# Saskatchewan Longitudinal Integrated Clerkship

**MEDC 306**
**Year 3**

**SASKATCHEWAN LONGITUDINAL INTEGRATED CLERKSHIP (SLIC) COURSE SYLLABUS**
**2020-2021**

UNIVERSITY OF SASKATCHEWAN
College of Medicine
MEDICINE.USASK.CA

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

## SLIC – COURSE OVERVIEW

*The Covid-19 pandemic has caused significant changes to delivery of medical curriculum. We are planning to include in-person educational experiences, where possible, during the 2020-21 Fall Term. However due to pandemic circumstances, the College of Medicine undergraduate education program may need to*

- *Modify curriculum content delivery outside of usual procedures and at short notice.*
- *Modify Course assessments which may need to be changed to a different format, or to have different weighting from that outlined in the syllabus.*

*As information becomes available, we will provide updates to students on any changes relating to content originally outlined in the syllabus.*

### COURSE DESCRIPTION

The clinical clerkship allows students to apply their basic knowledge and skills acquired in the first 2 years of medical school, in the clinical setting.

SLIC students will work closely with one primary preceptor gaining continuity relationships with patients and faculty over time in a continuous learning community. They will also spend time with visiting or in-town specialists as appropriate and other allied health care professionals (including but not limited to physiotherapy, occupational therapy, pharmacy, public health, mid-wife, dietician, mental health RN etc... )

SLIC students will experience a learning environment that provides comprehensive care of patients over time and meet the clerkship year's core objectives across multiple disciplines simultaneously in a one on one teaching environment.

Students will create a personalised learning plan and schedule with their primary preceptor and work in multiple settings to achieve their course objectives. SLIC students will care for patients in the community, clinic and hospital setting under the direct supervision of faculty and, depending on the community, residents. The SLIC training sites ability to provide a learning experience with medical residents will be tracked. If a site cannot provide a clinical learning experience with a resident then the student will be required to choose from a specific list of selectives that will ensure this experience.

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.

Completion of this course will contribute to attaining elements of the overall undergraduate program objectives (MD Program Objectives). Specifically, successful completion of the SLIC (course 398.34) will be equivalent to successful completion of the Core Rotations Course (MEDC 307.50) in Year 3 of the MD program, for the purpose of promotion.

## COURSE OBJECTIVES

By the completion of the SLIC, 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

## SLIC CONTACTS:

SLIC Director: Dr. Tara Lee – tsl239@mail.usask.ca, (306) 773-1555 fax (306) 773-6817

DME Dean: Dr. Tom Smith-Windsor – dr.tom@sasktel.net, (306) 765-6788 fax (306) 765-6783

Site Directors:

Meadow Lake: Dr. Rebecca Epp – epp.rebecca@gmail.com (306) 236-5661 fax(306) 236-4355

Estevan: Dr. Ed Tsoi – Edward.tsoi@sasktel.net (306) 634-6444 fax (306) 634-9187

Melfort: Dr. Geoff Zerr - geoff.zerr@usask.ca (306) 752-8821 fax 888-898-4334

Dr. Mike Stoll – mbs413@usask.ca (306) 752-8817 fax (306) 686-8805

Adminstrative Coordinators:

Meadow Lake: Bailey Edelman – bailey.edelman@usask.ca (306) 234-3108 fax (306) 236-4355

Estevan: Kristin Dupuis – Kristin.dupuis@saskhealthauthority.ca (306) 637-2401 fax (306) 637-2490

Melfort: Mabel Ryhorchuk – mabel.ryhorchuk@saskhealthyauthority.ca (306) 921-9386

## CORE CLINICAL ROTATIONS CONTACTS:

Administrative Coordinator

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

Regina Site: Holly Doell – holly.doell@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: Tami Golding – tami.golding@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 42 weeks of an integrated clinical experience with all major disciplines in one community. There will be an option to use two weeks of the 42 weeks at an alternate site to provide extra learning opportunities if necessary. Due to the timing of the June assessment week, the SLIC students will move back to their urban site after this week. This will leave 1 week in the urban site to pursue extra clinical experience.

