



Elective Clinical Rotations

MEDC 407.34

Year 4 Term 1 and 2

 **COURSE SYLLABUS**

2020/2021 (Class of 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.

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

This course is designed to allow medical students to further pursue their own interests and to individualize elective experiences in keeping with their individual professional goals. Knowledge, skills, and attitudes are further developed in a clinical context selected by students. They may also experience an opportunity to conduct research relevant to medical practice.

Prior to the completion of the course an integrated OSCE will be held that is linked to the overall clerkship experience focusing on aspects of medical expert, communicator, and professional.

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

OVERALL COURSE OBJECTIVES

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

Medical Expert

1. Obtain a relevant patient-centered history including a description of the symptoms, relevant positive and negative features, and illness experience.
2. Conduct a patient centred physical exam identifying positive and negative physical signs while optimizing patient comfort.
3. Diagnose common and undifferentiated clinical presentations.
4. Develop an appropriate management plan including selection and interpretation of relevant investigations and pharmacologic/non-pharmacologic therapies.

Communicator

1. Adapt personal communication style to meet patient's needs such as: communication style, knowledge level and cultural context.
2. Communicate information about clinical encounters and management plans to supervising physicians and/or team member including hand-over of care.
3. Maintain accurate, comprehensive, legible, and up-to-date medical records.

Collaborator

1. Collaborate with patients, families, and care-givers to be active participants in their care.
2. Demonstrate positive relationships with preceptors and colleagues during each elective experience.

Health Advocate

1. Recognize barriers to healthcare and health promotion that may be unique to the patients or community encountered.
2. Identify advocacy measures for addressing the needs of all stakeholders encountered within a clinical experience.

Scholar

1. Identify opportunities for learning and growth through reflection and assessing personal performance through formal and informal feedback.
2. Describe the principles of evidence-informed medicine when creating a patient-centered care plan.
3. Develop personal objectives for self-directed learning.

Professional

1. Demonstrate professional behavior such as: punctuality, completing tasks in a timely fashion, appropriate attire, and respectful attitudes to patients, families, and other health care providers.
2. Apply ethical principles including patient autonomy, privacy, and confidentiality.
3. Demonstrate self-knowledge, recognize limits of knowledge/experience and seek help appropriately.

Leader

1. Demonstrate effective time management.
2. Employ information technology effectively in patient care.
3. Develop a career development plan with strategies for enhancement of professional goals and practice.

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

COURSE CONTACTS

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COURSE MATERIAL ACCESS

Course materials will be specific to each elective.

RECOMMENDED RESOURCES

Diagnostic and Statistical Manual of Mental Disorders (DSM5) (5th ed). American Psychiatric, 2013 Print (in stacks, reserve and reference):

[RC455.2 .C4D54 2013](#); Online: <http://sundog.usask.ca/record=b3643275~S8>

Corton MM et al: Williams Obstetrics (25th ed). McGraw-Hill Education, 2018 in AccessMedicine;
<http://sundog.usask.ca/record=b4448604~S8>

Goldman L and Schafer, A: Goldman-Cecil Medicine (25th ed). Saunders, 2016 in Clinical Key
<http://sundog.usask.ca/record=b3993675~S8>

Hoffman B and Schorge J: Williams Gynecology (3rd ed). McGraw-Hill Education, 2016 in AccessMedicine
<http://sundog.usask.ca/record=b4126882~S8>

Kliegman RM et al: Nelson's Textbook of Pediatrics (20th ed). Elsevier, 2016 in Clinical Key;
<http://sundog.usask.ca/record=b3993676~S8>

Lawrence PF: Essentials of General Surgery (5thed) Lippincott Williams & Wilkins, 2012 Print RD31.E837 2013
NOT AVAILABLE ONLINE

Longo D et al: Harrison's Principles of Internal Medicine (20th ed). McGraw-Hill Education, 2018 in McGraw-Hill Education, 2018 <https://sundog.usask.ca/record=b4602567~S8> and AccessMedicine <http://sundog.usask.ca/record=b4362005~S8>

Marx J et al: Rosen's Emergency Medicine- Concepts and Clinical Practice (9th ed). Mosby/Elsevier 2018 in Clinical Key; <http://sundog.usask.ca/record=b4333865~S8>

Ruldoph CD et al: Rudolph's Pediatrics., (23rded) McGraw-Hill Education, 2018 in AccessPediatrics <http://sundog.usask.ca/record=b4362021~S8>

Tintinalli JE et al: Tintinalli's Emergency Medicine: A Comprehensive Study Guide (9th ed). McGraw-Hill Education, 2017; <http://sundog.usask.ca/record=b4448603~S8>

Townsend CM et al: Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice (20th ed). Elsevier, 2017 in Clinical Key; <http://sundog.usask.ca/record=b4135707~S8>

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/>

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.

RESOURCES

Each elective will have different resources based on the specialty and location.

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

COURSE ASSESSMENT OVERVIEW

| Component | Component Requirement | Weighting in Final Mark |
|---|------------------------------|--------------------------------|
| Summative Clinical Assessment (In Training Assessment Report or ITAR)* from Electives | 70% | 80% |
| OSCE | Pass | 20% |
| Total Course Mark | | 100% |

SUMMATIVE CLINICAL ASSESSMENT (In Training Assessment Report or ITARs)

The summative clinical assessments (ITARs) are set to a pass mark of 70% and will be weighted equally in the determination of the final grade.

OSCE

There will be one OSCE for the electives course. 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.

This final OSCE will occur after the elective time is done and will be adjusted to a pass mark of 70%. It will cover a systems approach that integrates skills learned throughout the entire four years of medical school with the focus being on the clerkship and elective years.

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 REMEDIATION AND PASS/FAILURE POLICY

The requirements for successful completion of the Electives Course are listed below. Please note that students must meet the overall Year 4 graduation standards in order to graduate: (see Student Information Guide)

- Students will be considered to have successfully completed the Electives Course if they have achieved a minimum 70% average grade in each of the elective rotations and a "passing" grade on the OSCE.
- Students who have not received the required 70% average grade in any of the elective rotations, or who failed the OSCE, will be deemed to be experiencing academic difficulty. The severity of academic difficulty will be based on a weighted grade deficit assessment (see Table 1 for grade deficit point allocation rubric). Students accumulating 1 or more deficit points at any point in the course will be required to meet with the Course Director and/or a course sub-committee of at least 3 people (made up of a relevant Elective coordinator; Year 4 Chair and Year 3 chair or designates) to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Affairs representative present if desired. With any further accrual of deficit points, the student will be required to meet with the sub-committee again. If these grade deficits are not identified until the end of term, then a sub-committee meeting may not be held, but the academic outcomes will be determined by the promotions committee (Clerkship and then SAMC).
- Students who are identified as being in academic difficulty as defined in (B) above may be offered remediation for the elective rotation and/or OSCE for which they did not achieve the standard. The Year 4 Chair in consultation with a relevant Elective Coordinator and Academic Support Team will

determine the specific type of remediation and supplemental assessment needed for each individual student, targeted to the areas of academic weakness.

- A student who has accrued **4 or more** grade deficit points in Electives Course will be considered to have been unsuccessful in the Electives Course and will NOT be offered further remediation and subsequent 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.
- Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course (70% for a Rotation and the standard- set “pass” score for each OSCE).
- Students with significant professionalism concerns may also be deemed unsuccessful in the course on the basis of unprofessional conduct.

Table 1: Deficit Point Allocation

| | Initial Deficit Points | Failed Supplemental Deficit Points |
|-------------------|------------------------|------------------------------------|
| Elective Rotation | 1 | 2 |
| OSCE | 1 | 2 |

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

See the Clerkship Attendance and Absence Policy. <https://medicine.usask.ca/policies/clerkship-attendance-and-absence-policy.php>

All scheduled electives are mandatory – see Electives Policy.

Unexplained absences will be treated very seriously and will prompt a meeting to discuss professionalism, with associated documentation. These absences may be reflected in the final grade and may constitute grounds for failure of the rotation, even if the student has passed other assessments. Students should contact the UGME office, and rotation coordinator or departmental administrative assistant and preceptor for that particular elective as soon as possible if an absence is necessary.

COURSE EVALUATIONS QUALITY IMPROVEMENT

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

- Pediatric Palliative Care are now included as elective options.

- Improvements in the Research Elective including monitoring have been made.
- Public Health Elective now included as elective option.

COURSE MODULES

Clinical Elective Rotations

All clerks must complete a minimum of 14 weeks of electives. There are 16 weeks of electives scheduled and the potential for two weeks of remediation. It is recommended to focus on the weeks of elective time prior to the deadline for CaRMS applications and MSPR letters, in order to obtain appropriate comments and/or reference letters. The Office of Career Advising and Mentorship is available for further guidance for elective planning. Protected time will be set aside for CaRMS interviews.

Specific elective schedules will be dependent on the elective chosen.

Call – Call may be expected on some of the elective rotations. This will need to be arranged individually between the preceptor and/or the department coordinator for that elective.

