of other clinical duties or direct permission given by their attending Pediatrician that day. Clerks are to check with their clinical supervisor for that day prior to attending.

REGINA

Clerks are mandated to attend all organized teaching sessions. ***The only exception would be if you are handling an emergency at the specified time.***

Clerkship Seminars (As Above)
Wednesday from 1300-1500. Normally held via video conference at the College of Medicine office at RGH, although some sessions will be delivered from Regina.

PTU Teaching Rounds
Friday 0900-0930 in the 4F conference room.

NICU Lectures
Wednesdays 3:00-4:00 location TBA. Additional brief sessions on various Neonatal topics are discussed during the NICU rotation.

Saskatoon Pediatric Grand Rounds – Thursdays 1100 - 1200 telehealth from Saskatoon. These are not mandatory but can be attended if you are not involved in other duties.

PRINCE ALBERT

Saskatoon Pediatric Grand Rounds – Thursdays 1100 – 1200, Telehealth Room. Mandatory attendance.

RESOURCES

- Pedscases (www.pedscases.com) - An internet-based learning program authored by University of Alberta medical students and pediatric attending physicians. It is designed for use by trainees at all levels of training to supplement other instructional methods. It consists of podcasts as well as interactive web-based activities. Pedscases are optional.

Textbooks

Nelson Essential of Pediatrics (KJ Marcdante and RM Kliegman 2015 7th Edition, Elsevier)*

Nelson Textbook of Pediatrics (Kliegman et al 2015 2 volumes, 20th Edition, Elsevier)

Rudolph's Pediatrics (Rudolph et al 2011 22nd Edition, McGraw-Hill)*

The Hospital For Sick Children Manual of Pediatrics (A. Dipchard and J. Friedman 2009 11th Edition, Elsevier Canada)

Pediatric Clinical Skills (R. Goldbloom 2010 4th Edition, Saunders)

Berman's Pediatric Decision Making (L. Bajaj and S. Hambidge 2011 5th Edition, Mosby)

Pediatric Secrets (RA Polin and MF Ditmar 2015 6th Edition, Elsevier)

* Available as an e-book at: http://libguides.usask.ca/c.php?g=16462&p=91000

Journals

Pediatrics
Journal of Pediatrics
Pediatrics in Review

Additional Resource Material

As referenced in handouts for Clerkship seminars.

STUDENT ASSESSMENT

Clerks will be assessed on clinical skills related to history-taking and physical examination, ability to synthesize information in order to generate differential diagnoses, and management plans relevant to their training. These assessments will be used to develop the Rotation ITAR (In-training Assessment Report).

It is understood that some Clerks may initially have areas of weaknesses that can be successfully remediated during the course of the rotation, as long as formative feedback is given.

Assessment of clinical skills, knowledge base and professionalism will occur via Observed History and Physical Exam checklists, Ward encounter assessments and Clinic encounter assessments. Clerks in Saskatoon will also be assessed during each Pediatric Emergency shift.

The final assessment and pass criteria for Pediatrics includes all of the following:

1. Clinical performance as measured by clinical assessments filled out by attending physicians during the Inpatient rotation, Outpatient Clinics, Community Clinics and Pediatric Emergency shifts. The following criteria are required to pass:

    - Assessments of professionalism must be at a minimum "Meets Expectations" on the summative ITAR.
    - The assessments will be compiled to complete an ITAR (In Training Assessment Report). This will contribute to 60% of the mark.
    - The student must have a minimum of "Meets Expectations" on all categories for the final ITAR (assessment form) to pass the clinical portion.

      Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

2. Written NBME Examination. The following are required to pass:

    - An adjusted NBME score of 70% or greater.
    - If the initial NBME score is less than 70% the Clerk will be provided with an opportunity to re-write the NBME. Please see the Course Assessment Policy for further information.
    - The NBME score contributes to 40% of the mark.

3. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.

4. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.

5. A maximum of one remediation on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) an additional supplemental assessment, or (2) a FAILED rotation.

A midterm review is held with the Clerk to address any concerns and to discuss progress such that if there are concerns, there is time for correction or remediation of any problems. An exit interview is given during the last week of rotation to discuss the student's final mark, to encourage an interactive review of the rotation and to provide constructive feedback on teaching and the rotation in general.

	Assessment Type	**Weight**
1	ITAR	60%
2	NBME	40%
3	6.2	Completion
Total		100%

Note: The student must pass <u>all</u> assessment types to pass the rotation.

PSYCHIATRY

MODULE CONTACTS

Rotation Coordinators

Rotation Administrators

SASKATOON SITE

Dr. Alanna Baillod (Director)
Email: alanna.baillod@usask.ca
Phone: (306) 844-1078
Ellis Hall 121

Laura White
Email: laura.j.white@usask.ca
Phone: (306) 844-1312
Fax: (306) 844-1533
Ellis Hall 119

REGINA SITE

Dr. Temitayo Peluola
Email: temitayo.peluola@medportal.ca
Phone: (306) 766-3447
RGH Mental Health Unit

Shanda Litke
Email: shanda.litke@saskhealthauthority.ca
Phone: (306) 766-3447
Fax: (306) 766-4883
RGH

PRINCE ALBERT SITE

Dr. Edward Odogwu
Email: edwardodogwu@yahoo.co.uk
Phone: (306) 765-6055
Mental Health Main Desk

Nicole Toutant
Email: nicole.toutant@usask.ca
Phone: (306) 765-6787
Fax: (306) 765-6783
VGH 420

WEBSITE: http://medicine.usask.ca/department/clinical/psychiatry.php

ROTATION DESCRIPTION

Duration: 6 weeks

Call: Maximum 1-in-4

Vacation/Educational Leave: Maximum 5 working days.
Cannot be during the first or last two days of the rotation.

