




# Elective Clinical Rotations

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**MEDC 407.34**  
**Year 4 Term 1 and 2**

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 **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.*

## COURSE OVERVIEW

### COURSE DESCRIPTION

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

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

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

### OVERALL COURSE OBJECTIVES

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

#### Medical Expert

1. Obtain a relevant patient-centered history including a description of the symptoms, relevant positive and negative features, and illness experience.
2. Conduct a patient centred physical exam identifying positive and negative physical signs while optimizing patient comfort.
3. Select appropriate diagnostic investigations and interpret results.
4. Diagnose common and undifferentiated clinical presentations.
5. Develop and implement an appropriate patient-centered and evidence-informed management plan.

#### Communicator

1. Utilize communication skills to develop/maintain professional, therapeutic, and culturally sensitive relationships with patients and their families.
2. Document and share information with team members and family that is accurate, comprehensive, and timely to optimize clinical decision making, patient safety, while ensuring confidentiality, and privacy.

#### Collaborator

1. Collaborate with patients, families/caregivers, and healthcare team members to be active participants in their care.
2. Collaborate effectively with healthcare team members.

#### Health Advocate

1. Advocate to improve the health of individuals and communities.

#### Scholar

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

#### Professional

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

#### Leader

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

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

<https://elentra.usask.ca/community/ugmcurriculum>

Information on literal descriptors for grading in the College of Medicine at the University of Saskatchewan can be found in the [Student Information Guide – Clerkship](#) – Student Assessment Section.

More information on the U of S Academic Courses Policy relating to course delivery, examinations and assessment of student learning can be found at: <http://policies.usask.ca/policies/academic-affairs/academic-courses.php>. College of Medicine specific policies and procedures for course delivery, exams and assessment 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: [Learning charter - Teaching and Learning | University of Saskatchewan \(usask.ca\)](#)

## COURSE CONTACTS

### ELECTIVE COORDINATOR (ALL SITES)

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### REGINA SITE

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## COURSE MATERIAL ACCESS

Course materials will be specific to each elective.

## RECOMMENDED RESOURCES

Diagnostic and Statistical Manual of Mental Disorders (DSM5) (5<sup>th</sup> ed). American Psychiatric, 2013 Print (in stacks, reserve and reference): [RC455.2 .C4D54 2013](#); Online: <http://sundog.usask.ca/record=b3643275~S8>

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

Goldman L and Schafer, A: Goldman-Cecil Medicine (25<sup>th</sup> ed). Saunders, 2016 in Clinical Key <https://sundog.usask.ca/record=b4816736~S8>

Hoffman B and Schorge J: Williams Gynecology (4<sup>th</sup> ed). McGraw-Hill Education, 2020 <https://sundog.usask.ca/record=b5275028~S8>

Kliegman RM et al: Nelson Textbook of Pediatrics (20<sup>th</sup> ed). Elsevier, 2020, <https://sundog.usask.ca/record=b4703045~S8>

Lawrence PF: Essentials of General Surgery (5<sup>th</sup>ed) Lippincott Williams & Wilkins, 2012 Print RD31.E837  
2013 NOT AVAILABLE ONLINE

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

Marx J et al: Rosen's Emergency Medicine- Concepts and Clinical Practice (10<sup>th</sup> ed). Mosby/Elsevier 2023 in Clinical Key <https://www-clinicalkey-com.cyber.usask.ca/#!/browse/book/3-s2.0-C20181032357>

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

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

Townsend CM et al: Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice (21<sup>st</sup> ed). Elsevier, 2022 in <https://sundog.usask.ca/record=b5593958~S8>

#### Undergraduate Diagnostic Imaging Fundamentals E-Book

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

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

### **MEDICAL INSTRUMENTS**

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

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

### **RESOURCES**

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

It may be helpful to review websites such as <http://www.choosingwiselycanada.org> which is an evidence-based resource aimed at reducing unnecessary testing and treatments for patients.

## COURSE ASSESSMENT OVERVIEW

Component	Component Requirement	Weighting in Final Mark
Summative Clinical Assessment (In Training Assessment Report or ITAR)* from Electives	70%	80%
OSCE	Pass	20%
EPA observations	Completion with the majority entrustable by the end of year 4	
Total Course Mark		100%

### SUMMATIVE CLINICAL ASSESSMENT (In Training Assessment Report or ITARs)

The summative clinical assessments (ITARs) are set to a pass mark of 70%. A minimum of one must be obtained from each elective and will be weighted equally in the determination of the final grade. In instances where there is more than one ITAR for a given elective, they will be compiled for each individual elective.