For immunization information please see here: <https://afmcstudentportal.ca/immunization>

Electives General Information

An early elective plan must be submitted to the Year 4 Chair and Site Director for approval at least one month prior to applying for any electives. This is to ensure appropriate diversity is met as well as an appropriate overall plan. Any students deemed “at risk” with their plan will be required to meet with the office of Career Advising and Mentoring and/or the Year 4 Chair/Site Director.

ELECTIVES POLICY

1. Purpose

- 1.1. To state elective expectations regarding approved sites, duration, clerk assessment forms and elective evaluations, the appropriate procedure for elective approval and change/cancellation requests, immunization requirements, as well as malpractice and personal insurance.
- 1.2. To outline the importance of additional electives with the understanding that clerks need vacation time to support their mental, physical, and spiritual wellness.
- 1.3. To ensure compliance with Accreditation Standards:

Standard 6.5a: There are opportunities for elective experiences in the medical curriculum particularly in the later years of the educational program that permit medical clerks to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

Standard 6.5b: The medical school has policies or practices that encourage medical clerks to use electives to pursue a broad range of interests in addition to their chosen specialty.

2. Definitions

UME: Undergraduate Medical Education

CACMS: The Committee on Accreditation of Canadian Medical Schools (CACMS) was founded to act as the reliable authority for the accreditation of programs of medical education leading to the MD degree in Canada. The CACMS accredits complete and independent medical schools whose students are geographically located in Canada for their education, and which are offered by universities that are chartered and operated in Canada. (Reference: <https://cacms-cafmc.ca/about-cacms>).

Summative Assessment: The quantitative assessment used to measure students' understanding and theoretical application skills after a predetermined period of instruction of a section, chapter, unit, module, or course.

Formative Assessment: The assessment used formally and informally to monitor as well as support students' learning progress during instruction of a course/rotation. It typically involves qualitative or narrative feedback (rather than quantitative scores) to focus on specific content details and aspects of performance.

CaRMS: Canadian Resident Matching Service

AFMC: Association of Faculties of Medicine of Canada

3. Scope

This policy applies to U of S College of Medicine undergraduate students in the graduating class of 2018 and onward.

4. Policy Guidelines

Clerks are responsible for arranging their electives. Electives may be completed at:

- Any CACMS accredited medical school and/or LCME accredited North American medical school.
- Approved international sites.
- Other sites as approved by the UGME Year Chair.

Clerks will not be granted credit for an elective supervised by a member of their immediate or extended family as well as anyone with whom they have a personal relationship with or have another conflict of interest. Additionally, clerks will not be granted credit for an elective with any physician providing care to them, or physicians with the Office of Student Affairs. <https://medicine.usask.ca/policies/conflict-of-interest.php>

Clerks are strongly encouraged to meet with a Career Advisor prior to their electives application to develop a personalized learning plan for their elective year. All students must submit their electives worksheet to the UGME office; ugme.electives@usask.ca which is then sent to the appropriate Year Chair/ Site Coordinator for approval, recognizing that changes may occur due to scheduling. Focus will be placed on the 13 weeks of electives prior to CaRMS.

All elective applications must be requested through the appropriate Department Coordinators via Sharepoint. Electives cannot be scheduled directly with an individual preceptor or site as this impedes departmental scheduling and coordination of clerks. Clerks looking for a certain experience must include this request in their elective form or speak with the Department Coordinator. Before starting an elective, clerks must have approval from the Year Chair or Year Site Coordinator. Clerks must ensure pertinent information regarding each elective is current and accurate in One45, and are responsible for completing and submitting the elective summative assessment form as well as the elective evaluation.

All clerks must complete a minimum of 14 weeks of electives. There are 16 weeks of electives scheduled, but this will allow two weeks for unforeseen circumstances (e.g. self-isolation, etc.). Please note the maximum amount of time away from an elective in order to be considered complete is 3 days out of a 2-week elective. One-week electives can be counted towards the total number, but no vacation time will be allowed during this week.

An elective must be passed in order to receive credit. If a student fails an elective for whatever reason, they may be required to remediate, even if they have met the 14 week minimum. Most electives are a minimum of two weeks in duration. Typically, a maximum of 6 weeks will be allowed. Electives start on Monday (Tuesday in the case of statutory holidays) and end on Friday. Weekends are for travel time. It is recommended that Clerks choose to participate in electives in Saskatchewan during the CaRMS match results to facilitate working on the second iteration and accessing the support to do so.

5. Procedures

5.1 Electives in Departments at U of S Sites

Clerks must submit the in-province (Internal) elective application forms to the Department Coordinator for approval at least 1 month prior to the start date of the proposed elective through the Sharepoint site. In-province elective applications can be submitted up to 26 weeks in advance of the elective start date. Refer to the elective course syllabus for detailed timeline information. The application form is available online with a valid NSID and password and can be accessed at:

<https://share.usask.ca/medicine/ugme/electives/SitePages/Home.aspx>

Clerks must review the elective objectives and develop individual Personal Learning Objectives that apply in conjunction with their elective supervisor.

The Department Coordinator, with their administrative support, will submit their approval or rejection of the requested elective through the online SharePoint form system. The Year Chair/Site Coordinator will be notified at this point if the elective is approved. Clerks will be notified at this point if the elective application is rejected. The Year Chair/Site Coordinator will give final approval or rejection of the elective application and clerks will be notified of either status. All electives must receive approval from the appropriate departments and Year Chair/Site Coordinator to be considered official. Students are then responsible for either accepting or cancelling the approved elective. Site specific UGME staff will ensure entry of elective information into One45. Once submitted, the elective will be considered finalized.

Preceptors will be sent a Summative Assessment form from the UGME Office by the last week of the elective. The clerk is responsible for ensuring an elective Summative Assessment form is completed by the preceptor, as well as submitted to and received by the UGME Office. Clerks will be notified within 2 weeks of the end date of the elective if a Summative Assessment form has not been received. Clerks must ensure the UGME Office receives their final Summative Assessment form from the appropriate preceptor within 6 weeks of the elective end date. Failure to do so will be considered a failed elective and no credit will be granted. The clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it to the UGME Office.

5.2 Electives in Other Canadian Provinces

Clerks must apply through the AFMC portal for electives at all other Canadian medical schools. Most application timelines are 26 weeks prior to the start date of the elective. Refer to the AFMC portal for official timelines: <https://www.afmcstudentportal.ca/>.

- AFMC Clerk Registration Information
- AFMC Clerk Application Process
- AFMC Help Documents

For confirmed electives to be added to One45, the clerk must email the official confirmation from the AFMC Portal to: ugme.electives@usask.ca. In order to be approved, the student must include a preceptor name and email with the AFMC confirmation. Once submitted, the elective will be considered finalized.

The clerk is responsible for ensuring an elective Summative Assessment form is completed by the preceptor, as well as submitted to and received by the UGME Office. Clerks can send the Summative Assessment Form through One45 by setting up a temporary account through the Sharepoint site:

<https://share.usask.ca/medicine/ugme/electives/Lists/Outofprovince%20Elective%20Preceptors/NewForm.aspx>.

Clerks will be notified within 2 weeks of the end date of the elective if a Summative Assessment form has not been received. Clerks must ensure the UGME Office receives their final Summative Assessment form from the appropriate preceptor within 6 weeks of the elective end date. Failure to do so will be considered a failed elective and no credit will be granted. The clerk is responsible for completing the appropriate elective evaluation within 2 weeks of the elective end date and submitting it to the UGME Office.

For electives 4 weeks or longer, it is strongly recommended that the clerk requests their preceptor to provide mid-point formative feedback and complete a Formative Assessment form; however, a Formative Assessment form is not required to be submitted to the UGME Office.

5.3 International Electives

The minimum elective duration is 2 weeks with a maximum of 8 weeks. Clerks must submit the international electives application form to the Year Chair for approval at least 6 months before the start date of the proposed elective. The application can be found on the Sharepoint site:

https://share.usask.ca/medicine/ugme/electives/_layouts/15/start.aspx#/SitePages/Home.aspx

A closer application time may be considered if the DSA pre-departure orientation from the Division of Social Accountability has already been completed; however, a minimum of 2 months prior to the start date of the elective is required. Clerks must meet with the Global Health Manager, Division of Social Accountability and participate in the DSA pre-departure orientation course, if they have not already done so. Participation is tracked. Please note that if the pre-departure orientation from the Division of Social Accountability has not been completed, this must be complete prior to the elective being approved.

Clerks must register with the International Student and Study Abroad Center (ISSAC). ISSAC requires all students to complete the Travel Safety Plan as well as provide emergency contact information and confirmation of insurance. If the elective is deemed to be in a high-risk area as per ISSAC criteria, the Year Chair (or designate) will be notified and the elective will be denied. Appeals of denied international electives can be made to the Dean of Medicine with a carbon copy (cc) to the Manager, Undergraduate Medical Education.

The clerk is responsible for ensuring the UGME Office has received confirmation of registration with the ISSAC office as well as the Division of Social Accountability. Once confirmations and the international elective form are received, the elective will be considered for final approval. The Year Chair will give final approval or rejection of the elective application and clerks will be notified of either status. For approved electives to be added to One45, the clerk must email the official confirmation of DSA orientation completion from the ISSAC to: ugme.electives@usask.ca. Once submitted, the elective will be considered finalized.

