Saskatchewan
Longitudinal Integrated Clerkship

MEDC 306.50
Year 3

COURSE SYLLABUS
2023/2024

UNIVERSITY OF SASKATCHEWAN
College of Medicine
MEDICINE.USASK.CA

LAND ACKNOWLEDGEMENT

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

SLIC – COURSE OVERVIEW

COURSE DESCRIPTION

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

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

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

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

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

Completion of this course will contribute to attaining elements of the overall undergraduate program objectives (MD Program Objectives). Specifically, successful completion of the SLIC (course 306.50) will be equivalent to successful completion of the Core Rotations Course (MEDC 307.50) in Year 3 of the MD program, for the purpose of promotion.

COURSE OBJECTIVES

By the completion of the SLIC, students will be expected to:

MEDICAL EXPERT

1. Distinguish between normal and abnormal human development, structure, and function.
2. Utilize evidence-informed principles to screen and monitor healthy and at-risk individuals.

3. Actively participate in patient encounters for health promotion/screening.
4. Develop care strategies for patients at risk.
5. Discuss the pathophysiology, epidemiology, natural history, clinical presentation and prognosis of common and/or important acute and chronic diseases.
6. Conduct patient-centered interviews to elicit information effectively.
7. Perform an appropriate and focused physical examination, or mental status exam that minimizes patient discomfort and allows for the detection and interpretation of positive and negative findings.
8. Develop initial differential diagnosis based upon history and physical examination findings.
9. Develop a differential diagnosis and final presumptive diagnosis through clinical reasoning and integration of clinical information.
10. Select and interpret appropriate diagnostic tests (laboratory, imaging, electrophysiologic and other modalities) using evidence-informed decision-making principles, patient and family preferences and risk tolerance.
11. Revise and re-evaluate a presumptive diagnosis and/or management plan based on new information and/or response to treatment.
12. Perform basic procedural skills relevant to clinical care.
13. Develop and apply an appropriate patient-centered and evidence-informed management plan, including pharmacologic and/or non-pharmacologic strategies, multidisciplinary care, patient self-management, and ensuring adequate follow up.
14. Develop and apply appropriate skills for triage and immediate intervention in acute and life-threatening situations.
15. Develop and apply appropriate skills to prevent harm in patients (e.g., correct ID, allergies, etc.).
16. Demonstrate continuity of care by following patients through time, and in different clinical settings.

COMMUNICATOR

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

COLLABORATOR

1. Participate effectively and appropriately as part of a multi-professional healthcare team.

2. Recognize and respect the diversity of roles and responsibilities of other healthcare professionals involved in the care of patients.

3. Enlist appropriate assistance and/or ensure transfer of care to an appropriate caregiver according to relevant ethical principles and policies.

LEADER

1. Utilize best practice and appropriate resources when making healthcare decisions.
2. Utilize information technology effectively for patient care.
3. Manage workload effectively.

HEALTH ADVOCATE

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

SCHOLAR

1. Utilize appropriate research appraisal strategies to aid in evidence-informed clinical decision making.
2. Demonstrate self-directed learning by implementing an effective personal learning strategy to obtain the requisite medical expert knowledge necessary to provide patient care.
3. Identify the principles of quality improvement and relate these to patient care and safety.

PROFESSIONAL

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

Information on literal descriptors for grading in the College of Medicine at the University of Saskatchewan can be found in the Pre-Clerkship Student Information Guide – Student Assessment Section

More information on the Academic Courses Policy on course delivery, examinations and assessment of student learning can be found at: http://policies.usask.ca/policies/academic-affairs/academic-courses.php NOTE: The College of Medicine a specific policies and procedures for course delivery, exams and assessment that can found on the Policies, Procedures and Forms page of the College of Medicine website.

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: https://teaching.usask.ca/about/policies/learning-charter.php

SLIC CONTACTS:

SLIC Director: Dr. Geoff Zerr – geoff.zerr@usask.ca (306) 229-6597

DME Dean: Dr. Tara Lee – tara.lee@usask.ca (306) 774-6772

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

Melfort: Dr. Mike Stoll – mbs413@usask.ca (306) 921-8177 fax (306) 686-8805

La Ronge: Dr. Laura Marshall – laurabaydamarshall@gmail.com (306) 425-2174 fax (306) 425-4199

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

Estevan: Kristin Dupuis – Kristin.dupuis@saskhealthauthority.ca (306) 637-2458 fax (306) 637-2490

Melfort: Mabel Ryhorchuk – mabel.ryhorchuk@saskhealthauthority.ca (306) 921-9386 fax (306) 752-2175

La Ronge: Janice Skilliter – Janice.skilliter@usask.ca (306) 425-6409 fax (306) 425-4199

CORE CLINICAL ROTATIONS CONTACTS:

Administrative Coordinators

Saskatoon Site: TBA – (306) 966-7693 fax (306) 966-2601

Regina Site: Nicole Gates Willick – Nicole.GatesWillick@saskhealthauthority.ca (306) 766-0559 fax (306) 766-4833

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

Administrative Assistants

Saskatoon Site: Barb Smith – b.r.smith@usask.ca (306) 966-8828 fax: (306) 966-2601

Regina Site: Randi Bodas –Randi.Bodas@saskhealthauthority.ca (306) 766-0558 fax (306) 766-0538

COURSE SCHEDULE

The course consists of 42 weeks of an integrated clinical experience with all major disciplines in one community. There will be an option to use two weeks of the 42 weeks at an alternate site to provide extra learning opportunities if necessary.

The La Ronge SLIC site is a hybrid site with North Battleford to ensure all of the clerkship objectives can be met. The SLIC students will start in La Ronge and spend 34 weeks acquiring the vast majority of their clerkship objectives at this site. Eight weeks will be spent in North Battleford to achieve the objectives in anesthesia, surgery, and obstetrics. The timing of the move to North Battleford will change on a yearly basis and will depend on the date of the June assessment week. If there are 2 weeks or less of clerkship after the assessment week, the SLIC students will move back to the urban site. If there will be more than 2 weeks, the students will return back to their SLIC site to finish their clerkship. The total duration in North Battleford is 8 weeks. Therefore, the date will be determined based on these factors.

SLIC students will complete the Selected Topics in Medicine Course (MEDC 308.16) longitudinally throughout the 42 weeks. The SLIC students will attend the assessment weeks, held in Regina and Saskatoon, scheduled from December 11-15, 2023 and June 10-14, 2024. The assessment weeks consist of lectures, small group sessions and simulation sessions covering a variety of topics. The OSCE is also held during an assessment week. Additionally, SLIC students will attend the Success in Medical School III (MEDC 311.0) at the beginning of year 3 during orientation at their home site and participate through online components throughout the year.

The Estevan SLIC students may be required to choose from a specified group of selectives for their Selective Clinical Rotations (MED 408.80) course in year 4. This is an interim solution until we can ensure that this site can consistently provide a learning experience with residents. The list of appropriate selectives for this group will be provided in the SLIC acceptance letter to the student.