### OSCE

There will be one OSCE for the electives course. The OSCE pass mark will be set using an approved standard setting method as indicated by the College of Medicine's Assessment Policy. The standard setting method will reflect the specific difficulties of items in this test form and pass marks may vary from assessment to assessment.

This final OSCE will occur after the elective time is done and will be adjusted to a pass mark of 70%. The OSCE will be held on Wednesday, January 10, 2024. It will cover a systems approach that integrates skills learned throughout the entire four years of medical school with the focus being on the Clerkship and elective years. Should one be required, the supplemental OSCE will be held on Wednesday, March 13, 2024.

### Entrustable Professional Activities (EPAs)

Please note that the EPA requirement is for the entirety of Year 4 and includes **both** the Electives and Selectives courses.

For the 2023/2024 academic year, all fourth-year Clerks will be required to complete a minimum of 12 EPAs every 6 weeks (average two per week) of Elective/Selective time. A minimum of 49 EPAs are required to be completed through the Electives/Selectives courses (see below).

EPA	Requirement
1	6
2	4
3	6
4	4
5	4
6	6

7A and B	4 (2 Each)
8	3
9	3
10	3
11	3
12	3

Completion of EPAs is a valuable opportunity to get formative feedback on your clinical performance and demonstrate your clinical competency. Students are strongly encouraged to achieve more than the minimum number of EPAs to help guide their continued learning and demonstrate competency. Additionally, based on their interim EPA performance, the competency committee may require Clerks to complete additional EPAs in different categories if there are concerns about entrustability. Discussing your EPA plan with your elective/selective supervisor early helps ensure that your plan will be successfully completed by the end of each elective/selective.

We recognize that not all electives provide equal opportunity to obtain EPAs. It is acceptable to have less than the expected amount for a given 2-week elective; however, you are still required to meet the 6-week minimum expectation of 12 EPAs. The student should formulate a plan which EPAs to achieve in each elective/selective. This plan should be submitted to your Year 4 Chair or Site Director for approval 1 month prior to the start of electives/selectives.

- EPA 1:** Obtain a history and perform a physical examination adapted to the patient’s clinical situation
- EPA 2:** Formulate and justify a prioritized differential diagnosis
- EPA 3:** Formulate an initial investigative plan based on the diagnostic hypothesis
- EPA 4:** Interpret and communicate results of common diagnostic and screening tests
- EPA 5:** Formulate, communicate and implement management plans
- EPA 6:** Present oral and written reports that document a clinical encounter
- EPA 7:** Provide and receive the handover in transitions of care
- EPA 8:** Recognize a patient requiring urgent or emergent care, provide initial management and seek help
- EPA 9:** Communicate in difficult situations
- EPA 10:** Contribute to a culture of safety and improvement
- EPA 11:** Perform general procedures of a physician
- EPA 12:** Educate patients on disease management, health promotion and preventive medicine

Completion of all EPAs is **mandatory** and is a requirement to successfully complete Year 4 and graduate medical school. Failure to complete the required number of EPAs, at a level that is satisfactory to the competency committee, will have academic and/or professionalism consequences, including being ineligible for graduation. Further, if students are found to be missing EPAs, additional clinical time may be required to complete missing EPAs or demonstrate an acceptable level of clinical competency.

**Process:**

If the elective/selective is completed in Saskatchewan, the faculty is expected to fill it out with their app under the student’s name, selecting either “Electives” or “Selectives” as the rotation. Out of province faculty may input the information using the student’s app with their email in the notes section for confirmation.