Clerks may be required to purchase additional malpractice insurance depending on the elective location (Refer to article 15. Insurance for more details). Extra funding opportunities may exist through the Division of Social Accountability in the form of research and travel awards. Please contact the Division of Social Accountability Office for inquiries and/or additional information.

The clerk is responsible for ensuring an elective Summative Assessment form is completed by the International Elective preceptor and submitted to the UGME Office. Clerks will be notified within 2 weeks of the end date of the elective if a Summative Assessment form has not been received. It is their responsibility to contact the preceptor and ensure the Summative Assessment form is completed. Clerks must ensure the UGME Office receives their final Summative Assessment form from the appropriate preceptor within 6 weeks of the elective end date. Failure to do so will be considered a failed elective and no credit will be granted. The clerk is responsible for completing the appropriate elective evaluation within 6 weeks of the elective end date and submitting it to the UGME Office.

For electives 4 weeks or longer, it is strongly recommended that the clerk requests their preceptor to provide mid-point formative feedback and complete a Formative Assessment form; however, a Formative Assessment form is not required to be submitted to the UGME Office.

The clerk must participate in a post-elective debriefing with the Division of Social Accountability.

This meeting will include feedback on the elective learning environment, overall learning experience, and any challenges faced. The clerk should notify the UGME upon their return from their elective. If the clerk requires further supports related to experiences during their elective, these will be facilitated through the Office of Students Affairs.

5.4 Confirmation

The College of Medicine must know where clerks are studying *at all times*. All electives, once accepted by the student, must be emailed to ugme.elective@usask.ca for entry into ONE45. Failure to do so will result in the elective not counting towards the minimum number required.

6.1. Diversity Requirement

Clerks must complete a minimum of 2 diversity electives, each a minimum of 2 weeks in length. This is defined as 2 different general areas (i.e. Internal Medicine, Surgery, Anesthesia, Emergency Medicine, Pediatrics, Psychiatry, Family Medicine, PM&R, Pathology, Radiology, Nuclear Medicine). Elective diversity allows the clerk to experience a broader scope of medicine and may help with residency preparation.

In addition, The University of Saskatchewan College of Medicine abides by the AFMC diversification policy

(<https://afmc.ca/media-releases/afmc-student-electives-diversification-policy>):

AFMC Student Electives Diversification Policy:

“Undergraduate programs recognize their dual responsibility to ensure students undertake a full educational experience that prepares them for any potential career choice, while also optimizing their ability to engage in the increasingly competitive postgraduate match process. Undertaking elective experiences exclusively in a single discipline is pedagogically unsound and fails to provide students with a full exposure to potential career options. Consequently, we commit that, beginning with the Class of 2021, student elective opportunities cannot exceed a maximum of eight weeks in any single entry-level discipline. An entry-level discipline is an Entry Route in the [PGY-1 \(R1\)](#) match. Each of these entry-level disciplines leads to specialty certification with either the RCPSC or the CCFP. Electives in subspecialties that are part of a PGY-3 (R3) match (such as the subspecialties in Internal Medicine and Pediatrics) are counted as separate disciplines. As such, electives in these subspecialties do not count towards the 8-week maximum in the general specialty”.

As such, the maximum time allowed in any one specialty, with the exception of Pediatrics and Internal Medicine subspecialties will be 8 weeks.

6.2 Noncompliance

Being outside the 8-week maximum in a specialty area (other than Internal Medicine and Pediatrics subspecialties), may put the student at a disadvantage when applying through CaRMS for a Residency position. If a student is found to have greater than 8 weeks in any one specialty (with the exception of Internal Medicine and Pediatrics sub-specialty areas), the additional weeks will not count towards the minimum number electives required for completion of the electives course, and the student may be required to do remediation. Additionally, none of the comments from those electives will be allowed on the MSPR. The student may also be subject to a professionalism citing.

All students are responsible for counting their own number of weeks in each area. However, students should be aware that there will be random audits done with ONE45 to ensure compliance.

Please note that Year 5 is unique and while this year must abide by the diversity policy, their previous years' electives do not count towards the maximum.

7. Vacation

Please note that for the Class of 2021, due to the pandemic as well as independent learning time in Year 3, there will be NO vacation or education time allowed in Year 4.

8. Cancellation Policy

Electives should be cancelled by the clerk at least 4 weeks prior to the start date of the elective. Failure to do so will result in a discussion regarding professionalism and possible documentation through a Professionalism Report/Discussion Form. Exceptional circumstances requiring an elective cancellation will be considered. Clerks must notify the department where and when the elective was to take place. In addition, the UGME Office must be notified of the cancellation at: ugme.elective@usask.ca .

Please note that electives done at schools through the AFMC portal and international electives may have their own cancellation policy. Clerks will be expected to adhere to individual school's guidelines and procedures.

9. Immunizations

All clerks must have received their mandatory immunizations OR shown proof of immunity prior to the start date of all electives. This is generally required during the application process. Any clerk not having met this requirement must report to the Occupational Health and Safety Office to update any missing immunizations. Immunization requirements are listed at: <https://afmcstudentportal.ca/immunization>

For patient protection, all clerks (who do not have medical contradictions) are expected to be immunized for influenza. Clerks will be advised of any updates to provincial or regional public health policies for Saskatchewan electives.

Additional immunization requirements (i.e. international electives) will be at the student's expense.

10. N95 Mask Fittings

All clerks are required to have a current and valid N95 mask fitting.

11. Police Information Check

External electives generally require a current criminal record and may require a vulnerable person's check. These can be organized through the local Police Department. Please check the AFMC portal for individual school requirements. It is the student's responsibility to provide the UGME and CPSS with any changes to the original Criminal Record Check submitted for clerkship.

12. Blood/Body Fluid Exposure

The Medical Student Exposure to Infectious and Environmental Hazards Policy and local health region/authority occupational health procedure can be accessed at: <http://medicine.usask.ca/policies/medical-student-exposure-to-infectious-and-environmental-hazards.php>

13. Insurance

University of Saskatchewan clerks are covered under the U of S CURIE insurance policy for up to 25 weeks of electives. This includes any contractual liability, professional and malpractice liability, cross liability, and tenant's legal and employer's liability arising out of their elective duties. Coverage applies to any electives taken within Canada.

14. Distribution

This policy will be distributed to students as well as Department Coordinators and Site Directors.

15. College of Medicine Responsibilities

The Assistant Dean, Academic, is responsible for providing oversight to the overall administration of the Clerkship Electives Policy within the College of Medicine.

The Manager, Undergraduate Medical Education, with the assistance of the Undergraduate Medical Education Office, is responsible for the implementation, monitoring, maintenance, and evaluation of the Clerkship Elective Policy within the College of Medicine campus in Saskatoon, Saskatchewan.

16. Non-Compliance

Clerks not complying with the procedures outlined above will have their elective cancelled and no credit received. Instances or concerns of non-compliance with the U of S Clerkship Elective Policy should be brought to the attention of the Vice-Dean, Education or the Associate Dean, Undergraduate Medical Education, within the College of Medicine.

17. Contact

Sherry Pederson

Manager, UME

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B526 Health Sciences Building, U of S

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Saskatoon, SK S7N 5E5

INDEPENDENT LEARNING (IF APPLICABLE)

Independent, self-directed reading and exercises applicable to each elective will be important. Students are strongly encouraged to read around important clinical concepts specific to each elective.

COURSE DELIVERY

Students will learn through a variety of methods including:

- Independent self-directed reading
- In-patient and out-patient exposures

University of Saskatchewan Elective Information

The elective program is designed to allow medical students to pursue their own interests and to design programs in keeping with their individual goals. Elective opportunities are available in the program areas listed below (not all electives are available at all sites). Further information may be found under the specific program in discipline-specific sections below.

| | Saskatoon | Regina | Prince Albert | Rural |
|--|-----------|--------|---------------|-------|
| Indigenous Health | • | • | | • |
| Anesthesia | • | • | • | |
| Clinical Ultrasound (Diagnostic Imaging subset) | • | | | |
| Community Health & Epidemiology – Quality Improvement (Public Health subset) | • | | | |
| Emergency Medicine | • | • | • | |
| Family Medicine (Urban and Rural) | • | • | • | • |
| Integrative Medicine | • | | | |
| Internal Medicine | • | • | • | |
| Diagnostic Radiology (Medical Imaging) | • | • | • | |
| Obstetrics and Gynecology | • | • | • | |

| | Saskatoon | Regina | Prince Albert | Rural |
|---|-----------|--------|---------------|-------|
| Occupational Health (Internal Medicine subset) | • | | | |
| Ophthalmology | • | • | | |
| Palliative Care (Internal Medicine subset) | • | • | | |
| Pathology | • | • | | |
| Pediatrics | • | • | • | • |
| Pediatric Palliative Care | • | | | |
| Psychiatry | • | • | | |
| Physical Medicine & Rehabilitation | • | • | | |
| Public Health | • | • | | |
| Research | • | • | • | • |
| Solid Organ Transplant (Internal Medicine subset) | • | | | |
| Surgery | • | • | • | |

The online application form for electives is available on Sharepoint and on the University of Saskatchewan, College of Medicine website.