INDEPENDENT LEARNING

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

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

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

COURSE RESOURCES

See each module for resources.
It is strongly recommended that you use the following resources (or similar general texts) as references. Relying on class notes alone will not typically be sufficient to meet your learning objectives. Individual Modules will have additional specific recommended or required resources.

It may be helpful to review websites such as http://www.choosingwiselycanada.org/recommendations/

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

COURSE DELIVERY

Students will learn through a variety of methods including:

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

FEEDBACK ON STUDENT PERFORMANCE

Student feedback is information regarding student performance that is offered with the express purpose of improving their learning and future performance.

The SLIC course is a practical course designed to develop and refine clinical skills. Feedback comes through a variety of sources, and in numerous ways, both formal and informal. The Site Director, preceptors, residents and other members of the health care team will be providing regular formative feedback to students to help them improve their skills. Students should also pro-actively seek out feedback, and be constantly reflecting, setting targets, and developing action plans for improvement and integration of feedback. Every interaction in this course is an opportunity for growth, and students are expected to thoughtfully reflect on feedback and use it constructively to improve their performance.

Formative feedback will also be provided on a weekly basis by using EPA's (entrustable professional activities) and cumulatively using formative ITARs every 6 weeks.

Summative feedback will be provided at the midterm (18 week) and end of rotation (40-42 week) with ITARs and through formal oral, written and OSCE exam.

Monitoring of time spent in clinical activities.

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

Students should notify administrative staff, Site Director, or the SLIC Director if their rotation schedule is

in violation of this policy. In addition, students can access the Program Feedback Tool to submit feedback in an anonymous fashion, should they wish instead. This will then be addressed by the SLIC Director.

COURSE MATERIAL ACCESS

Course materials are available in One45. The syllabus, forms, and other useful documents will be posted there. In some modules, Canvas will be used for the submission of assignments.

RECOMMENDED MEDICAL INSTRUMENTS

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

PPE (Personal Protective Equipment) is strongly encouraged and available in most patient areas. This is not limited to standard precautions which are the basic level of infection control which should be used in all patients all of the time.

COURSE ASSESSMENT OVERVIEW

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

ASSESSMENT COMPONENTS

Entrustable professional activities EPA (1-12):
Completion of appropriate EPAs is required to pass. A minimum of 3 EPA observations from EPA 1 through 12 are required per week.

The main objective of using EPAs is to continuously assess the 12 core activities deemed to be required on the first day of residency. EPAs are formative assessment tools that assist faculty to give feedback to students throughout their 2 years of clerkship as a way to develop skills and progress to being competent in the 12 entrustable activities. Some EPAs are more easily acquired than others but all are equally important. Therefore, it is the responsibility of the learner and faculty to constantly evaluate the student's learning goals and the current number of EPAs acquired with the goal of showing progression of competence and response to previous feedback as the dictator of which EPAs to focus on a day-to-day and a week-to-week basis. The competency committee will be assessing the number of EPAs, the narrative feedback and scoring to determine if there is evidence toward progression of competence throughout clerkship. If there are deficient EPA numbers, or concerns, the student will receive correspondence from their competency committee faculty with guidance on short term learning goals and which EPAs to focus on.

EPA 7-12: It will be the expectation that in a 3 month period students will obtain a minimum of 2 of each EPA 7-12, with the exception of EPA 10 (Health Quality Improvement). Students are required to obtain two of EPA 10 for the academic year.

Milestones determine the number of EPAs required:

Weekly: 3 EPAs
Every 6 weeks: 14 EPAs
By the midterm/18 weeks: 42 EPAs
End of SLIC/40-42 weeks: 98 EPAs
Incomplete EPAs: EPAs are reviewed regularly by the competency committee. If there is deficient numbers of EPAs the SLIC student will receive a letter from their competency committee faculty member. The expectation will be that the appropriate EPA numbers will be met by the next competency committee meeting and if not, the student will receive an informal professionalism form. If the EPAs are still incomplete after the 30 day period, this would prompt a meeting with the SLIC Director and Site Director.

In-training Assessment Report (ITAR):
SLIC students will be assessed on clinical skills of history taking and physical examination, ability to generate differential diagnoses, and management plans by supervisors. These assessments will be used to develop the formative ITAR every 6 weeks and the summative mid-point and final ITARs.

PASS (Peer & student support) group assessment

The Peer & Student support group assessment is an objective assessment performed by a University of Saskatchewan, College of Medicine faculty member from another community. The PASS faculty member will visit the community every 8-12 weeks. Their main objective is to provide educational support and mentorship for SLIC students and preceptors. They will also directly observe a clinical encounter and provide feedback. They can provide formative assessments by using EPAs. They can also provide the summative assessment for clinical presentation 1 and 2. After each visit, the PASS member will provide a short written summary to the primary preceptor regarding the clinical observation and assessment.

Their main goals will be to:

a) provide direct clinical observation of students and give feedback

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

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

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

Patient Panel Assignment

Establishing a Patient Panel is one of the best ways to facilitate the LIC principle of continuity of care. Similarly, continuity of care is the best way to facilitate clinical learning. All SLIC students must document their patient panel and provide an oral presentation to the Site Director guided by the patient panel rubric provided on One45. The patient panel assignment and rubric are based on the CanMEDS framework. It is worth 5% of the final grade. Primary preceptor(s) will help identify patients for the panel but it is the SLIC student's responsibility to seek out and document the recommended panel. With a few exceptions, clinical time can be rearranged to accommodate attendance at appointments with patients on the panel. Students will not be released from mandatory sessions to follow a patient on their panel, except in the case of labor and delivery for an obstetrics patient.

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

Recommended

PATIENT PANEL:

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

Community project & Critical Appraisal assignment

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

Community project

The steps involved in this project include:

- Identify a community need from a personal experience with a patient, the community or any other experience during a clinical scenario.

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

A submitted report should include:

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

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

The student is expected to make a presentation and submit a write-up (either a written report or PowerPoint) of the project to the Primary Preceptor and/or Site Director. The project is marked by a rubric that is available on One45.

Critical Appraisal Assignment

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

Clinical presentation assessment 1 & 2

A clinical oral examination is required during the first and second half of the SLIC. Each presentation will be 2.5% of the overall grade. The clinical presentation rubric is available on One45.* The student will have one hour for a history and physical examination of a patient, following which the findings along with a

presentation will be reviewed with the PASS preceptor/Primary preceptor. Components of the evaluation include: the ability to take a history and perform a physical exam, interpret findings and create a safe and appropriate differential diagnosis, knowledge of basic science, physiology and clinical features of the presenting illness, interpret investigations and discuss management at the clerkship level.

Interprofessional Collaboration

TBC on the Run is intended for learners from any health discipline interested in enhancing their ability to practice collaboratively. The modules facilitate learning that supports effective collaborative practice, which has been shown to optimize health services, strengthen health systems, and improve health outcomes.

It is an open access series of interactive 30-minute modules that can be accessed simply by setting up an account. Learners receive a certificate after completing each module. The modules are:

- Introduction to Interprofessional Collaboration
- Foundations of Team-Based Care
- Interprofessional Communication
- Patient/Client/Family/Community-Centred Care
- Role Clarification
- Team Functioning
- Interprofessional Conflict Management
- Collaborative Leadership for Shared Decision-Making

The goal of this module is to prepare you for learning opportunities designed to enhance your ability to practice collaboratively. This is a longitudinal module which will run throughout Year 3.