ROTATION OBJECTIVES

Core Psychiatric Presentations (List 1)

Alcohol/Substance Use Disorders, Anxiety Disorders (including OCD and PTSD), Bipolar Disorders, Schizophrenia and/or other Psychotic Disorders, Depressive Disorders, Disorders usually Diagnosed in Childhood/Adolescence, Personality Disorders, Somatoform Disorders, Neurocognitive Disorders (Delirium, Major Neurocognitive Disorder/Dementia)

By the end of the Rotation the clerk will:

Medical Expert

1. Perform an appropriate observed patient and family-centered history of a patient with a core psychiatric condition* (see List 1).
2. Select and interpret investigations with respect to a patient with a core psychiatric condition* (see List 1).
3. Demonstrate the ability to develop a basic treatment plan for a patient with a core psychiatric condition* (see List 1).
4. Demonstrate competency in performing a suicide risk assessment on a patient.
5. Participate in the care of a patient with a core psychiatric condition* (see List 1).
6. Demonstrate awareness of the diagnostic groups related to the core psychiatric disorders* (see List 1).
7. Demonstrate awareness of the etiology of the core psychiatric conditions* (see List 1).
8. Describe the rationale, principles, indications, contra-indications, and complications related to pharmacotherapy (such as: antidepressants, antipsychotics, anxiolytics, mood stabilizers, hypnotics, stimulants).
9. Describe the rationale, principles, indications, contra-indications, and complications related to ECT.
10. Describe the rationale, principles, indications, contra-indications, and complications related to psychotherapy.
11. Recognize non-psychiatric health conditions in a patient and derive a differential diagnosis.
12. Identify initial management plan of a non-psychiatric health condition in a patient.
13. Perform a mental status examination.
14. Participate in providing psychoeducation/counselling to patients/family members.
15. Participate in obtaining informed consent (under supervision).
16. Identify the elements of capacity.
17. Promptly identify emergency situations and respond appropriately.

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters.
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.
3. Communicate in a language easily understood by patients and family members.
4. Communicate in a culturally competent and sensitive manner.
5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

Leader

1. Manage workload effectively.
2. Identify and address potential barriers to efficient and safe workflow.

Health advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.
2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.

2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.

3. Provide culturally safe and respectful care to all patients, including Indigenous populations.

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.

5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.

6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.

7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

STRUCTURE OF THE ROTATION

Psychiatry has a variety of clinical presentations. Because of this, a Clerks exposure during his or her time with us may be quite different than that of their colleagues. We believe this provides Clerks with the greatest opportunity to learn and collaborate.

Clerks will be working under the guidance of a specific consultant. He or she will work as part of the mental health team and will assume full responsibility for designated inpatients under appropriate supervision. Clerks may also have the opportunity to see outpatients, psychiatric consultations, children and families, and will be on call for emergencies. Clerks may have an opportunity to participate in community and home visits with team members.

Goals for Students

- To develop skills and knowledge in the recognition, diagnosis, and management of psychiatric disorders.
- To develop an understanding of the relationship of the psychological state to disease in whatever specialty the student enters.
- To develop insight towards their own feelings toward patients and manage their responses in the best interest of the patient.
- To understand the community resources that are available to assist in the treatment of the patient's psychiatric illness.

Saskatoon: Clerks may be assigned to work at Royal University Hospital, Irene and Leslie Dubé Centre, Regional Psychiatric Centre and consultant outpatient clinics. Child Psychiatry experience will be offered at the Royal University Hospital and/or consultant outpatient clinics. Clerks will be placed in a 3-week inpatient rotation, 2-week outpatient rotation and 1-week child rotation.

Regina: Clerks will be assigned to work at the Regina General Hospital with duties also at Regina Mental Health Clinic and other clinics. Child Psychiatry experience will be at Child and Youth Services, Regina General Hospital and at private clinics.

Prince Albert: Clerks will be assigned to work on the adult and child/adolescent wards at the Victoria Hospital. Clerks will also be expected to attend the Clozapine clinic as well as the morning child/adolescent clinics held at Victoria Hospital. Afternoons will be spent with consultants at the Mental Health outpatient clinic at Victoria Square or whole days at community mental health clinics. One day may be spent at the Correctional Centre and rounds will be attended at one of the nursing homes. Clerks are expected to join other members of the team, such as addiction workers, community mental health nurses and counselors, during their sessions with patients.