<https://share.usask.ca/medicine/ugme/electives/SitePages/Home.aspx>

Please complete the form and submit it to the department in which you wish to do the elective.

Indigenous Health

CONTACT

Valerie Arnault-Pelletier, Indigenous Coordinator and Cal Chiefcalf, Indigenous Curriculum Specialist

Phone: (306) 966-5901 and (306) 966-4850

Email: valerie.arnault@usask.ca and cal.chiefcalf@usask.ca

APPLICATION TIMELINE

2 months prior to start date

APPLICATION REQUIREMENTS

Minimum Length: 1 to 2 weeks or longer depending on student and community capacity

Vacation/Educational Leave: Permitted with consultation

DESCRIPTION

These electives in Indigenous Health are offered, subject to availability, at:

1. All Nations Healing Hospital - Fort Qu'Appelle;
2. First Nations and Metis Health- Saskatchewan Health Authority, Saskatoon site
3. Whitecap Health Center -Dakota Whitecap First Nation
4. MACSI – Saskatoon
5. Pediatrics and Wellness Wheel (on reserve). First Nations and Metis Health Services and Four Directions Community Health Centre - Regina

The Clerk can choose to do his or her elective at any of these sites. Before an elective is approved, the Clerk will be required to meet with Valerie Arnault-Pelletier, the Indigenous Coordinator, to discuss his or her goals for the elective. Clerks will be under the supervision of a preceptor at their chosen site who will determine the Clerk's schedule. If the student is coming from another university, the orientation meeting can be set up via Web-Ex or Skype.

Application and Debriefing Process

1. Students who are interested in this elective are required to make an appointment with the Indigenous Health Coordinator.
 - a. Orientation information will be provided at this time depending on the site.
2. Students must fill out an elective application form and submit it to the Indigenous Health Coordinator for approval.
3. After the completion of the elective, students are required to make an appointment with the Indigenous Health Coordinator to discuss their elective experience.

A comprehensive approach will be assessed through these guiding objectives:

1. Describe the social aspects of Indigenous health issues.
2. Examine personal clinical practices pertaining to Indigenous populations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

A focus will be on providing a culturally safe and relationship-centered care model for First Nations and Metis patients, their families and communities. The elective work is done with Indigenous community health care professionals and traditional healers (depending on availability) in the provision of care. Depending on the site, additional clinical experiences may be available e.g. All Nations Healing Hospital involves site visits with the physician to Aboriginal communities.

Descriptions of Indigenous Health Elective Sites:

MACSI Saskatoon

In this Elective students are introduced to holistic programming, therapeutic group workshops, one to one counselling, educational. Sessions, self-help meetings, cultural teachings, recreational programming and more. In this environment of inpatient treatment, individuals can return to a healthier life.

First Nations and Metis Health Saskatoon

-Sites are St Pauls Hospital and Royal University Hospital

In this elective students are exposed to an integrated and culturally respectful approach to care for First Nations and Métis people coming into Saskatoon Health Region for treatment and other services

All Nations Healing Hospital –Fort Qu’Appelle

This unique elective places you in an interdisciplinary team of health care providers and engages you in patient-centered care in a rural community. All Nations Healing Hospital also has a holistic healing center dedicated to residential school outcomes, addictions, abuse, family counseling, and crisis interventions.

Whitecap Health Center – Whitecap First Nation

In this elective students exposed to various health programs such as community health nursing, child immunization, maternal health, community health, dental services, home and community care, medical transportation, community health representative, counseling services, nutrition, diabetes, mental health, addictions, and justice.

(Regina - Pediatrics and Wellness Wheel (on reserve). First Nations and Metis Health Services and Four Directions Community Health Centre (in Regina):

This unique opportunity will place you amongst an interdisciplinary team of health care providers and engages you in patient, family and community centered care in both urban and rural settings. The providers hosting you are committed to community driven models of care, incorporating both the western model of health care and Indigenous ways of knowing. Included will be mobile outreach pediatrics in First Nations communities, primary and chronic diseases mobile outreach in First Nations with the Wellness Wheel team of providers, acute condition and chronic disease care in Regina's inner city, as well as dedicated time with the acute care-based team of Health Educators via First Nations and Metis Health Services at the Regina General Hospital

Anesthesia

CONTACTS

SASKATOON SITE

Erin Cook (Electives Coordinator)

Email: erin.cook@saskhealthauthority.ca

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REGINA SITE

Kim Gilbert (Electives Coordinator)

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Phone: (306) 766-3710

PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

Email: nicole.toutant@usask.ca

Phone: (306) 765-6787

APPLICATION TIMELINE

26 weeks prior to elective start date

APPLICATION REQUIREMENTS

Minimum length: 1 week

Recommended length: 2 weeks

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in anesthesia. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common anesthetic disorders/presentations
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common anesthetic disorders/presentations
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities
5. Manage workload effectively
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered anesthesia situations which may include but are not limited to: pre-operative evaluation and optimization, intraoperative anesthesia management and monitoring, and post-operative care including recovery room, intensive care unit and pain management, vascular access and airway management.

Clinical Ultrasound (Diagnostic Imaging Subset)

CONTACT

Dr. Paul Olszynski

Email: pao292@mail.usask.ca

APPLICATION TIMELINE

26 weeks prior to start date.

APPLICATION REQUIREMENTS

Their requests should include a CV, including relevant logbook, highlighting their efforts in developing their clinical ultrasonography skills during their undergraduate medical education. Students will be accepted on merit basis and at minimum must be in good standing with the College of Medicine.

Minimum Length: **Elective only available from February 8-19, 2021**

DESCRIPTION

Clinical Ultrasound is focused ultrasonography performed and interpreted at the patient's bedside by a health care provider in conjunction with his or her clinical examination. It is distinct from the physical examination, adding anatomic, functional and physiologic information to the management and care decisions of the patient.

The Clinical Ultrasound Elective in Clerkship (CUSEC) comprises of two components (with the first qualifying students for the second as a pre-requisite).

The prerequisite is a longitudinal apprenticeship during the first year of clerkship. This is undertaken by students upon successful completion of their Clinical Skills IV course. Students record supervised and unsupervised scans in a logbook or preferably in the EchoLog app (available on iTunes). Students should complete several scans before the beginning of their 4th year of clerkship to be eligible for CUSEC.

The elective is an intensive 2-week clinical ultrasonography training experience (taking place in the 2nd year of clerkship) in Saskatoon, SK. The first week of the CUSEC is non-service in nature. It comprises of a 5 day "finishing school" where skills will be honed on standardized as well as real patients, pathology cases and video libraries reviewed, and competency assessed.

Longitudinal apprenticeship component (pre-requisite)

The apprenticeship is focused on image generation skill development. This will require a combination of directly and in-directly supervised scans (in the form of saved images)

Scan requirements for the longitudinal clinical ultrasound apprenticeship.

| Clinical Application | # of supervised scans (approx.) | # of unsupervised recorded scans |
|--|--|---|
| Scan for pericardial effusion | 25 | 25 |
| Scan for pleural effusion/hemothorax | 15 | 15 |
| Scan for free fluid in the abdomen/ hemoperitoneum | 25 | 25 |
| Scan for hydronephrosis (moderate and severe) | 15 | 15 |
| Scan for bladder volume | 5 | 10 |

Clinical Ultrasonography Elective in Clerkship in 4th Year

During the 2-week-long elective in clinical ultrasonography, trainees will spend time with instructors polishing their skills (both on real and standardized patients), reviewing cases, and completing a competency assessment. During this intensive elective in clinical ultrasonography, we will also introduce 2 new applications: scanning the lung (pneumothorax and interstitial lung syndrome) and AAA. The students will then spend the 2nd week on clinical rotation employing their new skills.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------|---|--|--------------------------------|------------------------|--|
| Morning | Review of U/S concepts and introduce AAA and Thoracic U/S | Scanning in hospital | Case presentations (1/trainee) | Problem based learning | Competency Assessment (visual, clinical integration) |
| Afternoon | Scanning in CLRC (pathology included) | Video/case review Literature review | Scanning in CLRC | Final Review | Competency Assessment (skills) |

A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common point of care ultrasound disorders/presentations. (when applicable)
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common point of care ultrasound disorders/presentations. (when applicable)
3. Apply basic ultrasound physics, machine controls and transducers in acquiring ultrasound images on patients.
4. Achieve comfort in generating quality ultrasound images across different organ systems in a patient.

5. Describe the limitations of ultrasound technology: its user-dependence, common imaging artifacts and imaging pitfalls.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered point of care ultrasound situations which may include but are not limited to: pleural effusion/hemothorax, ascites/hemoperitoneum, pericardial effusion, hydronephrosis, bladder volume, thoracic ultrasound, and abdominal aortic aneurysm.

Emergency Medicine

CONTACTS

SASKATOON SITE

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REGINA SITE

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PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

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APPLICATION TIMELINE

26 weeks prior to elective start date

APPLICATION REQUIREMENTS

Minimum Length: 1 week

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in emergency medicine. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in emergency medicine.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in emergency medicine.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.