MODULE OBJECTIVES

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

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

STUDENT ASSESSMENT

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

Certificates will need to be submitted to the UGME office no later than 3 weeks prior to the end of Year 3. Failure to do so will be considered unprofessional and may result in an incomplete course component. Inter-professional Collaboration will be further assessed within the rotation ITARs as well as the OSCE.

Interpretive skills module

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

OSCE

There is one summative OSCE consisting of 8 stations that is scheduled for June 13th, 2024. For students who are not successful on the OSCE, there will be a subsequent OSCE scheduled June 25th, 2024 that will consist of ~16 stations. The OSCE is worth 23% of the overall grade and students must be successful to pass the 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. The cut score thus determined will be adjusted to a pass mark of 70%. The academic support team will work with students who are unsuccessful on the first OSCE to provide feedback on performance and develop a learning plan. Students who are unsuccessful on the first attempt at the OSCE will accrue one (1) GDP.

MIDTERM AND FINAL EXAMINATION SCHEDULING

Midterm and final examinations must be written on the date scheduled.
Students should avoid making prior travel, employment, or other commitments for in-term exams and final exams. If a student is unable to write an exam through no fault of their own for medical or other valid reasons, they should refer to the College of Medicine Deferred Exam policy and procedure.

EXAM PROCTORING

Exams will be completed in-person. The program may determine specific exceptional circumstances in which examinations during this course be delivered remotely. Exceptional circumstances will be reviewed by the Year Chair in consultation with the Academic Director, and the decision of the Year Chair will be final. Should remote delivery of an exam be approved, 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 Canvas they are also posted in Canvas. In the event of a discrepancy between the two versions, that posted on Canvas shall be taken to be correct.

COURSE POLICY FOR SUCCESSFUL COMPLETION AND REMEDIATION

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

1. Obtain a minimum of "Meets Expectations" on all categories on the final ITAR.
2. Obtain a passing mark on the OSCE.
3. Obtain a cumulative mark of at least 70% on all the remaining course components (excluding the final ITAR and OSCE).

4. Obtain a passing mark on all NBME/Written exams

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

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

A student whose performance is not meeting expectations at the six or twelve week formative assessments will be considered to have academic concerns, will be required to meet with a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Site Director; and SLIC Course Director from a different rotation), and the Academic Support Specialist to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Affairs representative present if desired.

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

In the event of a failure of any one of the above four course components, a student may be offered remediation and supplemental assessment. Failure of two or more course components may result in an automatic failure of the SLIC. Upon failure of a course component, the student will be deemed to be experiencing academic difficulty. A student in academic difficulty will meet with a group consisting of the student, Year 3 Chair (or designate), Site Director, SLIC Director, and a relevant rotation director (or designate) to develop a remediation plan as well as a plan for supplemental assessment. The student is encouraged to invite a Student Affairs representative to this meeting if desired.

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

b. Failure to attain a cumulative mark of at least 70% on all the course components (excluding the final ITAR and OSCE): Students who have not met the passing requirement of a combined average of at least 70% across all course components (excluding the final ITAR and OSCE) will follow these steps. An initial remediation meeting will be scheduled with the purpose of determining the length and objectives of the remediation plan. The

remediation plan will include frequency of assessments, passing requirements and a set end date to the remediation plan where the student would be deemed to have been successful or require further remediation time. The remediation period will not typically extend past the first 6 weeks of the Year 4 period, and students granted remediation will typically be delayed in starting Year 4 electives. Students may also request to use vacation time to remediate; this will be considered on a case-by-case basis.

c. Failure of the OSCE: Students who have not met the passing requirement for the summative OSCE will accrue a 1.0 grade deficit point and follow these steps: An initial remediation meeting will be scheduled with the purpose of determining the length and objectives of the remediation plan. The remediation plan will include frequency of assessments, passing requirements and a set end date to the remediation plan where the student would be deemed to have been successful or require further remediation time. The remediation period will not typically extend past the first 6 weeks of the Year 4 period, and students granted remediation will typically be delayed in starting Year 4 electives. Students may also request to use vacation time to remediate; this will be considered on a case-by-case basis.

Completion of all assignments: Students are required to complete all assignments. Please see the "Undergraduate Assignment Submission Policy" and "Professionalism" for further information regarding this component. Completion of 6.2 logs: Completion of 6.2 logs is required to pass. Failure to do so will result in a failure of the SLIC. Review of the 6.2 logs will be done weekly and every 6 weeks with the formative ITAR. At the mid-point ITAR, if there are persistent deficiencies in the 6.2 logs an assignment of alternative experiences will be created. This will be followed up at each 6 week formative ITAR. At the last formative ITAR (36 weeks) it will be determined, by the Site Director in consultation with the SLIC Director, if the student will require alternative experiences at another center that can provide the clinical exposure needed to fulfill the 6.2 logs. These exposures can be provided between the 40-42 weeks of the SLIC with the expectation to complete the 6.2 logs or alternate experiences by the end of the 42 weeks.

Exam Remediation: A student who fails his or her first attempt on an NBME or Written Exam should meet with the Site Director to discuss what his or her areas of weakness are and how/what the student is studying/preparing. If a student fails his or her second attempt ("supplemental"), they will accrue a 1.0 grade deficit point. As per Section 6 (above), a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); Site Director and SLIC Director) will meet to determine a course of action, which may include either (1) remediation and additional supplemental NBME/written exam, or (2) a FAILED SLIC secondary to additional deficits identified in the SLIC which may include, but are not limited to, clinical performance or professionalism. The student will be invited to attend this meeting and is encouraged to invite a Student Affairs representative to be present, if desired.

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

A maximum of one remediation attempt/supplemental assessment on any examination component will routinely be offered. If a student fails the supplemental exam assessment (NBME or written exam), a course sub-committee of at least 3 people (made up of the Year Chair (or designate); Relevant Rotation Coordinator (or designate); Site Director; and SLIC Director will meet to determine a course of action, which may include either (1) an additional supplemental assessment, or (2) a FAILED SLIC secondary to additional deficits identified in the SLIC which may include, but are not limited to, clinical performance or professionalism.. (see "Exam Remediation" below). A student may be deemed to have failed the SLIC based on their clinical performance alone.

Students who are not promoted on the basis of being unsuccessful in the course, will receive a grade of "F" on their transcript.

Further decisions regarding academic outcomes will be adjudicated by the Clerkship Promotions Committee and the Student Academic Management Committee.