CLERK DUTIES/EXPECTATIONS

Duties include:

- Assessment, admission, and management of patients.
- Outpatient and ward consultation assessment and follow-up.
- Maintenance of progress notes.
- Attending departmental teaching sessions and seeking any additional learning experiences they desire by discussion with consultants, other departmental staff, or the Director of Undergraduate Education.
- Completion of the 6.2 log.
- Attending organized teaching sessions, which are considered a priority.

Orientation

Saskatoon: There will be an orientation on the first day of the rotation. All Clerks are expected to attend. Time and location of the orientation will be provided prior to the start of the rotation.

Regina: There will be a full day of orientation on the first day of the rotation. All clerks are expected to attend. Time and location will be provided prior to the start of the rotation.

Prince Albert: On the first day, the Clerks meet their assigned consultant on the adult inpatient ward at Victoria Hospital at 0830.

Call and Emergency Duty

Saskatoon: Clerks are on the regular duty roster and are expected to make their own arrangements for any changes to the call schedule. Clerks must communicate to the Undergraduate Assistant (844-1312) any changes they wish to make. **Call switches can only be made to days already with coverage by another student; you may not switch into an open call date. Any changes to the call schedule must be approved by the Undergraduate Assistant (844-1312).**

Weekday night call begins at 16:30 and ends at 08:30, unless otherwise indicated on the call schedule. Clerks are excused from clinical duties at 10:30 on post-call days following an overnight call shift. Night call on Mondays and Thursdays ends at 23:00. For call shifts ending at or before 23:00, no post call strategies are in place and clerks are expected to attend their clinical and academic activities. Weekend call (Saturday, Sunday, and Statutory Holidays) is 24 hours, beginning at 08:30 and ending the following day at 08:30. Handover for call takes place by teleconference at 16:30 and 08:00 on weekdays and at 08:00 on Saturday, Sunday, and Statutory Holidays. Clerks are expected to participate in these handover conference calls. For morning handover, the dial in number is 306-655-0200 or 1-877-953-6338. Conference ID: 86459. For evening handover (weekdays), the dial in number is 306-655-0200 or 1-877-953-6338. Conference ID: 61580.

Further information about handover will be provided at orientation. On Saturdays, Sundays, and Statutory Holidays, the team starting call that day will meet at the Dube Centre – Main Floor at 0900.

During the inpatient block, clerks may also be scheduled for "day call" during regular working hours on Monday to Friday. Day call starts at 0830 and ends at 1630. Clerks must be available through switchboard during this time and will be contacted by the Crisis Intervention psychiatrist if there are consults to be seen in the ER. If there are no consults pending in the ER, clerks are expected to attend their regular clinical duties on the inpatient unit but are expected to be available for ER consults as they arise. Clerks are *not* expected to be on day call during protected academic time.

Regina: Clerks are on the regular duty roster and are expected to make no changes to the call schedule without permission from the administrative resident and the College of Medicine (Regina). The clerk will be post-call the next day at 10:30 am, except for Monday call shifts, which end at 2300, so there is no post-call on Tuesday. This is to ensure mandatory attendance at Tuesday's Selected Topics seminars. It is the clerk's responsibility to inform their preceptor that he/she was on call the night prior and thus will be leaving for post-call at 10:30 am.

Prince Albert: Clerks in Prince Albert continue on the regular ER call schedule with Clerks rotating in other disciplines. It is expected however that there will be an increase in student's involvement with Psychiatry patients in the ER during and after their Psychiatry rotation. Changes made are according to agreement with ER department.

TEACHING SESSIONS

SASKATOON

In addition to clinical learning, students will also have formal teachings as follows:

Seminars

All seminars will occur on Friday afternoons and will be *combined with Regina via video conferencing*. Prince Albert will be video conferenced into these seminars as well:

Week 1:	Biological Treatments in Psychiatry
	Emergency Psychiatry and Review of Mental Status Exam/Psychiatric Interview
Week 2:	Depressive Disorders
	Bipolar Disorders
Week 3:	Substance Use Disorders
	Schizophrenia and Related Disorders
Week 4:	Child Psychiatry
	Child Psychiatry
Week 5:	Geriatrics
	Anxiety Disorders
Week 6:	Personality Disorders Psychotherapy

Rounds

- Psychiatry Rounds (1st and 3rd Fridays of the month)
- Weekly Multidisciplinary Team Rounds (Inpatient Unit)
- House staff rounds (Mondays and Fridays at 0800h)
- Journal Club (4th Friday of the month)

Tutorials

One hour weekly tutorial with your assigned consultant.

REGINA

In addition to your clinical learning, you will also have formal teaching as follows:

Seminars

Seminars will be combined with Saskatoon via Video conferencing. See above for list of topics.

Rounds

- The Grand Rounds held in Regina (once per month from September through June) are designed to cover the wide range of psychiatry topics covered in the curriculum annually. The Grand Rounds are held during lunch hour (1200-1300), enabling the entire group of Clerks to attend them regardless of which rotations they are on.
- Weekly multidisciplinary Team Rounds on inpatient service
- Quarterly Case Conferences
- Journal Club once per month from September through June and is delivered by a psychiatry resident
- Teaching by residents two times per week

Tutorials

Daily one-on-one supervision with the student's assigned consultant in Regina.