6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered emergency medicine disorders/presentation which may include but are not limited to: abdominal pain, bone/joint pain, chest pain, syncope/vertigo, fever, headache, dyspnea/cough, respiratory distress, nausea/vomiting, intoxication/agitation, altered level of consciousness/seizures, back/flank pain, poisoning/overdose, vaginal bleeding in the first trimester, acute pain, cardiac arrest, anaphylaxis/airway obstruction, burns, injury related to temperature extremes, trauma, shock, stroke.

Family Medicine

CONTACTS

SASKATOON SITE

Tracy Lewis (Electives Coordinator)

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REGINA SITE

Kristen Fuchs (Electives Coordinator)

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PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

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Phone: (306) 765-6787

APPLICATION TIMELINE

26 weeks to 2 months prior to elective start date

Please note: APPLICATIONS MUST BE MADE THROUGH THE SHAREPOINT SITE. In the event that you have discussed an elective with a preceptor prior to applying please add that information to the application in the comments section and administrative assistants will do their best to accommodate your request. All preceptors must have an active teaching appointment with the U of S. Applications will be considered at sites other than the ones listed on the Sharepoint site as long as the preceptor has an active teaching appointment at the U of S. Applications will be processed by the date in which they were received regardless of the elective start date. It is advisable to apply early.

Applications will be confirmed or rejected a minimum of 8 weeks prior to the start date of the elective. Turn around time to place an elective is on average 2 months but could be longer depending on the availability of preceptors or capacity at sites to take learners. It is NOT NECESSARY to complete an elective at a teaching unit in order to be considered for a Family Medicine residency program in Saskatchewan.

APPLICATION REQUIREMENTS

Minimum Length: 1 week for urban electives; 2 weeks for rural electives

Urban Locations: Saskatoon and Regina

Rural Locations: Prince Albert, Moose Jaw, Weyburn, Estevan, Swift Current, Outlook, North Battleford, Ile a la Crosse, La Ronge, Melfort, Wynyard, Yorkton, Melville, Humboldt, Rosthern, Pelican Narrows, Nipawin, Shellbrook, Fort Qu'Appell, Gull Lake

Other sites may be acceptable as long as a preceptor with an active faculty teaching appointment is available.

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in family medicine.

It is expected that the clerk participating in an elective in Family medicine will continue to build on the skills learned in their Core Rotation. Family medicine is a discipline committed to the care of an individual at any and all life stages, and as such family doctors accept responsibility for the full scope of care of patients in health and illness.

Because of the diverse nature of family medicine, an elective may concentrate on an area of special interest such as sports medicine, palliative care or women's or men's health. In this type of elective it will still be expected that the basic skills of family medicine (medical expert, communicator, collaborator, advocate etc) be practiced in a more focused population.

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in family medicine.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in family medicine.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, age etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy, legal documentation.

The clerk will be expected to have an in-depth clinical knowledge about common procedures in family medicine which may include but are not limited to: excisions, suturing, applying casts, placing of IUDs and performing endometrial biopsies, joint aspirations and injections, vasectomies, IM injections, vaccinations

Integrative Medicine

CONTACTS

SASKATOON SITE

Dr. Joseph Schnurr

Email: schnurr.ja@gmail.com

APPLICATION TIMELINE

4 months prior to start date

APPLICATION REQUIREMENTS

Minimum Length: 2 weeks (available once in the spring and once in the fall beginning in 2020)

Vacation/Educational Leave: Not permitted during this elective.

NOTE: In the event of there being more than one applicant for the elective, priority will be given to a student who demonstrates some prior knowledge of or exposure to integrative medicine.

DESCRIPTION

This elective will allow the student to work closely with physicians who have advanced training in integrative and functional medicine. Working closely with the clinician, the student will actively participate in all aspects of the clinical encounter. A variety of instructional methods will be used and will include time allotted for self-directed learning. Students will complete the CME online course "Environmental Health: An Integrative Approach" available through the University of Arizona Center for Integrative Medicine and achieve a minimum score of 70% on the final assessment.

(This course is available at no cost.) https://integrativemedicine.arizona.edu/education/online_courses.html

Students will be assessed on the following guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered during an integrative medicine consultation.
2. Obtain an expanded patient centered history to identify potentially modifiable lifestyle, dietary and environmental risk factors.
3. Develop a differential diagnosis, clinical approach and initial individualized management plan of a patient presenting with common disorders/presentations encountered during an integrative medicine consultation.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families and communities.

6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, and patient autonomy.
9. Demonstrate use of assessment and educational tools to enhance the quality of the patient physician clinical encounter.

Internal Medicine

CONTACTS

SASKATOON SITE

Angela Kuffner (Electives Coordinator)

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REGINA SITE

Shanda Litke (Electives Coordinator)

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Phone: (306) 766-3447

PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

Email: nicole.toutant@usask.ca

Phone: (306) 765-6787

APPLICATION TIMELINE

26 weeks to two months prior to elective start date

APPLICATION REQUIREMENTS

Minimum Length: 2 weeks (Saskatoon); 1 week (Regina)

DESCRIPTION

| | Saskatoon | Regina |
|---------------------|-----------|--------|
| Cardiology | • | • |
| Dermatology | • | • |
| Endocrinology | • | • |
| Gastroenterology | • | • |
| Geriatrics | • | |
| Hematology | • | |
| ICU | • | |
| Infectious Diseases | • | • |

| | Saskatoon | Regina |
|------------------------|-----------|--------|
| Nephrology | • | • |
| Neurology | • | • |
| Occupational Health | • | |
| Oncology | • | • |
| Palliative Care | • | • |
| Respirology | • | • |
| Rheumatology | • | • |
| Solid Organ Transplant | • | |

Prince Albert offers a general internal medicine elective.

Cardiology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in cardiology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical exam on a patient presenting with a core cardiology presentation such as: chest pain.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core cardiology disorder/presentation such as: chest pain.
3. Interpret an ECG.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Dermatology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in dermatology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core dermatologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common dermatologic disorders/presentations encountered in dermatology.
3. Discuss epidemiology, risk factors and management of common squamous cell carcinoma, basal cell carcinoma and malignant melanoma.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Endocrinology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in endocrinology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core endocrinology presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in endocrinology.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered Endocrine disorders/presentation which may include but are not limited to: diabetes mellitus, adrenal insufficiency, secondary hypertension, thyroid disorders/presentation, calcium and phosphate abnormalities.

Gastroenterology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in gastroenterology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core gastroenterology presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core gastroenterology presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered Gastroenterology disorders/presentation which may include but are not limited to: liver abnormalities including ascites, abnormal liver enzymes/function, jaundice, bowel disorders/presentation including irritable bowel syndrome, inflammatory bowel disease, constipation, diarrhea, hematemesis and melena, nausea, vomiting, weight gain and loss.

General Internal Medicine/Perioperative Medicine

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered general internal medicine situations and perioperative management of common medical problems which may include but are not limited to: arterial and venous thromboembolism, diabetes mellitus, cardiac risk reduction, congestive heart failure, COPD, pre-operative evaluation and optimization, perioperative management of common medical problems ie. atrial fibrillation, hypotension, respiratory distress, ACS; medical problems associated with pregnancy ie. gestational hypertension and diabetes, pre-eclampsia/eclampsia

1. Obtain a patient-centered history and physical examination on a patient presenting with common undifferentiated internal medicine disorders/presentations
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common undifferentiated presentations
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities
5. Manage workload effectively
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy

The clerk will be expected to specify in their application whether they are applying to GIM (office based), CTU, or Perioperative GIM, along with their own Personal Learning Objectives.

Geriatrics

This elective is aimed at broadening the clerk's knowledge base and clinical skills in geriatrics. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core geriatric presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core geriatric presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Hematology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in hematology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core hematologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core hematologic presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Intensive Care Unit (ICU)

This elective is aimed at broadening the clerk's knowledge base and clinical skills in intensive care unit. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core presentation encountered in the ICU.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core presentation encountered in the ICU.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Infectious Diseases

This elective is aimed at broadening the clerk's knowledge base and clinical skills in infectious disease. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core Infectious Disease presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Infectious Disease presentation.
3. Discuss the epidemiology and risk factors of patients with HIV and Hepatitis B and C.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered infectious disease disorders/presentation which may include but are not limited to: fever, infections of bodily systems, HIV, hepatitis B and C, and Covid-19.

Nephrology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in nephrology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination in a patient who presents with a core nephrology presentation such as: acute kidney injury.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Nephrology presentation such as: acute kidney injury, chronic kidney injury and electrolyte abnormalities.
3. Discuss the complications of patients with a reduced GFR.
4. Discuss the indications and potential complications for acute dialysis.
5. Interpret an arterial blood gas.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered nephrology disorders/presentations which may include but are not limited to: acute kidney injury, chronic kidney injury, electrolyte abnormalities, need for acute dialysis.

Neurology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in neurology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Determine the neuroanatomical location of the patient's symptoms/finding.
2. Obtain a patient-centered history and physical examination on a patient presenting with common neurology disorders/presentations.
3. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common neurology disorders/presentations.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurological disorders/presentation which may include but are not limited to: diplopia/visual abnormalities, dizziness/vertigo, ataxia, headache, weakness/paralysis, sensory abnormalities (numbness/tingling), aphasia and speech disorders/presentation, altered mental state/coma, seizure, delirium/dementia.