SLIC students will complete the Selected Topics in Medicine Course (MEDC 308.16) longitudinally throughout the 42 weeks. The SLIC students will attend the assessment weeks, held in Regina and Saskatoon, scheduled from December 7-11, 2020 and June 7-11, 2021. The assessment weeks consist of lectures, small group sessions and simulation sessions covering a variety of topics. Both of the year 3 OSCE's are also held during the assessment weeks. Additionally, SLIC students will attend the Success in Medical School III (MEDC 311.0) at the beginning of year 3 during orientation at their home site and participate through online components throughout the year.

The Estevan SLIC students will be required to choose from a specified group of selectives for their Selective Clinical Rotations (MED 309.80) course in year 4. This is an interim solution until we can ensure that this site can consistently provide a learning experience with residents. The list of appropriate selectives for this group will be provided in the SLIC acceptance letter to the student.

## INDEPENDENT LEARNING

Students participating in the SLIC need to be self directed and independent learners. SLIC students are expected to know the course objectives and seek out opportunities to fulfill these objectives throughout their clerkship.

Students will also review/participate in required discipline and clerkship specific video recordings/seminars throughout the course. A list of these required videorecordings/seminar schedules will be provided to students

The course objectives assist in guiding clinical experiences. It is an expectation that SLIC students are continuously logging their experiences in the 6.2 experience logs and using these logs and course objectives to guide personal learning plans and schedules. The 6.2 experience logs should be reviewed on a weekly basis with the primary preceptor.

## COURSE 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/

## 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

## 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 SLIC 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. The Site Director, preceptors, residents and other members of the health care team will be providing regular formative feedback to students to help them improve their skills. 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 midterm (18 week) and end of rotation (40-42 week) with ITARs and through formal oral, written and OSCE exams.

### MONITORING OF TIME SPENT IN CLINCAL 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, Site Director, or the SLIC Director if their rotation schedule is in violation of this policy. In addition, students can access the Program Feedback Tool to submit a feedback in an anonymous fashion, should they wish instead. This will then be addressed by the SLIC Director.

### 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 ASSESSMENT OVERVIEW

| **Assessment Type** | **Component Requirement** | **Weighting in Final Mark** |
|---|---|---|
| Bi-weekly formative mini-CEX | Formative | N/A |
| Weekly formative EPAs | Formative | N/A |
| Every 6 week ITAR | Formative | N/A |
| Quarterly PASS (Peer & student support) group assessment | Formative | N/A |
| Mid-point ITAR (18 weeks) | 70% | 10% |
| Final ITAR (40-42 weeks) | 70% | 25% |
| Patient panel | 70% | 5% |
| Community project (includes critical appraisal) | 70% | 12% |
| NBME/Written Exams | 70% | 20% |
| Formative OSCE 1 | Pass | N/A |
| Summative OSCE 2 | Pass | 23% |
| Clinical presentation 1 | Pass | 2.5% |
| Clinical presentation 2 | Pass | 2.5% |
| 6.2 logs | Completed | N/A |
| IPE module | Completed | N/A |
| Interpretive skills module | Completed | N/A |
| Total Course Mark | | 100% |

## ASSESSMENT COMPONENTS:

### PASS (Peer & student support) group assessment

The Peer & Student support group assessment is an objective assessment performed by a University of Saskatchewan, College of Medicine faculty member from another community. The PASS faculty member will visit the community every 8-12 weeks. Their main objective is to provide educational support and mentorship for SLIC students and preceptors. They will also directly observe a clinical encounter and provide feedback. They can provide a formative assessment by using EPAs. They can also provide the summative assessment for the clinical presentations. After each visit, the PASS member will provide a short written summary to the primary preceptor regarding the clinical observation and assessment.