PRINCE ALBERT

Monthly Grand Rounds

Multidisciplinary Team Rounds

Daily Ward Rounds

Tele-Health Rounds

Tutorials

Supervision and tutorials will occur with the student's assigned consultant.

RESOURCES

Saskatoon

Kaplan and Sadock's Concise Textbook of Clinical Psychiatry, Benjamin J and Virginia A Sadock

The Psychiatric Interview: A Practical Guide, Daniel J. Carlat

Lange Q&A Psychiatry, Sean Biltzstein, 10th Ed.

McMaster University Psychotherapy e-Resource (PTeR)

Videos for Psychiatric Interview and Mental Status Exam:

https://www.youtube.com/results?search_query=university+of+nottingham+psychiatric+interviews+for+teaching

http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf

In addition, the Department Library contains a broad range of references, including textbooks and other psychiatric literature.

Regina

Psychiatric Interview Book

Department of Psychiatry, Regina Mental Health

Student Resource Handbook, College of Medicine Psych. Library/Reference

Clerk Manual (created of Regina Psychiatry)

McMaster University Psychotherapy e-Resource (PTeR)

Videos for Psychiatric Interview and Mental Status Exam:

https://www.youtube.com/results?search_query=university+of+nottingham+psychiatric+interviews+for+teaching

http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf

The library in the Regina General Hospital has a wide range of recent textbooks and international journals in Psychiatry.

STUDENT ASSESSMENT

The student will be assessed in their Psychiatry rotation in four areas.

	Assessment Type	Weight
1	Clinical Summative Assessment (ITAR)	50%
2	NBME Exam	30%
3	Final Oral Exam	20%
4	6.2 Logs	Completion
5	Critical Appraisal Assignment	Pass/Fail
Total		100%

Clinical Summative Assessment: The assessments will be compiled by the site coordinator using their academic judgement based on both numeric marks and qualitative comments to complete a final Summative Assessment (ITAR).

Note: The student must pass all assessment types to pass the rotation.

A student will be deemed to have failed the rotation for **any** of the following:

1. A failure of clinical performance as indicated by any of the following:
   - Assessments of professionalism below "Meets Expectations" on the summative ITAR.
   - Failure to achieve a minimum of "Meets Expectations" on all categories for the final Summative Assessment (ITAR).
2. A "Fails to Meet Expectations" in both the initial oral exam and the rewrite if required.
3. A failure of the NBME - Please see the Course Assessment Policy for further information.
4. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.
5. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.
6. A maximum of one remediation attempt on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) a supplemental assessment, or (2) a FAILED rotation.

NBME Exam

The National Board of Medical Examiners (NBME) exam will be administered on the final Thursday or Friday of the rotation.

Oral Exam

The oral exam will include a 45-50 minute interview with a patient, with the examiner observing. Following this, the student will be assessed on their evaluation of the patient, along with their treatment and management plans. In addition, other areas of knowledge will be tested.

Clinical Summative Assessment (ITAR)
The student will be assessed in their rotation on Psychiatry (both adult and child) in terms of their ability to relate to, and work with patients. Factors that will go into this assessment will be write-ups of the patient, plus the development of tentative treatment plans. In addition, their assessment will consist of their ability to work on a ward setting and to take part in a treatment team. The ability to function in the emergency call setting will also be taken into account.

Critical Appraisal Assignment
During the 6-week rotation clerks are expected to complete a critical appraisal assignment on a scholarly article related to psychiatry. These assignments will be evaluated to assess the student's critical appraisal skills. Clerks must choose one article for critical appraisal from a list of articles that will be provided at the start of the rotation. The assignment will be due on the *fourth Friday* of the rotation.

If a student fails the critical appraisal assignment, they will receive feedback from the Rotation Coordinator and will be given an opportunity to remediated the assignment. The rotation will be considered incomplete until the supplemental assessment is completed. The supplemental assessment must be completed by the agreed upon date, or this may constitute a rotation failure.

Saskatoon: A mid-term assessment for the student will occur after three weeks. This assessment is formative and will not count towards the final assessment, but will give feedback to the student as to how he or she is doing at that time.

Regina: A mid-term assessment for the student will occur after three weeks. This assessment will not count towards the final assessment, but will give feedback to the student as to how he or she is doing at that time.

Prince Albert: A mid-term assessment for the student will occur after three weeks. This assessment will not count towards the final assessment, but will give feedback to the student as to how he or she is doing at that time.

SURGERY

MODULE CONTACTS

Rotation Coordinators

Rotation Administrators

SASKATOON SITE

Dr. Trustin Domes (Provincial Director)
Email: trustin.domes@usask.ca
Phone: (306) 966-7124
B412 HSB

Marilyn Baniak
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RUH Site Director
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SPH Site Director
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Orthopedic Surgery Coordinator
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REGINA SITE
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RGH

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PRINCE ALBERT SITE
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Nicole Toutant
Email: nicole.toutant@usask.ca
Phone: (306) 765-6787
Fax: (306) 765-6783
VGH 420

Orthopedic Surgery Coordinator
Dr. Shashi Brijall
Email: brij@sasktel.net

WEBSITE:
http://medicine.usask.ca/department/clinical/surgery-pages/education.php#Education

ROTATION DESCRIPTION

Duration: 6 weeks consisting of:
4 weeks of general surgery (or general surgery subspecialty)
2 weeks of orthopedic surgery

REGINA STUDENTS: Students are responsible for contacting the Pasqua Surgeons and the Orthopedic Surgeons the week prior to the beginning of that assigned week in order to confirm a start time and meeting location. Contact information for the surgeons can be found on One45.