## 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 Canvas for the relevant session.

## COURSE POLICY FOR SUCCESSFUL COMPLETION AND REMEDIATION

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

- Students will be considered to have successfully completed the Electives Course if they have achieved a minimum 70% average grade in each of the elective rotations, a “passing” grade on the OSCE, and achieved entrustability on the EPAs.
- Students who have not received the required 70% average grade in any of the elective rotations, or who fail the OSCE, will be deemed to be experiencing academic difficulty. The severity of academic difficulty will be based on a weighted grade deficit assessment (see Table 1 for grade deficit point allocation rubric). Students accumulating 1 or more deficit points at any point in the course will be required to meet with the Course Director and/or a course sub-committee of at least 3 people (made up of a relevant Elective coordinator; Year 4 Chair and Year 3 chair or designates) to discuss ways to improve academic performance and to plan remediation. The student is encouraged to invite a Student Affairs representative present if desired. With any further accrual of deficit points, the student will be required to meet with the sub-committee again. If these grade deficits are not identified until the end of term, then a sub-committee meeting may not be held, but the academic outcomes will be determined by the promotions committee (Clerkship and then SAMC).
- EPAs: Completion of the EPAs is mandatory and required to successfully complete this course. Further, entrustability is required by the end of Year 4. Failure to complete the required number of EPAs or not meeting overall entrustability with the majority entrustable by the end of the year, will have academic and/or professionalism consequences and may require additional clinical time to attain entrustability.



- Students who are identified as being in academic difficulty as defined above may be offered remediation for the elective rotation and/or OSCE for which they did not achieve the standard. The Year 4 Chair in consultation with a relevant Elective Coordinator and Academic Support Team will determine the specific type of remediation and supplemental assessment needed for each individual student targeted to the areas of academic weakness.
- A student who has accrued **4 or more** grade deficit points in the Electives Course will be considered to have been unsuccessful in the Electives Course and will NOT be offered further remediation and subsequent supplemental assignments and/ or examinations as per usual course policy. Further decisions regarding academic outcomes will be adjudicated by the Clerkship Promotions Committee and the Student Academic Management Committee.
- Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course (70% for a Rotation and the standard- set “pass” score for the OSCE).
- Students with significant professionalism concerns may also be deemed unsuccessful in the course on the basis of unprofessional conduct.

**Table 1: Deficit Point Allocation**

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

### ATTENDANCE EXPECTATIONS

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

All scheduled electives are mandatory – see Electives Policy. <https://medicine.usask.ca/policies/clerkship-elective-policy.php#relatedForms>

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

## COURSE EVALUATIONS QUALITY IMPROVEMENT

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

1. EPAs were updated to ensure the required numbers are more clear.
2. The Electives Policy was updated and clarified.

## COURSE MODULES

### Clinical Elective Rotations

All Clerks must complete a minimum of 20 weeks of electives. There are 24 weeks of electives scheduled and the potential for 2 weeks of remediation/independent learning. It is recommended to focus on the weeks of elective time prior to the deadline for CaRMS applications and MSPR letters, in order to obtain appropriate comments and/or reference letters. The Office of Career Advising and Mentorship is available for further guidance for elective planning. Protected time will be set aside for CaRMS interviews. Specific elective schedules will be dependent on the elective chosen.

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

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

### Electives General Information

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

## ELECTIVES POLICY

### 1. Purpose

- 1.1. To state elective expectations regarding approved sites, duration, Clerk assessment forms and elective evaluations, the appropriate procedure for elective approval and change/cancellation requests, immunization requirements, as well as malpractice and personal insurance.
- 1.2. To outline the importance of additional electives with the understanding that Clerks need vacation time to support their mental, physical, and spiritual wellness.
- 1.3. To ensure compliance with Accreditation Standards:
  - Standard 6.5a: There are opportunities for elective experiences in the medical curriculum particularly in the later years of the educational program that permit medical Clerks to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.
  - Standard 6.5b: The medical school has policies or practices that encourage medical Clerks to use electives to pursue a broad range of interests in addition to their chosen specialty.

## 2. Definitions

**UGME:** Undergraduate Medical Education.

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

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

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

**CaRMS:** Canadian Resident Matching Service.

**AFMC:** Association of Faculties of Medicine of Canada.

## 3. Scope

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

## 4. Policy Guidelines

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

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

Clerks will not be granted credit for an elective supervised by a member of their immediate or extended family as well as anyone with whom they have a personal relationship with or have another conflict of interest. Additionally, Clerks will not be granted credit for an elective with any physician providing care to them, or physicians with the Office of Student Affairs.

<https://medicine.usask.ca/policies/conflict-of-interest.php>

Clerks are strongly encouraged to meet with a Career Advisor from the Office of Career Advising & Mentorship (OCA&M) prior to their electives application to develop a personalized learning plan for their elective year. Appointments can be scheduled here:

<https://medicine.usask.ca/students/undergraduate/career.php#SpeakwithaCareerAdvisor>. Clerks can contact OCA&M ([med.careeradvising@usask.ca](mailto:med.careeradvising@usask.ca)) for questions about electives as they relate to their career planning.