Their main goals will be to:

a) provide direct clinical observation of students and give feedback

b) provide observation of preceptors and give feedback regarding their teaching

c) provide teaching for the students and faculty development for faculty

d) provide formative & summative assessments by using the EPA and clinical presentation assessments

### Patient Panel

Establishing a Patient Panel is one of the best ways to facilitate the LIC principle of continuity of care. Similarly, continuity of care is the best way to facilitate clinical learning. All SLIC students must document their patient panel and provide an oral presentation to the Site Director guided by the patient panel rubric provided on one45. The patient panel presentation and rubric are based on the CanMEDS framework. It is worth 5% of the final grade. Primary preceptor(s) will help identify patients for the panel but it is the SLIC student's responsibility to seek out and document the recommended panel. With a few exceptions, clinical time can be rearranged to accommodate attendance at appointments with patients on the panel. Students will not be released from mandatory sessions to follow a patient on their panel, except in the case of labor and delivery for an obstetrics patient.

Students will have the opportunity to see patients with undifferentiated problems and play an active role in determining the diagnosis and treatment plans for these patients in consultation with preceptor(s). SLIC students will also meet patients with an established diagnosis but may have a chronic illness, pregnancy or have a social situation that would benefit from the student being a part of their care. These patients can teach the student a lot about the natural history of disease, their experience of illness and disease and how this changes over time, as well as the outcome of treatment and management interventions. Having a Patient Panel is a good way to support the relationships built with patients over the year.

RECOMMENDED PATIENT PANEL:

2 obstetrical patients in 1st trimester
2 obstetrical patients in 3rd trimester
1 pediatric patient
1 adult patient with a chronic medical problem
1 elderly patient
1 patient with mental health concern
plus others at individual student and preceptor discretion

**Community project & Critical Appraisal assignment**
A scholarly project integrated with connecting to the community is an important part of the SLIC experience. This project will focus on community resources that would be of benefit to the patient population in that community. The community project will also include a critical appraisal assignment that is relevant to the community need identified and guided by the literature search. Together, they will be worth 12% of the final grade. The critical appraisal assignment is worth 2% and the community project is worth 10%.

**Community project**
The steps involved in this project include:

- Identify a community need from a personal experience with a patient, the community or any other experience during a clinical scenario.
- Describe and identify any existing health disparities and social determinants of health that are present in the community, as evidence for why such a community need exists.
- Perform a literature search for approaches used by others.
- Complete a critical appraisal assignment on a scholarly article found during the literature search.
- Describe a potential community-based intervention and describe how it would address existing health disparities/social determinants of health in the community.
- Identify a list of barriers and facilitators to implementing this intervention and describe potential solutions.
- If possible, initiate the project in the community.

A submitted report should include:

- A description of the situation (ie. health disparities/social determinants of health) which stimulated the idea for the community project.
- A review of the literature in the area of the need identified.
- Attach the critical appraisal assignment.
- A description of the community-based intervention proposed and description of how this intervention would help address existing health disparities/social determinants of health in the community.
- A description of the barriers and facilitators to implementation and how these could be addressed.
- If the project was initiated, provide a history, current state of the project and how it has benefited the community.

The proposed project topic should be decided upon by the mid-point of the SLIC. If not already reviewed with the Primary Preceptor or Site Director, this should be done during the mid-point assessment.

The student is expected to make a presentation and submit a write-up (either a written report or PowerPoint) of the project to the Primary Preceptor and/or Site Director. The project is marked by a rubric that is available on one45.

**Critical Appraisal Assignment**
The critical appraisal assignment is linked with the community project to create a cohesive scholarly project. Therefore, the critical appraisal will be determined through a literature search and an article the student chooses that is related to a need identified in and by the community. With guidance from the members of the Research Vertical Theme, a Standard Checklist will be used to undertake the critical appraisal. The student will meet with a member of the Research Vertical Theme after the literature search has been completed, an article chosen and emailed to the members of the Research Vertical Theme to review. The meeting will take place via webex with the objective to review the critical appraisal assignment and answer any questions the student may have. The members of the Research Vertical Theme will continue to be a source of support throughout the project and will provide the rubric for assessment and feedback on the critical appraisal assignment.*

**Clinical presentation assessment 1 & 2**
A clinical oral examination is required during the first and second half of the SLIC. Each presentation will be 2.5% of the overall grade. The clinical presentation rubric is available on one45.* The student will have one hour for a history and physical examination of a patient, following which, the findings along with a presentation will be reviewed with the PASS preceptor/Primary preceptor. Components of the evaluation include: the ability to take a history and perform a physical exam, interpret findings and create a safe and appropriate differential diagnosis, knowledge of basic science, physiology and clinical features of the presenting illness, interpret investigations and discuss management at the clerkship level.