Call: Maximum 1-in-4
The amount of call will depend on the number of learners and site specific preferences.

Vacation/Educational Leave: Vacation will not be granted during the Surgery rotation, given the modular structure of the rotation. Educational leave will be granted on a case by case basis, at the discretion of the Rotation Coordinator at your site.

CORE PRESENTATIONS AND CONDITIONS

Core Surgical Presentations (List 1)

Mass: Neck/Thyroid Mass, Breast Lump (including Nipple Discharge), Abdominal Mass (Intra-Abdominal and Abdominal Wall, including Groin), Scrotal Mass, Rectal/Prostatic Mass, Lymphadenopathy

Pain (Acute and Chronic): Abdominal pain and/or distension, scrotal pain, joint pain, upper and lower limb pain

Blood: Epistaxis, Hemoptysis, Upper and/or Lower Gastrointestinal Bleed, Hematuria

Trauma: Head, Chest, Abdominal, Pelvic (including Genitourinary), and Limb Injury, Burns

Other: Dysphagia/Odynophagia, Jaundice, Urinary Obstruction, Shock

Core Surgical Conditions (List 2)

ENT: Foreign Body of Nose or Ear, Tonsillitis, Epistaxis, Serous Otitis, Thyroid Cancer/Mass

Breast: Benign Masses (Fibroadenoma, Fibrocystic Changes, Abscess), Malignant Masses

Respiratory: Solitary Pulmonary Nodule, Pleural Effusion (Malignant and Empyema), Pneumothorax (Spontaneous, Traumatic, Iatrogenic)

Vascular: Aortic Dissection, Aortic Aneurysm, Varicose Veins, Occlusive Peripheral Vascular Disease

Gastrointestinal: Acute Abdomen (including Appendicitis/Diverticulitis/GI Tract Perforation), Bowel Obstruction, Esophageal Obstruction, GERD/Gastritis/Peptic Ulcer Disease, Duodenal Ulcer, Mesenteric Ischemia, Biliary Colic/Cholelithiasis/Cholecystitis/Cholangitis, Liver Masses (Benign vs. Malignant), Pancreatitis, Colorectal Carcinoma, Colitis (including Toxic Megacolon), Inflammatory Bowel Disease, Anorectal Diseases (Anal Fissure, Anorectal Abscess/Fistula, Hemorrhoids), Pilonidal Disease, Hernias (Inguinal, Femoral, Umbilical, Incisional)

Skin/Soft Tissue: Necrotizing Soft Tissue Infections, Skin Cancer, Benign Skin Lesions (Nevus, Verrucae, Epidermal Inclusion Cysts, Lipoma)

Genitourinary: Hematuria (Benign and Malignant Causes), BPH, Renal Colic, Prostate Cancer, UTI, Scrotal Masses (Hydrocele, Spermatocele, Varicocele), Scrotal Pain (Torsion, Epididymitis/Orchitis)

Musculoskeletal: Fractures (open and closed), Dislocations, Subluxations, Compartment Syndrome, Septic Joint, Osteoarthritis, Sport-Related Injuries

Neurological: Cerebral Neoplasms, CNS Infections (Meningitis and Abscess), Primary Impact Injury (concussion to profound coma), Epidural Hematoma, Subdural Hematoma, Subarachnoid Hemorrhage, Spinal Cord Injury, Peripheral Nerve Injury/Entrapment (Carpal Tunnel Syndrome)

ROTATION OBJECTIVES

By the end of the surgery rotation the clerk will:

Medical Expert

1. Perform an appropriate and focused observed patient and family-centered history for patients with a core surgical presentation (see list 1).
2. Perform an appropriate and focused observed patient-centered physical examination for patients with a core surgical presentation (see list 1).
3. Provide a diagnostic work-up for patients with a core surgical presentation (see list 1).
4. Interpret relevant diagnostic tests in the evaluation of patients with a core surgical presentation (see list 1).
5. Synthesize clinical and laboratory/diagnostic data to arrive at a differential diagnosis for all the core surgical presentation (see list 1).
6. Develop appropriate plans for the management of patients with the core surgical conditions (see list 2).
7. List the indications for referral for surgical conditions (see List 2).
8. Discuss the pathophysiology, epidemiology, natural history and prognosis of the core surgical conditions (see list 2).
9. Identify patients with life-threatening conditions.
10. Manage the results of common pre-operative laboratory investigations prior to surgery.
11. Demonstrate and apply knowledge of the significance and need for venous thromboembolism prophylaxis, antibiotic prophylaxis, fasting guidelines.
12. Manage the fluid and electrolyte needs of surgical patients with the following conditions such as: dehydration, fluid overload, hyperkalemia, hypokalemia, hypercalcemia, hyperglycemia and hypoglycemia.
13. Perform the diagnostic work-up for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venothromboembolism.
14. Perform the initial management for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venothromboembolism.
15. Perform proper scrubbing, gowning and gloving.