All elective applications must be requested through the appropriate Department Coordinators. Electives cannot be scheduled directly with an individual preceptor or site as this impedes departmental scheduling and coordination of Clerks. Clerks looking for a certain experience must include this request in their elective form or speak with the Department Coordinator. Clerks must ensure pertinent information regarding each elective is current and accurate in One45. The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor and submitted on One45 within 4 weeks of the elective end date. If no assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.

All Clerks must complete a minimum of 20 weeks of electives. There are 24 weeks of electives scheduled, with the potential for 1 week (plus 1 week carry over from Year 3) of vacation time, and 2 weeks of bookable independent learning/remediation time to a maximum of 26 weeks total elective time in Clerkship. Students may book/schedule 1 or 2 weeks of independent learning during any block set aside for electives. Should remediation be required, or electives need to be rescheduled due to illness, then this time may be required for remediation or rescheduling of electives. Please note, students must have something booked for all of the weeks in Year 4. If they do not have vacation or independent learning weeks left, they will need to do additional elective time.

In Year 3, a 1-week elective can be scheduled December 4 to December 10, 2023. The Year 3 Clerk must be in good academic standing as well as meeting expectations on all rotations to be considered and approved for elective time. Students completing a 1-week elective from December 4 to December 10 do not need pre-approval from the Year Chairs before submitting an application on SharePoint. Before starting an elective, Clerks must have final approval from the Year Chairs or Year Site Coordinator. If a Clerk wants to apply for an early elective outside of December 4 to December 10, then they will require pre-approval from the Year Chairs.

Please note the maximum amount of time away from an elective to be considered complete is 3 days out of a 2-week elective. One-week electives can be counted towards the total number, but no vacation time will be allowed during this week. Please note, 1-week electives are not allowed on weeks where there is a stat holiday.

An elective must be passed to receive credit. If a student fails an elective for whatever reason, they may be required to remediate, even if they have met the 20-week minimum. Most electives are a minimum of 2-weeks in duration. Typically, a maximum of 6 weeks will be allowed. Electives start on Monday (Tuesday in the case of statutory holidays) and end on Friday. Weekends are for travel time. It is recommended that Clerks choose to participate in electives in Saskatchewan during the CaRMS match results to facilitate working on the second iteration and accessing the support to do so.

## 5. Procedures

### 5.1 Electives in Saskatchewan – Home Electives

Clerks must apply through SharePoint for all home electives and independent learning/remediation time. Application timelines are 22 weeks prior to the start date of the elective. The application window will open on the Sunday at **7PM** (Saskatchewan Time).

Block #	2023 – 2024 Elective Blocks	Application Window Opens (7PM)
1	July 17 – July 30	Sunday February 12
2	July 31 – August 13	Sunday February 26
3	August 14 – August 27	Sunday March 12
4	August 28 – September 10	Sunday March 26
5	September 11 – September 24	Sunday April 9
6	September 25 – October 8	Sunday April 23
7	October 9* – October 22	Sunday May 7
8	October 23 – November 5	Sunday May 21

9	November 6 – November 19	Sunday June 4
10	November 20 – December 3	Sunday June 18
11	December 4 – December 17	Sunday July 2
12	February 5 – February 18	Sunday September 3
13	February 19* – March 3	Sunday September 17
14	March 4 – March 17	Sunday October 1

\*Civic Holiday – electives will start on Tuesday

Elective SharePoint Site: [https://usaskca1.sharepoint.com/sites/ugme\\_electives/](https://usaskca1.sharepoint.com/sites/ugme_electives/)

Select “New Request” to create an application. Please add the following information:

- Name
- Start date (must be a Monday); End date (must be a Sunday)
- Learning objectives
- Comments regarding how you want your application processed or preceptor preference. Please note that Clerks can request a preceptor, but it is not guaranteed that you will be scheduled with that physician.
- Top 3 specialty preferences, including location.

Select “SAVE” to submit your application.

Student Status:

- Pending (application has been submitted to Elective Coordinator)
- Accept elective offer
- Decline elective offer
- Cancel application

Clerks can only have 1 active home elective application for a given period. Please cancel the original application, by selecting “Cancel Application” under the “Student Status” section of the application form, before submitting a new application on SharePoint.