**IPE module (Interprofessional Collaboration module)**
The goal of this module is to prepare the student for learning opportunities designed to enhance the ability to practice collaboratively. This is a longitudinal module which will run throughout the SLIC. It will consist of 7 online video seminars. The objectives of the module are:

1. Articulate unique factors that influence inter-professional communication. (Inter-professional Communication)
2. Describe key elements of patient-centred care including the patient's family & community. (Patient-Centred Care)
3. Describe your own role & consider the roles of others in determining your own professional & inter-professional roles. (Role Clarification)
4. Describe group processes which improve inter-professional team functioning. (Team Functioning)
5. Describe steps & strategies for conflict resolution within interpersonal groups. (Inter-professional Conflict Resolution)
6. Articulate key principles of collaborative leadership which contribute to group effectiveness. (Collaborative Leadership)

Students will be required to work through 7 online 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 after the Selected Topics in Medicine course to use if needed. Once each module is complete, students will be required to print off certificates of completion (accessible from the website) & submit them to the site Administrative Coordinator.

A final certificate of the entire module will need to be submitted to the site Administrative Coordinator 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 ITARs as well as part of the two OSCEs.

**Interpretive skills module**
An online module focusing on EM interpretive skills has been added. This will be a mandatory, formative component. This module will be completed at the students discretion over a 4 week time period. Once the module is completed, the Site Director will receive an email notification.

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

## EXAM PROCTORING

Due to pandemic related circumstances, examinations during this course may be delivered remotely. In that event, proctoring software or other remote invigilation methods will be employed concurrently during the examination to ensure academic integrity of the assessment.

## RUBRICS

Where applicable, rubrics for all assignments will be posted on one45 for the relevant session. For those assignments submitted via Blackboard they are also posted in Blackboard. In the event of a discrepancy between the two versions, that posted on Blackboard shall be taken to be correct.

## COURSE POLICY FOR SUCCESSFUL COMPLETION AND REMEDIATION

For successful course completion for the purposes of promotion, students must achieve the passing requirements for each of the following course components, which include:

1) Obtain a passing mark on the final ITAR.
2) Obtain a passing mark on the summative OSCE.
3) Obtain a cumulative mark of at least 70% on all the remaining course components (excluding the final ITAR and OSCE).
4) Obtain a passing mark on all NBME/Written exams

*In addition students must: Complete all assignments and other mandatory course components and complete 6.2 logs and/or complete alternate experience if needed.

A student's grade for the SLIC will be determined at the end of the 42 week clerkship and is based on the weighted cumulative average of all graded assessments.

1. In the event of a failure of any one of the above course components a student may be offered remediation and supplemental assessment. Failure of two or more course components will result in an automatic failure of the SLIC.
2. A student whose performance is not meeting expectations at the six or twelve week formative assessments will be considered to have academic concerns, will be required to meet with a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Site Director; and SLIC Course Director 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.

3. A student who has failed the mid-point ITAR will be deemed to be experiencing academic difficulty and will accrue a 1.0 grade deficit point. The student will meet with a group consisting of the student, the Year 3 Chair (or designate), the Site Director, the SLIC Director, and a relevant rotation director (or designate) to discuss the performance difficulties and develop a learning plan, with the goal of assisting the student in improving performance during the remainder of the SLIC. The learning plan may include additional directed study, clinical experiences, assignments, adjusted frequency of meetings to provide feedback, or other components. The student has a responsibility to follow the learning plan, and the faculty is responsible for providing the necessary support outlined in the learning plan.