Professionalism: Students can be deemed unsuccessful on any course assessment for not achieving course expectations of professionalism. This would include, but is not limited to, any unapproved absences from a mandatory session, and/or submission of late assignments. Students failing to meet professional expectations in the course should anticipate a meeting with the primary preceptor and/or Site Director and the SLIC Director to discuss the concern, which may result in associated documentation. For further information on professionalism, please refer to the UGME Procedures for Concerns with Medical Student Professional Behaviour. http://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php

Table I: Grade Deficit Point Allocation

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

Written Assessments:
SLIC students will write knowledge-based examinations in the eight core content areas. Four of these (Internal Medicine, Obstetrics and Gynecology, Pediatrics and Psychiatry) will utilize NBME examinations (detailed below), and four (Family Medicine, Anesthesia, Surgery, and Emergency Medicine) will utilize examinations specifically developed by the University of Saskatchewan departments. Additional formative examinations will be written upon confirmation with individual rotation coordinators. The exams will be administered by the SLIC administrators in the SLIC community**.** In addition, bathroom/monitoring proctors are required to accompany students one at a time on all personal breaks. Supplemental or

deferred examinations (due to failure, illness, personal or family emergencies, etc.) will be scheduled as needed. Students must let their preceptors know that they will be away from clinic if they are writing an exam on the supplemental date.

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

NBME

NBME exams are in a web-based format. The pass mark on the NBME is set at a 60%; no exceptions. As all other pass marks within rotations are set at 70%, a student's actual NBME mark will be adjusted upon successful completion of the NBME to reflect the 70% pass condition specified within the rotation. This adjustment will be made in order to allow the NBME to count towards the SLIC final mark.

Written Exams

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

The College of Medicine is currently developing rotation-based exams for each of the Core Rotations that currently have a NBME. Please note that for the 2023/2024 academic year, students may be required to write a pilot rotation exam in addition to the NBME. This will provide formative feedback only and will not be included in the summative assessment of the student, nor will performance on these pilot rotation examinations contribute to GDP accumulation. Students will receive specific information regarding additional rotation exams during the rotation orientation.

Examsoft

All students are responsible for maintaining a laptop compatible with Examsoft for the entire Clerkship Year 3. At the start of any rotation that includes an Examsoft exam, students must verify their laptop is up-to-date with OS updates and Examplify updates. If there are issues, they should immediately contact the Medicine IT specialist in charge of Examsoft and get help well in advance of any Examsoft exam. Students are required to prepare and present a laptop to write any Examsoft exam.

Exam Timing

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

Exam Deferral

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

A written (email) request must be sent to the SLIC Director and/or Site Director with a copy to the Clerkship Administrator at the appropriate site. Any exams not requested in this manner will be held on the usual set date. If a student does not attend on that date, and a request for deferral has not been sent, the student will receive a failing grade and be required to rewrite.

ASSESSMENT REVIEW

Students will not be provided opportunity to view their examination questions/papers as part of a group or individual review process. In the event of specific module or exam failure, a student may contact the appropriate Module Director, Course Director or Course Chair to arrange an opportunity to identify concepts or content areas where difficulty was experienced during the examinations.

ATTENDANCE EXPECTATIONS

All academic sessions in Clerkship are mandatory.

Unexplained absences will be treated very seriously and considered unprofessional conduct. These absences may be reflected in the final grade and may constitute grounds for failure of the rotation, even if the student has passed other assessments. Students should contact their preceptor and the administrative coordinator as soon as they know they will be absent from their duties, clinical or academic.

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

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

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

CLERK DUTIES/EXPECTATIONS

Professionalism

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

Charting

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

Referral Letters

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

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

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

If the student on-call has performed assessments in the emergency room or delivery suite after 2300 H, the student is relieved from clinical and educational responsibilities by noon the following day. The student must inform his or her preceptor before departing from any scheduled clinical or educational activities post-call.

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

There are standard topics provided by each discipline that will be attended via webex or teleconference by SLIC students. A teaching sessions schedule will be provided at the beginning of the SLIC. Attendance at these sessions is mandatory. Scheduling the discipline specific teaching sessions should be guided by the individual exam schedule created by the SLIC student with support from the Site Admin.

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

Discipline Specific Learning Objectives:

ANESTHESIA

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

ANESTHESIA OBJECTIVES

By the end of the SLIC, clerks will be expected to:

MEDICAL EXPERT

1. Perform an appropriate observed, family and patient-centered history on a patient.
2. Perform an appropriate observed and focused physical examination.
3. Perform a thorough assessment of the upper and lower airway including, but not limited to, Mallampati Classification and Cormack-Lehane Laryngeal Grade.
4. Interpret results of appropriate and evidence-informed diagnostic tests in the perioperative evaluation of patients.
5. Present a focused problem list and assign an appropriate ASA physical status based on the patient assessment.
6. Determine which medications to continue or to hold preoperatively (e.g., antihypertensives, antiarrhythmics; anticoagulants, oral antihyperglycemics).
7. List the recommended preoperative fasting guidelines and risk factors for perioperative aspiration.
8. Counsel a patient regarding smoking cessation and its benefits within the perioperative context.
9. Develop an anesthetic plan from suitable options for a given patient (e.g., General anesthetic, neuraxial anesthetic, regional anesthetic, MAC).
10. Describe the anatomic and physiologic changes of pregnancy and its impact on anesthetic management.
11. Outline the anesthetic considerations in the pediatric patient and describe their impact on anesthetic management.
12. Illustrate the main therapeutic properties and side effects of the following drug classes. Examples in parentheses.

    a) Benzodiazepines (lorazepam, diazepam, midazolam)
    b) Opioids (fentanyl, sufentanyl, morphine, hydromorphone)

c) Intravenous anesthetic agents (propofol, ketamine, dexmedetomidine)
d) Inhalational anesthetic agents (sevoflurane, desflurane)
e) Muscle relaxants (succinylcholine, rocuronium)
f) Local anesthetic agents (lidocaine, bupivacaine, ropivicaine)
g) NSAIDS (Ibuprofen, celecoxib)
h) Vasoactive agents (phenylephrine, ephedrine)
i) Antiemetic agents (dexamethasone, ondansetron, metoclopramide)
j) Neuromuscular reversal agents (neostigmine, suggamadex)

13. Explain equianalgesic dosing of opioids and apply an appropriate dosing strategy of opioids in the perioperative period.
14. Demonstrate and interpret twitch monitoring in a patient with neuromuscular blockade.
15. Summarize the differences between amide and ester local anesthetics and list the maximum recommended dosages of common local anesthetics (Lidocaine and Bupivicaine).
16. Describe the signs and symptoms of local anesthetic toxicity and outline the initial management.
17. Demonstrate an appropriate preoperative fluid status assessment based on combined history, physical examination, and laboratory investigations.
18. Describe the physiologic and pathophysiologic routes of fluid loss in the perioperative setting.
19. Successfully insert a peripheral intravenous catheter.
20. List the major components of the commonly-used crystalloid fluid solutions.
21. Select an appropriate fluid and electrolyte replacement strategy based on anticipated and realized patient fluid and electrolyte deficits, ongoing losses, and maintenance requirements.
22. Define the indications and complications of the various blood products (PRBC's, FFP, Platelets).
23. Discuss the considerations when deciding to transfuse a blood product.
24. Explain multimodal analgesia.
25. Describe the advantages and limitations of commonly used pain modalities: Patient-controlled analgesia (PCA), epidural analgesia, peripheral nerve block.
26. Evaluate a patient's pain status using recognized assessment tools.
27. Observe the insertion of an epidural.
28. Participate in the placement of a spinal block.
29. Discuss tailored analgesia strategies in the chronic pain patient presenting for surgery.
30. Utilize the predictors of difficulty in execution of each of the following: Bag-mask ventilation, LMA placement, direct laryngoscopy and intubation.
31. Successfully bag-mask ventilate an unconscious patient.