16. Perform aseptic technique and maintain sterility during the performance or assistance of surgical procedures.

17. Demonstrate a basic facility in the use of common surgical instruments (forceps, scissors, scalpel, retractor, needle driver, electrocautery).

18. Administer appropriate local anaesthetic for procedures (when appropriate).

19. List the contraindications and toxicities of local anaesthetics.

20. Perform (under supervision) the following procedures:

    I. Foley Catheter Insertion (male and female)
    II. Nasogastric Tube Insertion
    III. Suture a Simple Wound
    IV. Removal of Sutures or Staples in Skin
    V. Safe Application and Removal of a Splint or Cast

Communicator

1. Maintain clear, accurate, and appropriate records of clinical encounters.

2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.

3. Communicate in a language easily understood by patients and family members.

4. Communicate in a culturally competent and sensitive manner.

5. Participate in obtaining informed consent.

Collaborator

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.

2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

Leader

1. Manage workload effectively.

2. Identify and address potential barriers to efficient and safe workflow.

Health Advocate

1. Recognize cultural and socio-economic issues that impact patient and population health.

2. Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs.

Scholar

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidenced based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent shifts based on personal reflection or preceptor feedback.

Professional

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.
4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

ORIENTATION

There will be a **MANDATORY** orientation session the first day of the student's Surgery rotation. It is important that students attend, as schedules and other site-specific information about the rotation will be provided. Given that we are a multisite distributed College, there may be slight differences in the organization and logistics of the rotation and this will be discussed at the orientation session.

Clerkship Duties/Expectations

The student will be a full member of a surgical team involved in the care of patients. The team will include an attending surgeon and, in some cases, one or more residents at varying levels of postgraduate training and other surgery clerks. At the start of the rotation the supervising faculty and residents will orient the student to the team and the ward. The elements of being a full team member include the following tasks:

- Performing admission history and physical examinations
- Developing a differential and provisional diagnosis and a plan for the presenting problems
- Documenting the history, physical examination, impression, and plan in the medical record
- Presenting (orally) the findings to the resident and/or attending surgeon
- Actively participate in rounding with the team
- Assessing the patients' clinical progress daily and when problems occur
- Documenting patient events with regular progress notes in the medical record
- Communicating with others involved in the care of the team's patients,
- Gathering and reviewing relevant data, including laboratory and radiological data.
- Facilitating patient discharges, including dictating or completing discharge letters/forms

During the rotation, there will be times when a schedule has been created to ensure that students achieve a good mix of experiences. When a schedule has been provided, the priority is for the student to attend the scheduled clinics/ambulatory care/endoscopy and the operating room and excessive in-patient responsibilities should not interfere with this. It is important to communicate with the team about any scheduled activities and to inquire about clinical expectations prior to and after the scheduled activity.

The focus of surgical clerkship is to provide hands-on experience but not at the cost of patient safety. Students **should not** individually perform procedures that they are not comfortable performing and **should** be supervised while performing procedures that they are learning. If a student has concerns regarding the learning environment pertaining to the acquisition of safe procedural skills, they should contact their rotation coordinator or site director.

How to Do Well on the Surgery Rotation

Surgery clerks will do well if they follow the three "A"s:

1. **Available**
    a. Surgery clerks should be available during the workday and on-call and should ensure all involved (attending, resident, administrators) know where they are when they are unavailable.
    b. Unexplained absences are not acceptable and will negatively impact your learning and clinical evaluations.

2. **Affable**
    a. Surgery clerks are expected to work well with all members of the health care team by being respectful, courteous, and professional.

3. **Able**
    a. Surgery clerks should come prepared for their clinical duties by taking initiative to read around patient cases, review the relevant anatomy and procedural details prior to surgery and creating a study plan in order to obtain mastery of the core knowledge objectives.
    b. Surgery clerks that show interest and enthusiasm in their learning will get much more out of the rotation compared to learners that do not.
    c. Evidence of independent learning will impress the residents and faculty and will help with successfully completing course assignments, examinations and the MCCQE examination.

CALL

Being on-call is an essential component of learning in surgery. This is when acutely ill patients are often first encountered and when inpatients develop problems that require prompt attention. Being the first one to assess these patients is a valuable learning experience that builds clinical autonomy and confidence. Being on call is often a time when surgery clerks receive specific and timely teaching and feedback from supervising residents and surgeons.

- Call is limited to a maximum of every fourth night.
- It is the responsibility of the surgery clerk to contact the resident or attending on call to discuss expectations for the call.
- Surgery clerks should attend all educational seminars the next day.
- For overnight call, surgery clerks should be excused from duty after appropriate hand over of patients has been accomplished (no later than noon).
- For call that ends at 23:00, surgery clerks are expected to attend normal clinical duties for the entire day following their call.
- Surgery clerks will not be on call the night before an examination.

TEACHING SESSIONS

Surgery clerks are excused from their clinical duties to attend scheduled teaching sessions (academic half day and morning teaching seminars, etc.), but are responsible for informing their team members ahead of time when they will be away at teaching sessions. Surgery clerks should sign out to another team member so that they will not be disturbed during their teaching sessions.