4. Upon failure of a course component the student will be deemed to be experiencing academic difficulty. A student in academic difficulty will meet with a group consisting of the student, the Year 3 Chair (or designate), the Site Director, the SLIC Director, and a relevant rotation director (or designate) to develop a remediation plan as well as a plan for supplemental assessment. The student is encouraged to invite a Student Affairs representative to this meeting if desired.

    a. Failure of the final ITAR: students who have not met the passing requirements of the final ITAR (42 weeks) will follow these steps. An initial remediation meeting will be scheduled with the purpose of determining the length and objectives of the remediation plan. The remediation plan will include frequency of assessments, passing requirements and a set end date to the remediation plan where the student would be deemed to have been successful or unsuccessful. At minimum, during remediation, the expectation would be to continue with weekly formative assessments, a mid-remediation meeting reviewing their assessments to date and a final remediation meeting. The remediation period will not typically extend past the first 6 weeks of the Year 4 period, and students granted remediation will typically be delayed in starting Year 4 electives. Students may also request to use vacation time to remediate; this will be considered on a case-by-case basis.

    b. Failure to attain a cumulative mark of at least 70% on all the course components (excluding the final ITAR and OSCE): Students who have not met the passing reqirement of a combined average of at least 70% across all course components (excluding the final ITAR and OSCE) will follow these steps. An initial remediation meeting will be scheduled with the purpose of determining the length and objectives of the remediation plan. The remediation plan will include frequency of assessments, passing requirements and a set end date to the remediation plan where the student would be deemed to have been successful or require further remediation time. The remediation period will not typically extend past the first 6 weeks of the Year 4 period, and students granted remediation will typically be delayed in starting Year 4 electives. Students may also request to use vacation time to remediate; this will be considered on a case-by-case basis.

    c. Failure of the OSCE: Students who have not met the passing requirement for the summative OSCE will accrue a 1.0 grade deficit point and follow the above steps. The length and objective of the remediation plan will be determined at this meeting and take into consideration the date of the supplemental OSCE that will be offered to any student required to write the supplemental OSCE.

    d. Completion of all assignments: Students are required to complete all assignments. Please see the “Undergraduate Assignment Submission Policy” and “Professionalism” for further information regarding this component.

e. Completion of 6.2 logs: Completion of 6.2 logs is required to pass. Failure to do so will result in a failure of the SLIC. Review of the 6.2 logs will be done weekly with the formative assessment and every 6 weeks with the formative ITAR. At the mid-point ITAR, if there are persistent deficiencies in the 6.2 logs an assignment of alternative experiences will be created. This will be followed up at each 6 week formative ITAR. At the last formative ITAR(36 weeks) it will be determined, by the Site Director in consultation with the SLIC Director, if the student will require alternative experiences at another center that can provide the clinical exposure needed to fulfill the 6.2 logs. These exposures can be provided between the 40-42 weeks of the SLIC with the expectation to complete the 6.2 logs by the end of the 42 weeks.

5. A student who has accrued 3 or more grade deficit points or who has failed remediation/supplemental assessment of a course component (Final ITAR, summative OSCE, cumulative mark of 70%) will be considered to have been unsuccessful in the SLIC 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.
6. Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course. Remediation and supplemental assessment 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.
7. A maximum of one remediation attempt/supplemental assessment on any examination component will routinely be offered. If a student fails thesupplemental exam assessment (NBME or written exam), a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); the Site Director; and the SLIC Director will meet to determine a course of action, which may include either (1) an additional supplemental assessment, or (2) a FAILED SLIC secondary to additional deficits identified in the SLIC which may include, but are not limited to, clinical performance or professionalism.. (see "Exam Remediation" below). A student may be deemed to have failed the SLIC based on their clinical performance alone.
8. Students who are not promoted on the basis of being unsuccessful in the course, will receive a grade of "F" on their transcript.
9. Further decisions regarding academic outcomes will be adjudicated by the Clerkship Promotions Committee and the Student Academic Management Committee.