If an elective opportunity is extended, the Clerk will have 7 days to accept or decline the opportunity. Once the elective is accepted, it will be considered finalized and the information will be added to One45. If an elective offer is declined this cancels your entire application, and no further electives on that application will be considered.

The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor(s) and submitted on One45 within 4 weeks of the elective end date. If no assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.

Please note, it is important to let the Clerkship Coordinator at your non-site electives know you are coming so they can set up SCM access, etc. Please contact them at least a week before.

## 5.2 Visiting Electives

### 5.2.1 12-2 Policy

- 12-week cap for visiting electives
- Each elective must be a minimum of 2-weeks

Please note, international electives are included in the 12-2 policy.

### 5.2.2 Electives in Other Canadian Provinces

Clerks will apply for out-of-province electives on the AFMC Portal 2.0 (<https://afmcstudentportal.ca/>). Portal accounts will be created for all eligible students and Clerks will receive an account activation email from “InPlace Network”. Once the account has been activated, Clerks must complete the student profile with their personal and academic information and upload all required documents, including the AFMC immunization form.

Clerks are not required to provide the UGME office with confirmation of an out-of-province elective. This information will be collected by the UGME office on the AFMC Portal and added to One45. The Clerk is responsible for ensuring that the information is correct on One45. If an elective is incorrect or missing, please contact [ugme.electives@usask.ca](mailto:ugme.electives@usask.ca).

The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor(s). Clerks must first set up a temporary account for external assessors by submitting a ticket through the SharePoint site: <https://wiki.usask.ca/x/ixN1dw>. Once the temporary account has been set up, the Clerk can then distribute the assessment to the preceptor(s) from their One45 To Dos. Clerks will be notified within 2 weeks of the end date of the elective if an Elective Assessment form has not been received. It is their responsibility to ensure the assessment has been completed within 4 weeks of the elective end date. If no assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.

### 5.2.3 International Electives

Clerks are responsible for coordinating their own international elective. There are no set requirements on the location of the elective, but it must have oversight with an MD. The University of Saskatchewan has reciprocal agreements with the Royal College of Surgeons in Ireland (RCSI) and the Ludwig-Maximilian University (LMU) of Munich.

The minimum elective duration is 2 weeks with a maximum of 8 weeks. Clerks must submit the international electives application form to the Year Chair for approval at least 6 months before the start date of the proposed elective. The application can be found on the [SharePoint site](#). A closer application time may be considered if the DSA pre-departure orientation from the Division of Social Accountability has already been completed; however, a minimum of 2 months prior to the start date of the elective is required. Clerks must meet with the Global Health Manager, Division of Social Accountability and participate in the DSA pre-departure orientation course, if they have not already done so. Participation is tracked. Please note that if the pre-departure orientation from the Division of Social Accountability has not been completed, this must be completed prior to the elective being approved.

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

The Clerk is responsible for ensuring the UGME Office (Clerkship Coordinator) has received confirmation of registration with the ISSAC office as well as the Division of Social Accountability. Once confirmations and the international elective form are received, the elective will be considered for final approval. The Year Chair will give final approval or rejection of the elective application and Clerks will be notified of either status. For approved electives to be added to One45, the Clerk must email the official confirmation of DSA orientation completion from the ISSAC to the Clerkship Coordinator. Once submitted, the elective will be considered finalized. Failure to do so will result in the elective not counting towards the minimum number required.

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

The Clerk is responsible for ensuring an Elective Assessment form is completed by the preceptor(s). Clerks can send the Elective Assessment Form through One45 by setting up a temporary account for external assessors by submitting a ticket through: <https://wiki.usask.ca/x/ixN1dw>. Once the temporary account has been set up, the Clerk can then distribute the assessment to the preceptor(s) from their One45 To Dos. Clerks will be notified within 2 weeks of the end date of the elective if an Elective Assessment form has not been received. It is their responsibility to contact the preceptor and ensure the Elective Assessment form is completed within 4 weeks of the elective end date. If no elective assessment is completed, then it will be considered a failed elective and no credit will be granted. The Clerk is responsible for completing the appropriate elective evaluation within 4 weeks of the elective end date and submitting it on One45.

The Clerk must participate in a post-elective debriefing with the Division of Social Accountability. This meeting will include feedback on the elective learning environment, overall learning experience, and any challenges faced. The Clerk should notify the UGME upon their return from their elective. If the Clerk requires further supports related to experiences during their elective, these will be facilitated through the Office of Students Affairs.