Occupational Health

This elective is aimed at broadening the clerk's knowledge base and clinical skills in occupational and agricultural medicine. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. Development of articles or a small resource for rural workers on an occupational health topic, seminar presentation, and/or participation in occupational site visits and may be required. Students will gain experience and exposure to occupational medicine issues from a clinical, administrative, regulatory, and consulting perspective as opportunities present. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in occupational medicine.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in occupational medicine.
3. Adjust personal communication style to patient and interprofessional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Please be advised that there is possible travel to rural site locations for site visits with the preceptor.

Oncology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in oncology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common oncologic disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common oncologic disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Palliative Care

This elective is aimed at broadening the clerk's knowledge base and clinical skills in palliative care. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with symptom management at the end of life.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with symptom management at the end of life.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered palliative care issues which may include but are not limited to: pain management, nausea/vomiting/bowel obstruction, dyspnea, delirium in a terminally ill patient.

Respirology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in respirology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core respirology presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core respirology presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurological disorders/presentation which may include but are not limited to: cough/hemoptysis, dysnea/wheezing, hypoxia/hypercapnia, pneumonia, thromboembolic disease, pleural effusion, asthma/COPD.

Rheumatology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in rheumatology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with a core rheumatologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core rheumatologic presentation.
3. Discuss the indications and complications of joint aspiration
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered rheumatological disorders/presentation which may include but are not limited to: joint pain (oligo, polyarthralgia), musculoskeletal pain, arthritis (crystal induced, osteoarthritis, inflammatory), connective tissue disorders/presentation.

Solid Organ Transplant

BLACKOUT DATES:

Last Friday prior to Christmas until Last Friday following New Year

Solid organ transplantation is an exciting interdisciplinary field of medicine, surgery and lab medicine. Saskatchewan performs approximately 25-35 kidney transplants per year and physicians within the province follow recipients of kidney, pancreas, lung, liver and heart transplants. This elective will provide the student exposure to multiple types (kidney, lung, liver, heart, pancreas) of solid organ transplants and the management of these patients. Given the multidisciplinary nature of this specialty, this elective is well suited for students interested in any of the following fields:

1. Internal medicine and its subspecialties (nephrology, respiratory, cardiology, gastroenterology/hepatology, endocrinology)
2. Surgery
3. Lab medicine/immunology

During this elective the student may have opportunities to be involved in the following clinical duties:

1. Outpatient assessment of recipients of kidney, pancreas, lung, liver and heart transplants
2. Outpatient assessment of transplant suitability for patients with:
 - a. End stage renal disease
 - b. Liver cirrhosis
 - c. Lung disease
 - d. Heart failure
 - e. Type 1 diabetes
3. Outpatient assessment of potential live kidney donors
4. Outpatient surgical assessment of kidney transplant recipients and/or potential live kidney donors
5. Inpatient assessment of the following:
 - a. New (de novo) kidney transplant recipients
 - b. Prior kidney transplant recipients admitted with medical/surgical complications
6. Observation in theatre of kidney transplant surgery
7. Determination of solid organ transplant recipient HLA typing and antibody determination

A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in solid organ transplantation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common disorders/presentations encountered in solid organ transplantation.
3. Communicate in a patient-centered manner.
4. Communicate effectively with team members.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.

7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy, legal documentation.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered situations within solid organ transplantation which may include but are not limited to: contraindications to organ transplantation, differential diagnosis of acute and chronic transplant dysfunction, surgical considerations of organ transplantation, contraindications to organ donation, importance of HLA typing and antibody determination.

Diagnostic Radiology (Medical Imaging)

CONTACTS

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APPLICATION TIMELINE

26 weeks prior to elective start date

APPLICATION REQUIREMENTS

Minimum Length: 2 weeks

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in Diagnostic Radiology. This will be achieved through a variety of instructional methods. The goal of this elective is to develop a better understanding of Diagnostic Radiology (Medical Imaging) as a medical specialty through exposure to the major modalities in the department, by observing the imaging workflow, attending rounds, and through self-learning materials.

By familiarizing oneself with guidelines developed to facilitate the appropriate use of Medical Imaging, the student will enhance their knowledge of how clinicians can be involved in ordering the most appropriate imaging examinations and facilitating patient care through improved communication with the Diagnostic Radiology department when ordering patient examinations. A comprehensive approach will be assessed through these guiding objectives:

Correlate knowledge of anatomy with the images viewed.

1. Correlate knowledge of anatomy with the images viewed.
2. Describe how medical x-rays are generated and what imaging modalities use x-rays to create images.
3. Describe some of the potential hazards of exposure to radiation, especially for children.
4. Describe and diagnose common diseases using imaging technologies
5. View and interpret imaging examinations.
6. Apply a methodology for viewing and interpreting plain x-ray examinations of the abdomen, chest, and skeletal system.

Obstetrics & Gynecology

CONTACTS

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PRINCE ALBERT SITE

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APPLICATION TIMELINE

26 weeks to two months prior to elective start date

APPLICATION REQUIREMENTS

Minimum 2 weeks

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in obstetrics and gynecology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common obstetrical and gynecological disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common obstetrical and gynecological disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered obstetrical and gynecological disorders/presentation which may include but are not limited to:

Obstetrical Issues - uncomplicated pregnancy including prenatal screening, medical diseases complicating pregnancy – hypertension, diabetes, heart disease, renal disease, 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

Gynecological Issues - 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

Pathology/Laboratory Medicine

CONTACTS

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PRINCE ALBERT SITE

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APPLICATION TIMELINE

Saskatoon: 26 weeks prior to elective start date

Regina: Submit requests as soon as possible. Accepts one rotator at a time.

MINIMUM LENGTH

Saskatoon: 1 week (maximum 6 weeks)

Regina: 4 weeks

DESCRIPTION

General Pathology is a dynamic, multi-faceted diagnostic specialty that encompasses a wide range of disciplines to choose from for electives. Prospective elective students may choose to spend time in one or more of the following areas, all of which make up what is known as general pathology: hematopathology, transfusion medicine, medical microbiology, clinical chemistry, molecular genetics, and surgical (anatomical) pathology. Within surgical (anatomical) pathology, opportunities are present to focus on specific areas of interest including gynecological pathology, dermatopathology, urological pathology, gastrointestinal pathology, cytology, breast pathology, and forensic pathology.

This elective is aimed at broadening the clerk's knowledge base and clinical skills in pathology. Students are expected to have a prior knowledge of histology before applying for this elective in surgical (anatomical) pathology. There will be expectations that the student(s) will join the pathologists at the multi-head microscope, participate in rounds and academic half day. They may be asked to present a case to the pathologists. A comprehensive approach will be assessed through these guiding objectives:

1. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in pathology.
2. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
3. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
4. Manage workload effectively.
5. Demonstrate self-directed learning utilizing the appropriate resources.
6. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Pediatrics

| | Saskatoon | Regina | Prince Albert | Rural |
|--------------------------|-----------|--------|---------------|-------|
| Allergy Pediatrics | | • | | |
| Community Pediatrics | • | • | • | • |
| Developmental Pediatrics | • | • | | |
| General Pediatrics | • | • | • | • |
| Inpatient Pediatrics | • | • | | |
| Neonatology | • | • | | |
| Outpatient Cardiology | • | | | |
| Pediatric Cardiology | • | | | |

| | Saskatoon | Regina | Prince Albert | Rural |
|---------------------------------|-----------|--------|---------------|-------|
| Pediatric Emergency Medicine | • | | | |
| Pediatric Gastroenterology | • | | | |
| Pediatric Hematology/Oncology | • | | | |
| Pediatric Infectious Diseases | • | | | |
| Pediatric Nephrology | • | | | |
| Pediatric Neurology | • | | | |
| Pediatric Palliative Care | • | | | |
| Pediatric Respiriology | • | | | |
| Social and Community Pediatrics | • | | | |

CONTACTS

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PRINCE ALBERT SITE

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SWIFT CURRENT

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APPLICATION TIMELINE

26 to six weeks prior to elective start date

MINIMUM LENGTH

1 week

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in pediatric and adolescent medicine. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. If on the wards, Clerks are expected to take responsibility, under supervision, of the day-to-day care of their assigned patients. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common pediatric and adolescent disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common pediatric and adolescent disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered pediatric and adolescent medicine disorders/presentation which may include but are not limited to: pallor (anemia), bruising and bleeding, lymphadenopathy, respiratory symptoms – cough, wheeze, stridor, acute respiratory distress, fever, heart murmur, dehydration, head and neck symptoms – otalgia, pharyngitis, 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.

Elective Specific Descriptions Saskatoon Site

Pediatric Nephrology

The rotation is a mix of inpatient and outpatient experiences. The clerk participates as a supervised member of the nephrology team. The clerk helps provide and deliver care for inpatient consults as well as patients admitted directly under the service. Therefore the clerk may be responsible for writing consulting and progress notes as well as coordinating admissions and discharges.

Outpatient care consists of referral visits and follow up for general nephrology and Chronic Kidney Disease patients. The clerk would also actively present patients and participate in multidisciplinary conferences such as radiology, urology, nephrology case meetings or pathology review sessions.