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 primary preceptor and/or Site Director and the SLIC Director 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 Behaviour. http://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php

**Table I: Grade Deficit Point Allocation**

| | Grade Deficit Point Allocation |
|---|---|
| **Mid-point ITAR (18 weeks)** | **1.0** |
| **Department Written exam** (Anesthesia, Emergency Medicine, Family Medicine) **(2nd attempt)** | **1.0** |
| **NBME (2nd attempt)** | **1.0** |
| **Summative OSCE** | **1.0** |

**Written Assessments**:

SLIC students will write knowledge based examinations in the eight core content areas. Five of these (Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry) will utilize NBME examinations (detailed below), and three (Family Medicine, Anaesthesia, and Emergency Medicine) will utilize examinations specifically developed by the University of Saskatchewan departments. Additional formative examinations will be written upon confirmation with individual rotation coordinators. The exams will be administered by the SLIC administrators in the SLIC community**.** In addition, bathroom/monitoring proctors are required to accompany students one at a time on all personal breaks. Supplemental or deferred examinations (due to failure, illness, personal or family emergencies, etc.) will be scheduled as needed. Students must let their preceptors know that they will be away from clinic if they are writing an exam on the supplemental date.

Students may NOT take vacation when the exam(s) are scheduled. Students may NOT be on call the night before an exam(s) (after 1700).

**NBME**

NBME exams are in a web-based format. 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 SLIC final mark.

**Written Exams**

The written exams include the Family Medicine, Anesthesia and Emergency exam. A mark of at least 70% is required to pass. If the initial mark is less than 70%, the student is permitted to re-write. A mark of at least 70% on the supplemental exam is required to pass. In addition, students will be required to write mandatory formative exams as developed by the individual rotations.

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 2020/2021 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 be included in the summative assessment of the student, nor will performance on these pilot rotation examinations contribute to GDP accumulation. Students will receive specific information regarding additional rotation exams during the rotation orientation.

**Exam Timing**

Students in the SLIC will be given the opportunity to schedule any written exam(s) following each 6 week formative ITAR assessment meeting. At this meeting, the student and preceptor will discuss their readiness to write one or multiple exams and schedule the timing of writing the exam(s). There are predetermined dates to write the department exams with the option of using the set date and the re-write exam date. At the midpoint summative ITAR assessment meeting the student and preceptor will review the number of exams to be written and plan an exam writing schedule to ensure the student prepares and writes the exams in a manner that ensures they are finished at appropriate times in the SLIC. There is an exam writing schedule that the SLIC students will be encouraged to follow. Prior to each sitting, SLIC students will indicate to the SLIC Director and Site Director, in writing, which exams he/she wishes to write. As with rotation-based students, SLIC students will be given two opportunities to write the exams. Should a student be unsuccessful on their first attempt, they will be offered a second attempt three weeks later.

**Exam Deferral**

Any request for deferral of an exam 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 SLIC Director and/or Site Director with a copy to the Clerkship Administrator at the appropriate site. Any exams not requested in this manner will be held on the usual set date. If a student does not attend 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.

**Exam Remediation**

A student who fails his or her first attempt on an NBME or Written Exam should meet with the Site Director 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 ("supplemental"), they will accrue a 1.0 grade deficit point. As per Section 6 (above), a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); Site Director and SLIC Director) to determine a course of action, which may include either (1) remediation and additional supplemental NBME/written exam, or (2) a FAILED SLIC secondary to additional deficits identified in the SLIC 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.

## EXAM REVIEW

Time has been built into the curriculum for post examination reviews. During these sessions Directors or Chairs will clarify key concepts where misunderstanding was apparent. Students will not be provided opportunity to view their examination questions/papers as part of a group or individual review process. In the event of specific module or exam failure, a student may contact the appropriate Module Director, Course Director or Course Chair to arrange an opportunity to identify concepts or content areas where difficulty was experienced during the examinations.

## 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 their preceptor and the administrative coordinator as soon as they know they will be absent from their duties, clinical or academic.

Please see the **MD Program Clerkship Attendance and Absence Policy** for allotted time for vacation, education leave and sick leave.

Please note that the maximum time away from clinic duties should not exceed 5 consecutive days at any one time to prevent a gap in continuity . Due to the longitudinal nature of the SLIC and the relationship with the primary preceptors, time away longer than 5 days may be discussed and negotiated.