#### **5.2.4 Worker's Compensation on Visiting Elective**

U of S students participating in electives outside the province of Saskatchewan are not covered by Saskatchewan Workers' Compensation Board (WCB). The College of Medicine cannot guarantee access to the host province equivalency of Saskatchewan WCB. However, the University of Saskatchewan does have agreements with the province of Ontario Workplace Safety & Insurance Board for provincial coverage. In addition, learners can opt into provincial coverage through the Alberta Workers Compensation Board. The College of Medicine encourages you to maintain insurance sufficient to meet

your needs.

## **6. Cancellation Policy**

Electives should be cancelled by the Clerk at least 6 weeks prior to the start date of the elective. The 6-week cancellation policy is for electives taking place in Saskatchewan, as well as out-of-province electives. Failure to do so will result in a discussion regarding professionalism and possible documentation through a Professionalism Report/Discussion Form. Exceptional circumstances requiring an elective cancellation will be considered.

To cancel a home elective, select “Cancel Application” under the “Student Status” section of the SharePoint elective application form. Clerks must also follow-up with the relevant Department Admin to verify that they received the cancellation notification. <mailto:med.electives@usask.ca>

To cancel a visiting elective at least 6-weeks prior to the start date, withdraw your Portal application and contact the Elective Coordinator at the host school. If you must cancel a visiting elective within 6-weeks of the start date, submit your request to [med.electives@usask.ca](mailto:med.electives@usask.ca) and the U of S Student Affairs office. If the cancellation is supported, the U of S Electives Office will notify the host school of the cancellation, on behalf of the student.

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

## **7.1 Diversity Requirement**

Clerks must complete a minimum of 3 electives, each a minimum of 2 weeks in length, each in a different general area. The general areas are: Anesthesia, Chronic Pain, Dermatology, Emergency Medicine, Environmental Medicine, Family Medicine, Indigenous Health, Internal Medicine, Leadership, Medical Education, Neurology, O&G, Palliative Care, Pathology, Pediatrics, PM&R, Psychiatry, Public Health, Radiology, Research and Surgery. Please refer to the “General Area Category” column of the elective summary table.

Elective diversity allows the Clerk to experience a broader scope of medicine and may help with residency preparation. In addition, The University of Saskatchewan College of Medicine abides by the [AFMC diversification policy](#).

### AFMC Student Electives Diversification Policy:

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



As such, the maximum time allowed in any one direct-entry specialty will be 8 weeks.

## 7.2 Noncompliance

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

Please refer to the “8-Week Cap Category” column of the elective summary table. All students are responsible for counting their own number of weeks in each area. However, students should be aware that there will be random audits done with One45 to ensure compliance.

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

## 8. EPAS

Completion of all EPAs is **mandatory** and is a requirement to successfully complete Year 4 and graduate medical school. Failure to complete the required number of EPAs, at a level that is satisfactory to the competency committee, will have academic and/or professionalism consequences, including being ineligible for graduation. Further, if students are found to be missing EPAs, additional clinical time may be required to complete missing EPAs or demonstrate an acceptable level of clinical competency. It is up to the student to determine which EPAs are most achievable during each of their clinical experiences. The student should formulate a plan which EPAs to achieve in each elective/selective. This plan should be submitted 1 month prior to the start of electives/selectives courses to [UGME.Electives@usask.ca](mailto:UGME.Electives@usask.ca) for approval by the Year 4 Chair or Site Director.

## 9. Vacation

In Year 4, Clerks are entitled to 3 weeks of vacation: 1 week of their choice and 2 weeks during the December break. To ensure proper work-life balance and maintenance of overall wellness, it is strongly encouraged that all Clerks utilize the entirety of their allotted vacation time. Clerks may defer up to 1 week of vacation time from Year 3 in to Year 4. There is no time away allowed during a one-week elective.

Please note the maximum amount of time away from an elective for any reason in order to be considered complete is 3 days out of a 2-week elective. One-week electives can be counted towards the total number, however they cannot be combined with a week of vacation and count as 2 weeks of electives. Clerks are discouraged from taking electives during the holiday break in December due to potential supervision concerns, as many clinical learning sites have fewer staff and residents during this time. If a Clerk proposes to undertake an elective during this time, the clerk must provide written documentation from their preceptor stating they will receive adequate supervision.