32. Recognize the signs of upper airway obstruction and demonstrate the appropriate corrective maneuvers: Placement of oral and nasal airways, head repositioning, jaw thrust and chin lift maneuvers.
33. Successfully insert and confirm correct placement of an LMA under direct supervision.
34. Independently prepare the appropriate equipment for intubation.
35. Participate in laryngoscopy and endotracheal intubation for an anesthetized patient under direct supervision.
36. Independently recognize the signs of unsuccessful endotracheal intubation.
37. Identify the indications for endotracheal intubation and associated short-term and long-term complications.
38. Participate in the resuscitative effort in a supportive role under the direction of the supervising anesthetist.
39. Demonstrate knowledge of proper patient assessment during an emergency using an ABC approach.
40. Apply ECG leads and BP cuff to the patient with minimal required supervision.
41. Describe the risk factors, prevention and management of postoperative nausea and vomiting.

COMMUNICATOR

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

COLLABORATOR

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

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

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

RESOURCES

Required Reading & Primary Reference Text:

Ottawa Anesthesia Primer, Patrick Sullivan

This book is available in the Department of Anesthesia Library and may be borrowed while on this rotation. All sites have physical copies of the book for you to borrow. They can be signed out by contacting the rotation administrator. Please consider purchasing the electronic copy which is available for $10.00-$15.00 in the Apple store and other electronic book providers.

Supplemental / Optional Reference Textbooks

Medical Students (2nd Edition May 2, 2019) (U of T Clerkship Manual), Ahtsham Niazi & Clyde Matava
This book is available free in the iTunes bookstore.

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

Understanding Anesthesia: A Learner's Guide, Karen Raymer
This book is available for free in the iTunes bookstore. It is also available for free in PDF format at https://understandinganesthesia.ca/.

EMERGENCY MEDICINE

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

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

EMERGENCY MEDICINE OBJECTIVES

By the end of the SLIC, clerks will be expected to:

MEDICAL EXPERT

1. Select and interpret relevant diagnostic tests in the evaluation of patients with a core EM presentation (see list 1).

2. Develop and refine a differential diagnosis based on clinical information and results from investigations for the core EM presentations (see list 1).

3. Develop and discuss appropriate plans for the management of patients with the core EM conditions (see list 2).

4. Develop and apply appropriate triage skills in the identification of patients with life-threatening conditions.

5. Develop skills to provide appropriate resuscitation to acutely unwell patients and those with immediately life threatening presentations.

6. Determine appropriate disposition for patients (admit versus discharge), and ensure appropriate disposition plans for discharged patients.

7. Discuss advantages and disadvantages of pharmacologic and non-pharmacologic treatment modalities based upon the patient's context and issues.

8. Interpret each of the following: anion gap, osmolar gap, bone/joint x-ray, Chest x-ray, Abdominal x-ray, ECG, VBG or ABG.

9. Administer appropriate local anaesthetic and perform minor wound closure.

10. Analyze the process of triage and prioritization of care.

COMMUNICATOR

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

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

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

4. Communicate in a culturally competent and sensitive manner.

5. Participate in obtaining informed consent.

COLLABORATOR

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

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

LEADER

1. Manage workload effectively.

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

HEALTH ADVOCATE

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

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

SCHOLAR

1. Practice evidence informed medicine.

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

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

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

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

PROFESSIONAL

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

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

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

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

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

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

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

Suture Lab (Mandatory)

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

Will be done during clerkship orientation.

Core Cases (Mandatory)

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

The purpose of the paper cases is to discuss subject areas that you may not see during your clinical shifts, given the unpredictability of the ED. Theses sessions will usually occur during opportune times while in the ER with your preceptor.

RESOURCES

Online resources

https://flippedemclassroom.wordpress.com

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

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

http://aliem.com (blog)

http://canadiem.org (blog)

http://first10em.com (blog)

http://emin5.com (podcast)

http://embasic.org (podcast)

http://thesgem.com (podcast)

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

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

- Available on one45 as a pdf

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

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

Emergency Medicine Student Guide to Oral Presentations

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

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

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

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

Clerkship Directors in Emergency Medicine Website: CDEMcurriculum.com.

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

FAMILY MEDICINE

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

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

FAMILY MEDICINE OBJECTIVES

By the end of the SLIC, clerks will be expected to:

MEDICAL EXPERT

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

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

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

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

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

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

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

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

9. Identify the four principles of family medicine.

10. Describe how the four principles of family medicine differ from other specialities.

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

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

13. Discuss reportable illnesses.

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

COMMUNICATOR

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

COLLABORATOR

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.
3. Collaborate with appropriate community resources and other professional services such as OT, social work, public health nurse, etc.

LEADER

1. Manage workload effectively.

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

HEALTH ADVOCATE

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

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

SCHOLAR

1. Practice evidence informed medicine.

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

PROFESSIONAL

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

Family Medicine Lists (referenced above)

Core Family Medicine Presentations (List 1)
Abdominal Pain, Joint Pain, Chest Pain, Syncope/Vertigo, Fever, Fatigue, Dyspnea/Cough, Headache, Low Back Pain

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

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

RESOURCES

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

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

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

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

INTERNAL MEDICINE

Core IM Conditions/Diseases (List 1)

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

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

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

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

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

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

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

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

Infectious Disease: Infections of Bodily Systems; HIV

Miscellaneous: The Dying Patient; Skin Rash/Ulcer

Core Internal Medicine Problems/Symptoms (List 2)

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

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

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

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

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

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

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

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

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

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

INTERNAL MEDICINE OBJECTIVES

MEDICAL EXPERT

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

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

3. Define accurately common and life threatening Internal Medicine conditions and their associated epidemiology. (List 1)

4. Describe the pathophysiology and clinical features of common and life threatening Internal Medicine conditions. (List 1)

5. Select and interpret necessary investigations required to confirm the diagnosis of common and life threatening Internal Medicine conditions (List 1) and consider their costs, contraindications and characteristics (sensitivity and specificity). (List 2)

6. List the common complications of common and life threatening Internal Medicine conditions. (List 1)

7. Develop a management plan for common and life threatening Internal Medicine conditions based on evidenced informed medicine. (List 1)

8. Develop and apply appropriate skills for triage and immediate intervention in acute, life-threatening situations (safety first).

9. Develop and apply appropriate skills to prevent harm in patients (correct ID, allergies, drug interactions, etc) (harm prevention).

COMMUNICATOR

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

COLLABORATOR

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

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

1. Practice evidence informed medicine.
2. Identify and utilize appropriate evidence based resources and critical appraisal strategies in self-directed learning.
3. Participate in the education of patients, family members and other health care team members in a respectful manner.
4. Describe principles of quality improvement and how they relate to patient care and safety.