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:

Core rotation changes that will affect SLIC students:

- Emergency Medicine
    - The Ultrasound module has been updated and enhanced in response to student feedback
- Psychiatry
    - Eliminated the oral examination and replaced it with a written examination

SLIC changes:

- Exam changes
    - Department exams (Family Medicine, Anesthesia & ER) have set dates
    - There is an exam schedule that will be suggested but is not mandatory
    - Written exam failures will follow a grade deficit point system
- Course schedule
    - Due to the timing of the June assessment week, the SLIC students will move back to their urban site after this week. This will leave 1 week in the urban site to pursue extra clinical experience.
- EPAs
    - EPA 1 & 6 will be mandatory, formative assessments. The goal will be to get each EPA once per week. Due to the addition of EPA formative assessments, the mini-CEX formative assessment will be bi-weekly.
- New 6.2 log to track clinical experiences with residents. Estevan is a site that may not be able to provide this required learning experience and therefore a list of specific selectives that can ensure this experience will be given to the Estevan SLIC students.

## CLERK DUTIES/EXPECTATIONS

**Professionalism**
Clerks are expected to act in a professional manner. We encourage the knowledge and use of the UGME Ethics and Professionalism document to guide and evaluate professional behavior in the SLIC.

**Charting**
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.

**Referral letters**
Clerks are responsible for timely completion of referral letters based on urgency of the referral but no later, for a non-urgent referral, than 48 hours. Referral letters should be reviewed by the preceptor prior to being sent to the specialist.

**Scheduling**
Weekly to monthly scheduling of SLIC students will be done in collaboration with the student and primary preceptor based on personal learning objectives using course objectives and 6.2 logs. SLIC students are expected to review objectives and logs on a regular basis and use this to form daily personal goals and to fulfill clerkship objectives.

**Call Responsibilities**
SLIC students will do 1 in 4 call in the ER.

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.

**Teaching sessions:**
Standard discipline specific teaching sessions will be provided to ensure comparable didactic teaching sessions to all Year 3 clerks.

There are standard topics provided by each discipline that will be attended via webex or teleconference by the SLIC students. A teaching sessions schedule will be provided at the beginning of the SLIC. Attendance at these sessions is mandatory.

The other discipline specific grand rounds will not be mandatory for SLIC students but can be used in the event a topic is required for alternative experiences or to enhance a course objective. Webex or videoconference can be made available for these academic teaching sessions on an as needed basis.

## Discipline Specific Learning Objectives:

### ANESTHESIA

The terminal objective is that 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 LIC 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.

#### ANESTHESIA OBJECTIVES

By the end of the SLIC 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 evaluation of patients such as: CBC, Electrolytes, Blood Gas, ECG, Chest X-Ray.
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.
    i. Benzodiazepines (lorazepam, diazepam, midazolam)
    ii. Opioids (Fentanyl, sufentanyl, morphine, hydromorphone)
    iii. Intravenous anesthetic agents (Propofol, Ketamine)
    iv. Inhalational anesthetic agents (Sevoflurane, desflurane)
    v. Muscle relaxants (Succinylcholine, rocuronium)

vi. Local anesthetic agents (Lidocaine, bupivacaine, ropivicaine)
vii. NSAIDS (Ibuprofen, celecoxib)
viii. Vasoactive agents (Phenylephrine, ephedrine)
ix. 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 and 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. Successfully intubate 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.

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.

## RESOURCES

Primary Reference Textbook

- **Ottawa Anesthesia Primer, Patrick Sullivan**
  - This book is available in the Department of Anesthesia Library and may be borrowed while on this rotation.

Supplemental Reference Textbooks

- **Oxford Handbook of Anaesthesia, Keith Allman**
  - This book is available online through the University of Saskatchewan library portal.

- **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.

## EMERGENCY MEDICINE

**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

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

### EMERGENCY MEDICINE OBJECTIVES

By the end of the SLIC 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. Mainatin 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.

### Suture Lab (Mandatory)

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

Will be done during clerkship orientation.

### Core Cases (Mandatory)

**Objective:** To discuss general Emergency Medicine and Pediatric Emergency topics/cases that while essential to the practice of Emergency Medicine, may not present to the ED during ER shifts, given the unpredictability of the Emergency Department.