## **10. Additional (Early) Elective Time**

Clerks can be considered for 2 weeks of early elective time during Year 3 (to a maximum of 26 weeks total of electives). The Clerk must be in good academic standing as well as meeting expectations on all rotations to be considered and approved for additional elective time.

For additional electives scheduled outside of December 4 to December 10, 2023, the Year 3 and 4 Chairs must approve the extra elective time prior to beginning the elective application process. Clerks will not be approved, nor will receive credit, for more than 26 weeks of electives. Please note that even if an elective is completed in Year 3, all scheduled weeks of electives in Year 4 must still be completed (outside of vacation and education time).

### **10.1 Application Procedure for Additional (Early) Elective Time**

For additional electives scheduled outside of December 4 to December 10, 2023, the Clerk must submit a written request to the Year 3 and 4 Chairs no later than 6 weeks prior to the start date of the elective. The request must include a description of the additional elective and rationale for why the additional elective time is needed. Additional elective time requested during the December break must be accompanied by correspondence from the proposed elective Department Coordinator indicating that there will be adequate clinical supervision of the Clerk. The Clerk must also apply for and have vacation time approved prior to applying for elective.

The relevant Year Chair reviews additional elective requests. If the following criteria are met, the additional elective time will typically be approved:

- The Clerk is in good academic standing;
- The request does not exceed the maximum 26 weeks of electives; and
- There is clear rationale for the additional elective time.

The Year Chair will communicate the application status to the Clerk as soon as possible, but ideally within 2 weeks of the request submission. If a request is rejected, the Clerk will be provided with an explanation. Application appeals can be submitted by the Clerk to the Assistant Dean, Academic.

## **11. Immunizations**

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

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

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

## **12. N95 Mask Fittings**

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

## **13. Police Information Check**

External electives generally require a current criminal record and may require a vulnerable person's check. These can be organized through the local Police Department. Please check the AFMC portal for

individual school requirements. It is the student's responsibility to provide the UGME and CPSS with any changes to the original Criminal Record Check submitted for Clerkship.

#### **14. Blood/Body Fluid Exposure**

The Medical Student Exposure to Infectious and Environmental Hazards Policy and local health region/authority occupational health procedure can be accessed at:

<http://medicine.usask.ca/policies/medical-student-exposure-to-infectious-and-environmental-hazards.php>

#### **15. Insurance**

University of Saskatchewan Clerks are covered under the U of S CURIE insurance policy for up to 26 weeks of electives. This includes any contractual liability, professional and malpractice liability, cross liability, and tenant's legal and employer's liability arising out of their elective duties. Coverage applies to any electives taken within Canada.

#### **16. Distribution**

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

#### **17. College of Medicine Responsibilities**

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

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

#### **18. Non-Compliance**

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

#### **19. Contact**

Sherry Pederson

Manager, UGME

Email: [sherry.pederson@usask.ca](mailto:sherry.pederson@usask.ca)

Phone: (306) 966-6142

Fax: (306) 966-2601

3A20 Health Sciences Building, U of S

107 Wiggins Road

Saskatoon, SK S7N 5E5

#### **INDEPENDENT LEARNING (IF APPLICABLE)**

Independent, self-directed reading and exercises applicable to each elective will be important. Students are strongly encouraged to read around important clinical concepts specific to each elective. For the 2023/24 academic year, there are two independent learning/remediation weeks that are bookable on the Elective SharePoint Site.

## COURSE DELIVERY

Students will learn through a variety of methods including:

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

## University of Saskatchewan Elective Information

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

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural
Anesthesia	Anesthesia	Anesthesia	X	X	X	X	X
Chronic Pain	Chronic Pain	Chronic Pain	X	X			
Clinical Neurophysiology	Surgery	Neurosurgery	X				
Clinical Ultrasound	Radiology	Radiology	X				
Diagnostic Radiology	Radiology	Radiology	X	X			
Emergency Medicine	Emergency Medicine	Emergency Medicine	X	X	X	X	X
Environmental Medicine	Environment Medicine	Environment Medicine	X				
Family Medicine	Family Medicine	Family Medicine	X	X	X	X	X
Hospitalist	Internal Medicine	Hospitalist		X			
Indigenous Health	Indigenous Health	Indigenous Health	X	X			X
Integrative Medicine	Public Health	Public Health	X				
<b>Internal Medicine</b>							
Addictions Medicine	Internal Medicine	Addictions Medicine	X	X			
Cardiology	Internal Medicine	Cardiology	X	X		X	
CTU	Internal Medicine	General Medicine					
CTU Emergency	Internal Medicine	General Medicine	X				
CTU/General	Internal Medicine	General Medicine		X			
Dermatology	Dermatology	Dermatology	X	X			
Endocrinology	Internal Medicine	Endocrinology	X	X			
Gastroenterology	Internal Medicine	GI	X	X			
General	Internal Medicine	General Medicine	X		X	X	X
Geriatrics	Internal Medicine	Geriatrics	X	X			
Hematology	Internal Medicine	Hematology	X	X			