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

PROFESSIONAL

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

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

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

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

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

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

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

RESOURCES

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

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

Longo 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

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

Davidson's Essentials of Internal Medicine

Useful handbooks to keep in the pocket of your White Coat:

Essentials of Internal Medicine. Talley, Frankum & Currow

The Washington Manual of Outpatient Internal Medicine

OBSTETRICS AND GYNECOLOGY

The Obstetrics and Gynecology objective is to provide basic experiences that will enable SLIC students to understand and apply the knowledge and skills in women's healthcare to provide excellent reproductive care for women throughout their career. Expectations of learning and evaluation are the same regardless of where the rotation is completed.

Core Obstetrical Presentations (List 1)

Uncomplicated pregnancy including prenatal screening.

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

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

Uncomplicated Delivery

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

Uncomplicated Post-Partum Care

Core Gynecological Presentations (List 2)

Abdominal Pain

Hirsutism and Virilization

Endometriosis, Infertility

Abnormal Bleeding – Dysmenorrhea, Dysfunctional Uterine Bleeding

Urinary Incontinence

Vaginal Discharge

Amenorrhea, Delayed Menarche, Premenstrual Syndrome, Menopause

Contraception

Ovarian Tumors – Benign and Malignant

Uterine Cancer, Cervical Cancer, Vulvar Conditions – Benign, Pre-Malignant, Malignant

OBSTETRICS AND GYNECOLOGY OBJECTIVES

By the end of the SLIC, the clerk will:

MEDICAL EXPERT

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

26. Manage, with assistance, a patient with abnormal bleeding.

COMMUNICATOR

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

COLLABORATOR

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

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

1. Demonstrate insight into one's own limitations and identify and access resources to promote ongoing learning and personal wellness.
2. Demonstrate application of ethical principles in the clinical decision-making process, including maintaining patient confidentiality, privacy and autonomy.
3. Provide culturally safe and respectful care to all patients, including Indigenous populations.

4. Demonstrate appropriate professionalism skills such as: respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.
5. Project a professional image in dress, manner, speech and interpersonal relationships that is consistent with the expectations for a physician.
6. Recognize and be sensitive to self-limitations and biases; ensure that these do not intrude on patient care.
7. Follow up on patients regularly and review investigations in a timely manner to provide safe, competent care.

RESOURCES

Textbooks

Hacker and Moore's Essentials in Obstetrics and Gynecology, Neville F. Hacker et al. (most recent edition)

Beckmann and Ling's Obstetrics and Gynecology- Eighth Edition

Websites

SOGC (Society of Ob/Gyne of Canada) www.sogc.org

ACOG (American College of Ob/Gyne) www.acog.org

WHO (World Health Organization) www.who.int/en

Health Canada www.hc-sc.gc.ca

CDC (Center for Disease Control) www.cdc.gov

PEDIATRICS

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

Core Pediatrics Presentations

1. Pallor (Anemia)
2. Bruising and Bleeding
3. Lymphadenopathy
4. Respiratory Symptoms – Cough, Wheeze, Stridor, Acute Respiratory Distress
5. GI Symptoms – Vomiting, Diarrhea, Constipation, dysphagia and appetite loss
6. Abdominal pain and abdominal mass
7. Edema
8. GU Symptoms – Polyuria/Nocturia, Dysuria, Hematuria, Frequency/Urgency
9. Limp with/without extremity pain
10. Rash
11. Fever
12. Heart Murmur
13. Headache
14. Head and Neck Symptoms – Otalgia, Pharyngitis, sinusitis, mouth pain, red eye, vision changes, strabismus, and amblyopia
15. Dehydration
16. Acute CNS Symptoms – Altered Level of Consciousness, Seizures, paroxysmal events (BRUE)
17. Acutely ill neonate and child
18. Inadequately explained pediatric injuries
19. Disorders of growth
20. Care of a Child with a chronic Illness/complex care
21. Development, behavioral and learning problems.
22. Care of the well child
23. Specific issues pertaining to the care of the adolescent patient
24. Common clinical disorders in newborns
25. Jaundice in neonates
26. Dysmorphic facial features and congenital anomalies

PEDIATRICS OBJECTIVES

By the end of the SLIC, the Clerk will:

MEDICAL EXPERT

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

   Positioning and immobilizing the pediatric patient

   Optimization of patient comfort

   Measuring height, weight and head circumference

   Taking a complete set of vital signs

   Assessing hydration status

   Examining for dysmorphic features

   Tanner staging

   Identification and interpretation of both positive and negative findings on physical examination
3. Develop an initial working diagnostic hypotheses based upon history and physical examination findings.
4. Provide a diagnostic work-up of patients with a core Pediatric presentation.
5. Select and interpret appropriate diagnostic tests using evidence informed decision making.
6. Determine the relative appropriateness and necessity of such tests based upon the working diagnostic hypotheses, considering the patient and family preferences and risk tolerance.
7. Develop a reasoned and reliable approach to a differential diagnosis of Core Pediatric Presentations.
8. Integrate relevant elements of clinical information and diagnostic tests in the evaluation of patients with a core Pediatric presentation to arrive at the final presumptive diagnosis.
9. Develop appropriate plans for the management of patients with the Core Pediatric Presentations listed above, while also considering the patient's background and family context.
10. Discuss the pathophysiology, epidemiology, natural history, clinical presentation and prognosis of common Core Pediatric Presentations.
11. Develop appropriate therapeutic intervention plans, using both pharmacological and non-pharmacological techniques as appropriate to the diagnosis, within the context of the patient and family-centered approach to care.
12. Revise and re-evaluate the presumptive diagnosis and/or treatment plan based on new information and/or response to treatment.
13. Demonstrate the ability to perform 'Well Child Care' for a newborn, infant, toddler, school age child and adolescent.

14. Demonstrate anticipatory guidance for pediatric patients and tailor it according to specific age categories in the following areas.
    - Immunizations
    - Safety
    - Growth
    - Nutrition [appropriate diet and sequencing of feeding advancements in infants]
    - Development
    - Mental Health and behavior
    - Literacy/Digital health
15. Describe and when appropriate apply how health promotion and public health principles apply to clinical care in pediatrics.
16. Develop and apply appropriate skills to prevent harm in patients both in the medical and non-medical settings.
17. Demonstrate proficiency in basic procedural skills relevant to pediatric clinical care as documented in the 6.2 Pediatric Clinical Learning Experiences logs.**

COMMUNICATOR

1. Maintain clear, accurate, and appropriate records of clinical encounters.
2. Present clinical encounters/patient presentations effectively including differential diagnoses, management plans and disposition.
3. Communicate in a language easily understood by patients and family members.

    a) Communicate with pediatric patients at a level appropriate for age and development.
4. Communicate in a culturally competent and sensitive manner.
5. Identify clinical situations where assistance from appropriate health care services (e.g., Language translation, Child Life and Social Work services) is required for appropriate communication with the patient and/or family.
6. Participate in obtaining informed consent.
7. Communicate care plan effectively to third parties, pediatric patients, and care givers.
8. Recognize issues pertaining to disclosure of pediatric patient health information

COLLABORATOR

1. Collaborate with members of the health care team to provide safe, comprehensive care for patients.
2. Recognize and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.
3. Identify the role of healthcare services specific to pediatrics (e.g., Child Life Services) in the provision of care to pediatric patients.