Pediatric Emergency Medicine

The clerk will be assigned a Pediatric Emergency Physician to work one-on-one with for (typically) an 8 hour shift in the busy Pediatric Emergency Department within the new Jim Pattison's Children's Hospital. The department sees a large variety of cases from minor to level one traumas and resuscitations. The dedicated one learner to one staff allows for a robust educational experience. The length of this rotation is typically 2 or 4 weeks in duration; typically 7 shifts for 2 week duration, or 13-14 shifts in 4 weeks plus rotation. There is associated Case Based Teaching (CBT) or SIM teachings, and Adult/Pediatric Emergency Medicine Academic Half-Day.

Outpatient General Pediatrics:

The clerk will gain experience working with General Pediatricians either in a community or hospital based outpatient practice. These practices see patients who are referred for concerns, so this is an opportunity to help develop skills in managing children with medical and mental health issues.

Inpatient Pediatrics:

An opportunity to be part of the Clinical Teaching Unit (CTU) teams, helping manage patients who are admitted to hospital for acute illness. The CTU admits patients with general Pediatric concerns, and also serves as the admission service for some of the medical subspecialties, resulting in a variety of patient presentations to care for.

NICU

Typically clerk electives in NICU involve following:

1. Attending ward rounds mostly team 2 learning about basics of NICU.
2. Attending deliveries as numbers allow.
3. Observing procedures in NICU.
4. If time permits, attending NICU follow-up clinic.
5. Attending Antenatal consults along with Clinical Associate/Neonatal Nurse Practitioner/Neonatologist for counselling and associated activities.

Pediatric Infectious Diseases

The clerk will join with the preceptor for inpatient consultations on patients at JPCH. They will also be able to attend clinics for patients referred to the service.

Pediatric Neurology

During a pediatric neurology rotation the clerk will have opportunity to join the pediatric neurology team during inpatient service and outpatient clinics at JPCH. As a part of the team, the clerk will be able to assist in care of patients with neurological disorders.

Pediatric GI

The division of pediatric gastroenterology, hepatology and nutrition cares for children with intestinal and liver disorders. During the rotation, the clerk will participate in outpatient as well as inpatient care of GI patients, in addition to attendance at endoscopic procedures.

Pediatric Hematology/Oncology

The clerk will participate in inpatient pediatric oncology with participation in outpatient/inpatient hematology as requested. The clerk will be expected to have an in-depth clinical knowledge about commonly encountered pediatric hematology/oncology disorders/presentations which may include neutropenia, anemia, bruising and bleeding, and lymphadenopathy.

Social and Community Pediatrics

Expectation is that the clerk will see new patients booked in through the division of Social Pediatrics; and see follow-up patients with the pediatrician.

Developmental Pediatrics

The clerk will attend outpatient clinics through the division; seeing children from birth to age 18. Depending on time, the clerk may participate in ward/NICU/PICU consults.

Elective Specific Descriptions Regina Site

Pediatric Allergy

This elective will provide exposure to common medical conditions seen in the field of allergy including but not limited to: food allergies, environmental allergies, drug allergies, pediatric asthma, and atopic dermatitis.

Pediatric Outpatients

Pediatric outpatients in Regina will expose students to a variety of outpatient clinics with a number of General Pediatricians as well as some subspecialty Pediatric clinics that may include Allergy, Developmental, Cardiology, Neurology, Nephrology, Cystic Fibrosis, Hematology, Oncology and Surgery. Time may also be spent on the Mother Baby Unit to ensure comfort with assessment and examination of a newborn.

Regina NICU Clerkship Rotation

You will work Monday through Friday 0800 to 1600 and be supervised by the NCA (Neonatal Clinical Associate) or NNP (Neonatal Nurse Practitioner) on duty on Service 2. Generally you will follow 2 to 3 patients in the NICU; this number will be individualized.

Your role includes examining the babies, writing admission and daily progress notes. You will assume responsibility for the daily assessment and management plan for your patients, as well as daily communication with families with help and supervision from the attending Neonatologist and NCA / NNP.

You will be expected to follow patients, present on rounds and sign-out your patients to the on-call NCA or NNP prior to leaving for the day.

You will also attend deliveries with supervision by an NCA/NNP.

Please discuss all orders with the NCA / NNP or the attending Neonatologist.

This is an optional objective and opportunities will be generally fairly limited. Additionally, given the fragility of NICU patients, this will be subject to the judgment of the NCA / NNP and/or attending Neonatologist. The most common procedure will be to start IVs for which the nurses are usually responsible. If you are interested in Pediatrics and/or Neonatology, please be assertive about asking to do procedures and asking for supervision, but also understand that sometimes this will not be possible.

Your performance will be observed daily by the NICU attending. A verbal assessment will be given to each student by the attending. A final online or paper evaluation will be completed at the end of your rotation. Please provide us with any feedback you might have about your experience.

Pediatric Palliative Care

CONTACTS

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APPLICATION TIMELINE

Saskatoon: 26 weeks prior to start date.

MINIMUM LENGTH

Saskatoon:

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in palliative care with a focus on the pediatric population. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a pediatric patient presenting with a life threatening/life limiting illness.
2. Develop a differential diagnosis, clinical approach and initial management plan of a pediatric patient presenting with a life threatening/life limiting illness.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have a level of clinical knowledge appropriate to a generalist about commonly encountered pediatric palliative care issues: pain management, nausea/vomiting/bowel obstruction, secretions, dyspnea, resuscitation guidelines and end of life management.

Physical Medicine & Rehabilitation (PM&R)

CONTACTS

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APPLICATION TIMELINE

26 - 4 weeks prior to elective start date. Applications received later will be considered on an individual basis.

MINIMUM LENGTH

1 week (maximum of 4 weeks)

DESCRIPTION

Physical Medicine and Rehabilitation focuses on restoring physical function and improving physical independence. Psychiatrists (specialists in PM&R) treat conditions of the bones, muscles, joints, brain, nerves and spinal cord, which can affect other systems of the body and limit a person's ability to function.

As our specialty involves multiple systems, all clerks may consider an elective in PM&R. In particular, clerks who are interested in a career in PM&R or a complimentary specialty such as Neurology, Orthopedics, Rheumatology, Neurosurgery or Family Medicine are encouraged to apply. Students will have the opportunity to further develop their skills of history taking, functional history and assessment, and physical examination in core PM&R domains such as musculoskeletal, neurological, acquired brain injury, stroke rehabilitation, spinal cord injury, multiple sclerosis, prosthetics and orthotics, pain medicine and pediatric rehabilitation (Regina site).

An elective in Psychiatry can involve a variety of clinical experiences including acute care consults, inpatient rehabilitation ward exposure, and outpatient clinics. Neuromuscular assessment and diagnosis is also provided by some faculty members, allowing the student exposure to nerve conduction studies (NCS) and needle electromyography (EMG).

The Department of Physical Medicine and Rehabilitation is a fully distributed program between Regina and Saskatoon with faculty and residents based out of both cities. The Residency Program Director is based in Regina. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered and functional history and physical examination for a patient presenting with common PM&R disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan for a patient presenting with common PM&R disorders/presentations
3. Demonstrate the ability to communicate effectively with patients and all member of the interdisciplinary team.
4. Identify advocacy measures relevant to the health promotion of patients, families, and communities.
5. Demonstrate self-directed learning utilizing the appropriate resources.
6. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy and others

Psychiatry

| | Saskatoon | Regina |
|------------------|-----------|--------|
| Child Psychiatry | • | • |
| Forensic | • | |
| Geriatric | • | • |
| General Adult | • | • |

CONTACTS

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APPLICATION TIMELINE

26 weeks to 3 months prior to elective start date

MINIMUM LENGTH

2 weeks

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in psychiatry. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and mental status examination on a patient presenting with common psychiatric disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common psychiatric disorders/presentations.
3. Adjust personal communication style to patient and interdisciplinary team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered psychiatric disorders/presentation which may include but are not limited to: alcohol/substance use disorders/presentation, anxiety disorders/presentation, bipolar disorders/presentation, schizophrenia and/or other psychotic disorders/presentation, depressive disorders/presentation, disorders/presentation usually diagnosed in childhood/adolescence, personality disorders/presentation.

Public Health

CONTACT

Dr. Anne Leis (Rotation Coordinator)

Email: anne.leis@usask.ca

Phone: (306) 966-7878

APPLICATION TIMELINE

26 weeks to one month prior to elective start date

APPLICATION REQUIREMENTS

Minimum Length: 2 weeks

DESCRIPTION

This is an elective rotation for final year medical students with the objective that graduating students understand the core functions of public health in Canada. Rotations include education in health protection, health promotion, disease prevention, surveillance, health status assessment, and health emergency management. Rotation sites may include clinical experiences at Child Health Clinics (immunizations), Oral Health program (dental care), Sexual Health & Street Health program (STI testing and harm reduction services), Safe Communities program (inspections), Positive Living Program (HIV and hepatitis C), TB Prevention and Control, and the International Travel Centre.