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. Theses sessions will usually occur during opportune times while in the ER with your preceptor.

### RESOURCES

- Online resources

  https://flippedemclassroom.wordpress.com

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

  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/

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

Clerkship Directors in Emergency Medicine Website: CDEMcurriculum.com.

- A synopsis of approaches to common patient complaints and diseases seen in the Emergency Department, as well as on-line, real time integrative cases (DIEM).

## FAMILY MEDICINE

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.

## FAMILY MEDICINE OBJECTIVES

By the end of the SLIC 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, 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 from List 2**
6. Actively participate in the following patient encounters from List 3**.
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 FM 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

**Core Family Medicine Conditions (List 2)**
Hypertension, Mental Health (Anxiety, Depression, Addiction), Diabetes, Lung Disease (COPD, Asthma), Coronary Artery Disease

**Health Promotion Activities (List 3)**
Sexual Health (contraception, STIs), Smoking Cessation, Prenatal Care, Periodic Health Exams (Adult Male, Adult Female, Child/Adolescent).

### RESOURCES

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

David B. Shires, Brian K. Hennen, and Donald I. Rice. Family Medicine: A Guidebook for Practitioners of the Art." Columbus, OH: McGraw-Hill, 1986.

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.

## INTERNAL MEDICINE

**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

## INTERNAL MEDICINE OBJECTIVES

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.

## RESOURCES

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

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

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

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

## OBSTETRICS AND GYNECOLOGY

The Obstetrics and Gynecology objective is to provide basic experiences that will enable SLIC students 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.

**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

## OBSTETRICS AND GYNECOLOGY OBJECTIVES

By the end of the SLIC 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.

## RESOURCES

**Textbooks**

- Hacker and Moore's Essentials in Obstetrics and Gynecology, Neville F. Hacker et al.

**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

## PEDIATRICS

The pediatrics objective is 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.

### 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

### PEDIATRICS OBJECTIVES

By the end of the SLIC 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 (Medical Expert):

    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.

## 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.

## PSYCHIATRY

### 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.

### PSYCHIATRY 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 SLIC 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.

### 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.

## RESOURCES

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.

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

Clerk Manual (created by Regina Psychiatry)

## SURGERY

### 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)

## SURGERY OBJECTIVES

By the end of the SLIC 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.
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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.

The focus of surgical exposure in the SLIC 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 primary preceptor or site co-ordinator.

## 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.

## IMPORTANT AND RELEVANT STUDENT INFORMATION

**UGME CONTACT INFORMATION**

**EMAIL COMMUNICATIONS**

**ETHICS AND PROFESSIONALISM**

**PROGRAM EVALUATION**

**GUIDELINES FOR PROVIDING FEEDBACK**

**EMERGENCY PROCEDURES**

**MD PROGRAM ATTENDANCE POLICY**

**ASSESSMENT POLICY**

**PROMOTION STANDARDS**

**CONFLICT OF INTEREST**

**NON-INVOLVEMENT OF HEALTH CARE PROVIDERS IN STUDENT ASSESSMENT**

**APPEALS PROCEDURES**

**STUDENT DISCRIMINATION, HARRASSMENT, AND MISTREATMENT PROCEDURE**

**ACCOMMODATION OF STUDENTS WITH DISABILITIES**

**OFFICE OF STUDENT AFFAIRS**

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

### 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

[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.

component, which will result in an incomplete course. Subsequent academic consequences will be determined at the promotions committee meetings.

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

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

## CITATION FORMAT

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

## 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

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

Adminsitrative Assistant, Chelsea Malkowich (Saskatoon) at chelsea.malkowich@usask.ca or (306) 966-7331

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

Student Affairs Director, Dr. Nicole Fahlman (Regina) ar nicole.fahlman@usask.ca or (306) 209-0142

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

Administrative Assistant (Regina), Jennie Antal at jennie.antal@saskhealthauthority.ca or (306) 766-0553

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, 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.

**APPEALS PROCEDURES**

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