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

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

RESOURCES

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

http://cards.ucalgary.ca. Cards are free, open-access clinical pediatric cases based on current MCC objectives and developed by pediatricians involved in undergraduate pediatric education. Hosted by University of Calgary Website

Textbooks

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

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

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

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

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

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

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

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

Journals

Pediatrics
Journal of Pediatrics
Pediatrics in Review

Additional Resource Material

As referenced in handouts for Clerkship seminars.

PSYCHIATRY

PSYCHIATRY OBJECTIVES

Core Psychiatric Presentations (List 1)

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

By the end of the SLIC, the clerk will:

MEDICAL EXPERT

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

17. Identify the elements of capacity.
18. Promptly identify emergency situations and respond appropriately.

COMMUNICATOR

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

COLLABORATOR

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

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

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

PROFESSIONAL

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

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

Goals for Students

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

RESOURCES

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association

Kaplan and Sadock's Concise Textbook of Clinical Psychiatry, Benjamin J and Virginia A Sadock – Available online through the U of S Library

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

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

McMaster University Psychotherapy e-Resource (PTeR)

Videos for Psychiatric Interview and Mental Status Exam:
https://www.youtube.com/results?search_query=university+of+nottingham+psychiatric+interviews+for+teaching

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

Regina
Psychiatric Interview Book
Department of Psychiatry, Regina Mental Health
Student Resource Handbook, College of Medicine Psych. Library/Reference
Clerk Manual (created of Regina Psychiatry)
McMaster University Psychotherapy e-Resource (PTeR)

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

SURGERY

Core Presentations and Conditions
Core Surgical Presentations (List 1)

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

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

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

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

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

Core Surgical Conditions (List 2)

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

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

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

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

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

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

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

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

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

SURGERY OBJECTIVES

By the end of the SLIC, the clerk will:

MEDICAL EXPERT

1. Discuss the pathophysiology, epidemiology, natural history and prognosis of the core surgical conditions (see list 2).
2. Perform an appropriate and focused observed patient and family-centered history for patients with a core surgical presentation (see list 1).
3. Perform an appropriate and focused observed patient-centered physical examination for patients with a core surgical presentation (see list 1).
4. Propose a diagnostic work-up for patients with a core surgical presentation (see list 1).
5. Interpret relevant diagnostic tests in the evaluation of patients with a core surgical presentation (see list 1).
6. Synthesize clinical and laboratory/diagnostic data to develop a differential diagnosis for a patient with a core surgical presentation (see list 1).
7. Manage the results of common pre-operative laboratory investigations prior to surgery.
8. Identify patients with life-threatening conditions and urgently initiate appropriate management.
9. Develop an appropriate management plan for a patient with a core surgical condition (see list 2).
10. List the indications for surgical referral (see List 2).
11. Identify patients at risk of post-operative complications based on their perioperative comorbidities and the surgical procedure performed.
12. Apply venous thromboembolism prophylaxis, antibiotic prophylaxis, and fasting guidelines for surgical patients.
13. Manage the fluid and electrolyte needs of surgical patients such as: dehydration, fluid overload, hyperkalemia, hypokalemia, hypercalcemia, hyperglycemia and hypoglycemia.
14. Perform proper scrubbing, gowning and gloving.
15. Perform aseptic technique and maintain sterility during assistance or performance of surgical procedures.
16. Demonstrate basic skills in the use of common surgical instruments (forceps, scalpel, retractor, suction, electrocautery, needle driver, scissors,).
17. Appropriately administer-local anaesthetic for procedures, applying knowledge of it's indications, contraindications and toxicities.
18. Perform (under supervision) the following procedures:

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

19. Perform the diagnostic work-up for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venous thromboembolism.

20. Perform the initial management for common post-operative conditions/complications, such as: fever, wound infections/problems, delirium, shortness of breath, chest pain and venous thromboembolism.

COMMUNICATOR

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

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

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

4. Communicate in a culturally competent and sensitive manner.

5. Explain the importance of informed consent and be able to list and explain the components of informed consent for a surgical procedure (explanation of the proposed treatment/procedure, benefits, risks, expected outcomes, alternative treatments, consequences of no treatment, answering of questions, documentation).

6. Explain the importance of informed consent and be able to list and explain the components of informed consent for administration of blood products.

COLLABORATOR

1. Collaborate effectively with patients, families/caregivers, and healthcare team members to provide safe, comprehensive care for patients.
2. Describe and respect the diversity of roles of all members of the interdisciplinary team and their respective expertise.

LEADER

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

HEALTH ADVOCATE

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

SCHOLAR

1. Practice evidence informed medicine.
2. Utilize appropriate evidence-based resources and critical appraisal strategies.
3. Appropriately participate in the education of patients, family members and other health care team members.
4. Describe the principles of quality improvement and how they relate to patient care and safety.
5. Develop specific, appropriate objectives for subsequent patient encounters based on personal reflection and/ or preceptor feedback.

PROFESSIONAL

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

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

RESOURCES

The following four textbooks are recommended as primary resources:

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

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

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

Sheth, Neil and J Lonner. *Gowned and Gloved Orthopedics: Introduction to Common Procedures.* Philadelphia, PA, Saunders Elsevier (1st Ed), 2009

The following musculoskeletal physical examination videos will serve as resources for the Orthopedic Surgery component of your rotation. These should be watched prior to, or at the beginning of, your Orthopedic Surgery rotation. They are posted to Canvas.

Hip examination with Dr. Lutz

Knee examination with Dr. Buchko

Shoulder examination with Dr. Sauder

Spine examination with Dr. Spiess

Pediatric MSK examination with Drs. Dzus and Mortimer

Basic hand examination with Dr. Thomson

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

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

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

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

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

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

IMPORTANT AND RELEVANT STUDENT INFORMATION

The following information is extremely important for your success in medical school. Please refer to the UGME Policies page and the Student Information Guide for the following policies:

UGME CONTACT INFORMATION

EMAIL COMMUNICATIONS

ETHICS AND PROFESSIONALISM

PROGRAM EVALUATION

GUIDELINES FOR PROVIDING FEEDBACK

EMERGENCY PROCEDURES

MD PROGRAM ATTENDANCE POLICY

ASSESSMENT POLICY

PROMOTION STANDARDS

CONFLICT OF INTEREST

NON-INVOLVEMENT OF HEALTH CARE PROVIDERS IN STUDENT ASSESSMENT

APPEALS PROCEDURES

STUDENT DISCRIMINATION, HARRASSMENT, AND MISTREATMENT PROCEDURE

ACCOMMODATION OF STUDENTS WITH DISABILITIES

TECHNICAL STANDARDS – ESSENTIAL SKILLS AND ABILITIES REQUIRED FOR THE STUDY OF MEDICINE https://medicine.usask.ca/policies/com-technical-standards.php#relatedForms

OFFICE OF STUDENT AFFAIRS

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

UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY

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

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

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

Any late assignments not submitted by 23:59 on the third day will receive a mark of 0%. After this period, all mandatory assignments must still be submitted, or the student will be deemed to be missing a course

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

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

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

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[1] Canvas routinely updates their systems on certain Wednesday evenings. In the event that Canvas is down for scheduled maintenance or due to technical difficulties, assignments are to be submitted by 0900 the following morning.