1. Participate effectively as part of the interprofessional and interdisciplinary team, integrating all of the CanMEDS Roles to provide optimal, ethical care at the individual, family, group, organization, community and population levels. (ME#14, P#1; CLO#9)
2. Recognize the importance of developing rapport, trust, and ethical relationships with individuals, families, groups, organizations, communities, and populations. (CB#2; CLO#9)
3. Participate in the response to individual, family, community and population health needs and issues. (CLO#9, #10)
4. Identify the determinants of health for the populations that they serve. (ME2, HE:1; CLO#11)
5. Describe opportunities for promotion of the health of individuals, families, communities, and populations including opportunities to improve health equity. (HE#2; CLO#11)
6. Maintain and enhance professional activities through ongoing learning. (S#1; CLO#14)
7. Demonstrate professional behaviour. (HE#1; CLO#11)
8. Manage workload effectively.

Research

CONTACTS

SASKATOON SITE

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REGINA SITE

Dr. Joelle McBain

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APPLICATION TIMELINE

26 weeks to 1 month prior to elective start date

MINIMUM LENGTH

2 weeks

DESCRIPTION

Is an opportunity for students to build a knowledge base in the scientific approach to research design and testing. The overarching aim is to provide the student the opportunity to see whether they would like to pursue a career in academic medicine. This is also an opportunity for the student to enhance their portfolio.

Project objectives and deliverables must be submitted as part of the elective application to the UGME office. Elective supervisors must sign off on the elective application confirming the project's intent and timeline. The supervisor will be responsible for ensuring appropriate attendance of the student during the elective itself. It is also expected there will be regular meetings between the student and supervisor.

A comprehensive approach will be assessed through these guiding objectives:

1. Adjust personal communication style to the situation.
2. Manage workload effectively
3. Demonstrate self-directed learning utilizing the appropriate resources.
4. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.
5. Describe the scientific process within medicine and where research fits within evidence based practice.
6. Develop an answerable research question.
7. Describe and discuss the methods to answer a scientific research question.
8. Describe the rationale for conducting a specific project and, where appropriate, describe the impact of the project on future research or practice.
9. Critique the proposed project.

Surgery

| | Saskatoon | Regina | Prince Albert |
|------------------------|-----------|--------|---------------|
| Cardiothoracic Surgery | | • | |
| Thoracic Surgery | • | | |
| Cardiac Surgery | • | | |
| ENT (Otolaryngology) | • | | |
| General Surgery | • | • | • |
| Neurosurgery | • | • | |
| Ophthalmology | • | • | |

| | Saskatoon | Regina | Prince Albert |
|--------------------|-----------|--------|---------------|
| Orthopedic Surgery | • | • | |
| Pediatric Surgery | • | • | |
| Plastic Surgery | • | • | |
| Urology | • | • | |
| Vascular Surgery | • | • | |

CONTACTS

SASKATOON SITE

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PRINCE ALBERT SITE

Nicole Toutant (Electives Coordinator)

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Phone: (306) 765-6787

APPLICATION TIMELINE

26 weeks to one month prior to elective start date

MINIMUM LENGTH

1 week

DESCRIPTION

Cardio Thoracic

Cardiovascular Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in cardiovascular surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a focused patient-centered history and physical examination in a patient with cardiovascular disease.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in cardiovascular surgery.
3. Identify the physical, physiologic, and coagulation related considerations of cardiopulmonary bypass.
4. Discuss the benefits and limitations of cardiovascular surgical procedures.
5. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Thoracic Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in thoracic surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in thoracic surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in thoracic surgery.
3. List the stages of lung cancer.
4. Discuss the difference between an exudative and transudative effusion, list examples.
5. Observe proper technique for chest tube insertion.
6. Interpret a CXR and CT chest image.
7. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.

9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered thoracic surgery disorders/presentations which may include but are not limited to: solitary pulmonary nodule, unilateral pleural effusion, dysphagia, gastroesophageal reflux disease, Barrett's esophagus, hiatus hernia

Ear, Nose and Throat (Otolaryngology)

This elective is aimed at broadening the clerk's knowledge base and clinical skills in ENT. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in ENT.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in ENT.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

General Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in general surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in general surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in general surgery.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered general surgery disorders/presentations which may include but are not limited to:

- 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, and limb injury, burns
- Other: dysphagia/odynophagia, jaundice, urinary obstruction, shock
- 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
- 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)

Neurosurgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in neurosurgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in neurosurgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in neurosurgery.
3. Describe the pharmacology of drugs commonly used in neurosurgery, such as Mannitol, Dilantin, Decadron.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered neurosurgery disorders/presentations which may include but are not limited to: altered level of consciousness, low back pain, traumatic brain injury (subdural hematoma, epidural hematoma, subarachnoid hemorrhage, diffuse axonal injury), cauda equine syndrome, cerebral aneurysm, astrocytoma, brain metastasis, meningioma, hydrocephalus.

Ophthalmology

CONTACTS

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PRINCE ALBERT SITE

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APPLICATION TIMELINE

26 weeks before elective start date

ELECTIVE TIME

Minimum Length – 1 week

Maximum Length – 2 weeks

DESCRIPTION

This elective is aimed at broadening the clerk's knowledge base and clinical skills in ophthalmology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common ophthalmologic disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common ophthalmologic disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.

Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Orthopedic Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in orthopedic surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in orthopedic surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in orthopedic surgery.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

Pediatric Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in pediatric surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in pediatric surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in pediatric surgery.
3. Review human anatomy, embryology, and normal physiology involving the head & neck, chest, abdomen, and inguinal region.
4. Discuss infant heat regulation and its relation to environmental controls.
5. Demonstrate the calculation of individualized drug dosages, and fluid and electrolyte requirements using standard formulas.
6. Identify common post-operative complications in children.
7. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered pediatric surgery disorders/presentations which may include but are not limited to: Incarcerated inguinal hernia in the neonate, aspirated and ingested foreign bodies, acute abdomen in the neonate or infant or older child, acute gastrointestinal bleeding, blunt abdominal and thoracic trauma, torsion of testis & appendix testis, epididymitis, bilious vomiting, non-bilious vomiting.

Plastic Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in plastic surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in plastic surgery ie. focused hand examination, facial exam in the setting of trauma. (*Medical Expert, Communicator*)
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in plastic surgery.
3. Discuss each specific phase of wound healing.
4. Describe the options for wound closure.
5. Perform the application of common splints of the hand.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered plastic surgery disorders/presentations which may include but are not limited to: hand disorders/presentation (including carpal tunnel syndrome, trigger finger), facial fractures, hand fractures, burns (thermal, electrical, chemical), soft tissue injuries of the hand (tendons, ligaments etc), hand infections, hand tumors, skin malignancies (basal cell carcinoma, squamous cell carcinoma, melanoma), premalignant skin lesions (actinic keratosis), breast reconstruction (post mastectomy).

Urology

This elective is aimed at broadening the clerk's knowledge base and clinical skills in urology. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common urologic disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common urologic disorders/presentations.
3. List the indications and complications of urethral catheterization.
4. Demonstrate a male and female urethral catheterization using proper technique.
5. Identify the important landmarks on a KUB (Kidney/Ureter/Bladder) X-ray, including recognizing the presence of calculi.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered urologic disorders/presentations which may include but are not limited to: acute testicular pain (including testicular torsion), testicular mass and/or swelling (including testicular cancer), microscopic and gross hematuria, urinary retention, urinary incontinence, lower urinary tract symptoms (LUTS) (including benign prostatic hyperplasia), acute flank pain (including renal colic), male sexual dysfunction, cancer of the prostate/bladder/kidney.

Vascular Surgery

This elective is aimed at broadening the clerk's knowledge base and clinical skills in vascular surgery. This may be done through a variety of instructional methods and require the clerk to be self-directed in regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in vascular surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in vascular surgery.
3. Review the anatomy and physiology of the arterial and superficial/deep venous system of the lower extremity.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.

5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy

The clerk will be expected to have an in-depth clinical knowledge about commonly encountered vascular surgery disorders/presentations which may include but are not limited to: diabetes including foot complications, aortic aneurysmal disease, peripheral vascular disease, varicose veins, acute ischemic limb.

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 syllabus¹.

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

ETHICS AND PROFESSIONALISM

There are several documents that delineate the expectations of society, the profession and the college with respect to the ethics and professionalism of medical doctors. Three such documents are replicated below. Note that breaches of professionalism that are egregious and/or refractory to correction may, in themselves and at the discretion of the Undergraduate Medical Education Committee, constitute sufficient grounds for removal from the program, regardless of performance in other aspects of the curriculum.

“Not everything that can be measured is important, and not everything that is important can be measured.”
(Albert Einstein)

For more detailed information, please refer to the following links:

<http://medicine.usask.ca/policies/ethics-professionalism.php#TheCollegeofMedicinestatementonprofessionalism2005>
<https://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php>

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

INTEGRITY DEFINED (FROM THE OFFICE OF THE UNIVERSITY SECRETARY)

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

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

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

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

Administrative 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) at 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, bringing Aboriginal and non-Aboriginal students together to learn from, with and about one another in a respectful, inclusive and safe environment. Students are encouraged to visit the ASC's Facebook page (<https://www.facebook.com/aboriginalstudentscentre/>) to learn more.

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>