A schedule of formal teaching rounds will be provided to each student at the beginning of his or her surgery rotation and these sessions are **MANDATORY**.

RESOURCES

The following three textbooks are recommended as primary resources:

Klingensmith ME, Vemuri C, Oluwadamilola MF, Robertson JO et al.: *The Washington Manual of Surgery* (7th Ed.). Philadelphia, PA, Wolters Kluwer, 2016.

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

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

Many students have found the following resources useful when studying for the National Board of Medical Examiner's Surgery Examination:

C. Pestana. *Dr. Pestana's Notes Surgery Notes* (2nd Ed.). New York, NY: Kaplan Medical, 2013.

E. Toy, T. Liu, and A. Campbell. *Case Files Surgery* (4th Ed.). Chicago, IL: McGraw Hill, 2012.

L.S. Kao and T. Lee. *Pre-test Surgery* (13th Ed.). Chicago, IL: McGraw Hill, 2012.

L.H. Blackbourne. *Surgical Recall* (6th Ed.). Philadelphia, PA: Lippincott Williams & Wilkins, 2012.

B.E. Jarrell BE and S.M. Kavic. *NMS Surgery* (6th Ed.). Philadelphia, PA: Wolters Kluwer, 2015.

NBME Preparation
The NBME is an American-based exam. The core content of the Surgery rotation varies slightly from the Canadian Curriculum. Therefore, there may be some content on the exam that is not directly covered during your clerkship rotation. In order to ensure your success on the exam it is important that you review these topics prior to the exam. A general breakdown of the topics covered on the exam can be found on the NBME website (https://www.nbme.org/Schools/Subject-Exams/Subjects/clinicalsci_surg.html)
In addition to the core surgical conditions and presentations listed in the syllabus the exam frequently includes questions on the following topics:

- Gynecology (excluding Obstetrics)
- Critical Care/ Trauma
- Electrolytes, fluids and acid/base disorders
- Neurosurgery (especially trauma and tumors)
- Cardiac and Vascular Surgery (including congenital heart disorders)

An exhaustive review of these topics is not necessary but you should be familiar with the common and severe conditions. Toronto Notes, Lange Current Diagnosis & Treatment and the above listed resources are good brief texts to review these peripheral topics.

STUDENT ASSESSMENT

In order for education to be meaningful, students deserve to receive timely, specific feedback from all supervisors with whom they have interacted, including their attending physicians, resident supervisors, and site coordinators. Students will receive feedback on a regular basis and ~~initial~~ areas of weakness may be identified with the chance to work on these areas and improve throughout the rotation.

Surgery clerks will be provided structured feedback at both the midway point and at the end of the rotation, based on observations and feedback from residents and attending surgeons.

The final assessment and pass criteria for Surgery includes all of the following:

1. Attain a cumulative average of 70% or greater across the rotation.
2. Attain the passing mark on each course component. *Note not all course components are passed at a 70%
3. Clinical performance in the rotation is measured using clinical performance assessment forms and Entrustable Professional Activity (EPA) observations. Each training site (Saskatoon, Regina and Prince Albert) requires a different minimum number of clinical performance assessment forms and EPA observations that must be completed by the end of the rotation and the minimum number will be communicated to clerks during orientation.

The following criteria are required to pass:

The student must have the minimum number of clinical performance assessment forms completed AND must have "Meets Expectations" on all categories for the final summative ITAR (assessment form)
· Students must have the minimum threshold of Entrustable Professional Activity (EPA) observations completed by the end of the rotation

4. NBME Examination. The following are required to pass:
    - An adjusted NBME score of 70% or greater.
    - If the initial NBME score is less than 70% the student must score 70% or greater on a re-write of the NBME in order to pass. Please see the Course Assessment Policy for further information.
5. Oral Examination: Standardized case scenarios with a focus on general surgery topics. This examination is graded using a rubric. Please note that the oral examination may be booked prior to the end of the rotation if the general surgery portion of the rotation is completed earlier. The following are required to pass:
    - A grade of 60% or greater.
    - If the initial score is less than 60%, the student must meet with the Rotation Coordinator and will then be scheduled to attempt another oral examination
        i. A score of 60% or higher on the supplemental oral exam is required to pass the rotation.
6. Oral Presentation(s): Surgery clerks will prepare and deliver oral presentation(s) on assigned topics with learning objectives. These will be graded using a rubric. To pass this component, the average mark amongst all presentations must be 60% or higher.
7. Orthopedic Surgery Written Submission and Reflection: The surgery clerk will write up a fracture case based on the initial patient assessment, radiographic interpretation, steps in management of the patient, operative and post-operative course. The student will also personally reflect on this clinical encounter. This write up will be graded using a rubric. To pass this component, the submission must be made within one week of completing the orthopedic component of the course and the mark must be 60% or higher.
8. Surgery Webinars: As part of the core knowledge curriculum, webinars have been created that the surgery clerk must watch and complete a short quiz afterwards. To pass this component, all webinar quizzes must be completed by the end of the rotation and the average mark amongst all quizzes must be 60% or higher. Inability to complete all quizzes prior to the end of the rotation will result in a mark of zero for this session and a meeting with the Rotation Coordinator to determine the next course of action (see Point 10).
9. Completion of 6.2 logs is required to pass each rotation. Failure to do so will result in an incomplete rotation until alternative experiences are complete. 6.2 log must be completed within one (1) week of the end of the rotation.
10. Timely completion of alternative experiences – Clerks should contact the specific departmental clerk coordinator if deficiencies are present in the 6.2 log for assignment of alternative experiences. Clerks will be expected to complete the alternative experiences within a reasonable time frame.
11. A maximum of one remediation on any rotation component will be offered. If a student fails a supplemental assessment, a sub-committee consisting of the Clerkship Chair (or designate), the site departmental Clerk coordinator, and a site Coordinator from a different discipline will meet to determine a course of action, which may include either (1) an additional supplemental assessment, or (2) a FAILED rotation.