CITATION FORMAT

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

PROFESSIONALISM

Students can be deemed unsuccessful on any course assessment for not achieving course expectations of professionalism. This would include, but is not limited to, any unapproved absences from a mandatory session, and/or submission of late assignments. Students failing to meet professional expectations in the course should anticipate a meeting with the Module/Course Directors and/or Year Chair to discuss the concern, which may result in associated documentation. For further information on professionalism, please refer to the UGME Procedures for Concerns with Medical Student Professional Behavior.
http://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php

RECORDING OF THE LECTURES

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

Please remember that course recordings belong to your instructor, the University, and/or others (like a guest lecturer) depending on the circumstance of each session and are protected by copyright. Do not download, copy, or share recordings without the explicit permission of the instructor.

For questions about recording and use of sessions in which you have participated, including any concerns related to your privacy, please contact the UGME administrative coordinator for this course. More information on class recordings can be found in the Academic Courses Policy https://policies.usask.ca/policies/academic-affairs/academic-courses.php#5ClassRecordings.

REQUIRED VIDEO USE

At times in this course, you may be required to have your video on during video conferencing sessions, to support observation of skills, to support group learning activities, or for exam invigilation. It will be necessary for you to use of a webcam built into or connected to your computer.

For questions about use of video in your sessions, including those related to your privacy, contact your instructor.

COPYRIGHT

Course material created by your professors and instructors is their intellectual property and **cannot be shared without written permission**. This includes exams, PowerPoint/PDF lecture slides and other course notes. If materials are designated as open education resources (with a creative commons license) you can share and/or use them in alignment with the CC license. Other copyright-protected materials created by textbook publishers and authors may be provided to you based on license terms and educational exceptions in the Canadian Copyright Act.

You are responsible for ensuring that any copying or distribution of materials that you engage in is permitted by the University's "Use of Materials Protected By Copyright" Policy. For example, posting others' copyright-protected materials on the open internet is not permitted by this policy unless you have copyright permission or a license to do so. For more copyright information, please visit https://library.usask.ca/copyright/students/index.php or contact the University Copyright Coordinator at copyright.coordinator@usask.ca or 306-966-8817.

INTEGRITY

The University of Saskatchewan is committed to the highest standards of academic integrity (https://academic-integrity.usask.ca/).

Students are urged to read the Regulations on Academic Misconduct and to avoid any behaviours that could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence.

For help developing the skills for meeting academic integrity expectations, see: https://academic-integrity.usask.ca/students.php

Students are encouraged to ask their instructors for clarification on academic integrity requirements.

Students are encouraged to complete the Academic Integrity Tutorial to understand the fundamental values of academic integrity and how to be a responsible scholar and member of the USask community (tutorial link: https://libguides.usask.ca/AcademicIntegrityTutorial).

Assignments in this course are designed to support your learning and professional development, and the work you submit should demonstrate your own knowledge and understanding of the subject matter. Artificial intelligence text generator tools (also known as large language models, such as ChatGPT or similar), are not permitted to be used in any assessments for this course, unless permission is explicitly given in the assessment instructions that these tools may be used. Any unauthorized use of such tools is considered academic misconduct.

When the assignment instructions allow use of Artificial Intelligence text generator tools, students are required to disclose the use of the tools and explain how the tool was used in the production of their work. Disclosure on the use of AI should be similar to how other tools, software, or techniques are explained in academic research papers. AI cannot be cited as a resource or author. Please be aware that

use of portions of another's work in an AI-generated text may be a breach of copyright – this is an area of evolving legal understanding. Students are accountable for the accuracy and integrity of their submissions including references produced with AI. The submission of AI assisted work without disclosure is a breach of academic integrity and professionalism.

Students wanting to connect their assessment in this course to assessments they have completed in another course must get explicit permission of the instructor in order to avoid potential academic misconduct of self-plagiarism.

ACCESS AND EQUITY SERVICES (AES)

Access and Equity Services (AES) is available to provide support to students who require accommodations due to disability, family status, and religious observances.

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 AES for advice and referrals at any time. Those students who are registered with AES with mental health disabilities and who anticipate that they may have responses to certain course materials or topics, should discuss course content with their instructors prior to course add / drop dates.

Students who require accommodations for pregnancy or substantial parental/family duties should contact AES to discuss their situations and potentially register with that office.

Students who require accommodations due to religious practices should contact the Office of Student Affairs a minimum of four weeks in advance of the scheduled assessment.

Any student registered with AES may request alternative arrangements for mid-term and final examinations by submitting a request to AES by the stated deadlines. Instructors shall provide the examinations for students who are being accommodated by the deadlines established by AES.

For more information or advice, visit https://students.usask.ca/health/centres/access-equity-services.php, or contact AES at (306) 966-7273 (Voice/TTY 1-306-966-7276) or email aes@usask.ca.

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 AES.

STUDENT SUPPORTS

College of Medicine, Academic Support Team

Faculty Consultant: Dr. Ayla Mueen – ayla.mueen@usask.ca

Academic Support Specialist: Dr. Joshua Lloyd – joshua.lloyd@usask.ca

Academic Support Administration Office – med.academicsupport@usask.ca

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:

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

Student Affairs Coordinator Regina, Sue Schmidt - sue.schmidt@saskhealthauthority.ca or (306) 766-0620

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

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

Director, Student Services, Dr. Ginger Ruddy – ginger.ruddy@usask.ca or (302) 966-7275

Academic Help for Students

Visit the University Library and Learning Hub to find supports for undergraduate and graduate students with first-year experience, study skills, learning strategies, research, writing, math and statistics. Students can attend workshops, access online resources and research guides, book 1-1 appointments or hire a subject tutor through the USask Tutoring Network

Connect with library staff through the AskUs chat service or visit various library locations at the Saskatoon campus.

SHA Library: https://saskhealthauthority.libguides.com/home

Teaching, Learning and Student Experience
Teaching, Learning and Student Experience (TLSE) provides 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).

Gordon Oakes Red Bear Student Centre

The Gordon Oakes Red Bear Student Centre is dedicated to supporting Indigenous 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 an intercultural gathering space that brings Indigenous and non-Indigenous students together to learn from, with and about one another in a respectful, inclusive, and safe environment. Visit https://students.usask.ca/indigenous/index.php or students are encouraged to visit the ASC's Facebook page https://students.usask.ca/indigenous/gorbsc.php

International Student and Study Abroad Centre
The International Student and Study Abroad Centre (ISSAC) supports student success and facilitates international education experiences at USask and abroad. ISSAC is here to assist all international undergraduate, graduate, exchange, and English as a Second Language students in their transition to the University of Saskatchewan and to life in Canada. ISSAC offers advising and support on matters that affect international students and their families and on matters related to studying abroad as University of Saskatchewan students. Visit https://students.usask.ca/international/issac.php for more information.