The Surgery mark breakdown is as follows:

	Assessment Type	Weight
1	General Surgery Clinical Assessment	27%
2	Orthopedic Surgery Clinical Assessment	13%
3	NBME	20%
4	Oral exam	15%
5	Webinar Quizzes	10%
6	Oral Presentation(s)	10%
	6.2 logs or alternative experience	Completion
7	Orthopedic Surgery Written Submission	5%
Total		100%

Note: The student must pass and complete **all** assessment components to pass the rotation.

Graduation Awards in Surgery

- **Dr. Hugh MacLean Medal and Prize in Surgery**
  Awarded annually to the graduating student with the highest proficiency in surgery, based on clerkship academic and clinical performance.
  Value: Silver Medal and $500

- **Professor's Prize in Surgery**
  Awarded annually to the graduating student considered by the Surgery Faculty to show the greatest promise as a future clinical surgeon and on academic excellence.
  Value: $500

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 and Clerkship 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

PROCEEDURES 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

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[1].

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

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

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.

[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.

CITATION FORMAT

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

PROFESSIONALISM

Students can be deemed unsuccessful on any course assessment for not achieving course expectations of professionalism. This would include, but is not limited to, any unapproved absences from a mandatory session, and/or submission of late assignments. Students failing to meet professional expectations in the course should anticipate a meeting with the module/course directors and/or year chair to discuss the concern, which may result in associated documentation. For further information on professionalism, please refer to the UGME procedures for concerns with medical student professional behavior.

http://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php

RECORDING OF THE LECTURES

Most lectures will be recorded and posted to the course Blackboard site under Course Materials. However, each lecturer reserves the right to choose whether or not their lectures will be recorded. Lecture recordings are not intended to be a replacement for attending the session but rather to enhance understanding of the concepts.

COPYRIGHT

Course materials are provided to students based on registration in a class, and anything created by professors and instructors is their intellectual property, unless materials are designated as open education resources. This includes exams, PowerPoint/PDF slides and other course notes. Additionally, other copyright-protected materials created by textbook publishers and authors may be provided to students based on license terms and educational exceptions in the Canadian Copyright Act (see http://laws-lois.justice.gc.ca/eng/acts/C-42/index.html).

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

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

INTEGRITY DEFINED (FROM THE OFFICE OF THE UNIVERSITY SECRETARY)

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

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

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

EXAMINATIONS WITH ACCESS AND EQUITY SERVICES (AES)

Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Access and Equity Services (AES) if they have not already done so. Students who suspect they may have disabilities should contact the Student Affairs Coordinator at the Office of Student Affairs (OSA) for advice and referrals. In order to access AES programs and supports, students must follow AES policy and procedures. For more information, check https://students.usask.ca/health/centres/access-equity-services.php or contact AES at 306-966-7273 or aes@usask.ca.
Students registered with AES may request alternative arrangements for mid-term and final examinations.

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

STUDENT SUPPORTS

COLLEGE OF MEDICINE, OFFICE OF STUDENT AFFAIRS
Student Affairs offers confidential support and advocacy at arm's length from the academic offices. For more information please contact:

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

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

Student Affairs Director, Dr. Nicole Fahlman at nicole.fahlman@usask.ca or 306-209-0142

Student Affairs Director, Dr. Tiann O'Carroll at tiann.ocaroll@usask.ca or 306-529-0777

COM Student Affairs Director (Prince Albert) Dr. Dale Ardell at drardellpc@sasktel.net or 306-763-8888

STUDENT LEARNING SERVICES

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

STUDENT AND ENROLMENT SERVICES DIVISION

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

FINANCIAL SUPPORT

Any student who faces challenges securing their food or housing and believes this may affect their performance in the course is urged to contact Student Central (https://students.usask.ca/student-central.php).

ABORIGINAL STUDENTS CENTRE

The Aboriginal Students Centre (ASC) is dedicated to supporting Aboriginal student academic and personal success. The centre offers personal, social, and cultural and some academic supports to Métis, First Nations, and Inuit students. The centre is also dedicated to intercultural education, brining Aboriginal and non-Aboriginal students together to learn from, with and about one another in a respectful, inclusive and safe environment. Students are encouraged to visit the ASC's Facebook page (https://www.facebook.com/aboriginalstudentscentre/) to learn more.

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