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural
Infectious Diseases	Internal Medicine	Infectious Diseases		X			
ICU	Internal Medicine	ICU	X	X			
Nephrology	Internal Medicine	Nephrology	X	X			
Neurology	Neurology	Neurology	X	X			
Occupational Medicine	Internal Medicine	Occupational Medicine	X				
Oncology (Medical, Radiation)	Internal Medicine	Oncology	X	X			
Respirology	Internal Medicine	Respirology	X	X			
Rheumatology	Internal Medicine	Rheumatology	X	X			
Transplant Medicine	Internal Medicine	Transplant Medicine	X				
Laboratory Medicine	Pathology	Pathology	X				
Leadership	Leadership	Leadership	X	X			
Medical Education	Medical Education	Medical Education	X	X			
Nuclear Medicine	Radiology	Nuclear Medicine		X			
Obstetrics and Gynecology	O&G	O&G	X	X	X	X	X
Palliative Care	Palliative Care	Palliative Care	X	X			
Pathology	Pathology	Pathology	X	X	X		
Pediatrics							
Allergy (1-week)	Pediatrics	Peds – Allergy		X			
Cardiology	Pediatrics	Peds - Cardio	X				
Community	Pediatrics	Peds - Comm	X	X	X		X
Developmental	Pediatrics	Peds - Develop	X	X			
Emergency	Pediatrics	Peds - ER	X				
Endocrinology	Pediatrics	Peds - Endo	X				
Gastroenterology	Pediatrics	Peds - GI					
Hematology/Onc	Pediatrics	Peds – Onc	X				
Infectious Diseases	Pediatrics	Peds - ID	X				
Inpatient	Pediatrics	Peds - Inpatient	X	X	X	X	
Medical Genetics	Pediatrics	Peds - Genetics	X				
Nephrology	Pediatrics	Peds - Nephro	X				
Neurology	Pediatrics	Peds - Neuro	X				
NICU	Pediatrics	Peds - NICU	X	X			
Outpatient	Pediatrics	Peds - Outpatient	X	X	X	X	
Palliative Care	Pediatrics	Peds - Palliative	X				
Respirology	Pediatrics	Peds - Resp	X				

	General Area Category	8-Week Cap Category	Saskatoon	Regina	Prince Albert	Moose Jaw	Rural
Rheumatology	Pediatrics	Peds - Rheum	X				
Social	Pediatrics	Peds - Social	X	X			
Physical Med & Rehabilitation	PM&R	PM&R	X	X			
<b>Psychiatry</b>							
Adult	Psychiatry	Psychiatry	X	X	X	X	
Child	Psychiatry	Psychiatry	X	X			
Forensic	Psychiatry	Psychiatry	X				
Geriatric	Psychiatry	Psychiatry	X	X			
Public Health & Prev Med	Public Health	Public Health	X	X			X
Research	Research	Research	X	X			
Sports Medicine	Family Medicine	Family Medicine	X	X			
<b>Surgery</b>							
Cardiac	Surgery	Cardiac Surgery					
Cardiothoracic	Surgery	Cardiac Surgery		X			
ENT	Surgery	ENT Surgery	X	X			
General	Surgery	General Surgery	X	X	X	X	X
Neuro	Surgery	Neurosurgery	X	X			
Ophthalmology	Surgery	Ophthalmology	X	X	X	X	X
Orthopedic	Surgery	Ortho Surgery	X	X	X	X	
Pediatric	Surgery	General Surgery	X	X			
Plastic	Surgery	Plastic Surgery	X	X			
Thoracic	Surgery	General Surgery	X				
Trauma	Surgery	General Surgery	X				
Vascular	Surgery	Vascular Surgery	X	X			
Urology	Surgery	Urology	X	X		X	X

**The following elective opportunities do not accept 1-week requests:**

Anesthesia (Regina)  
Internal Medicine (All Sites)  
Palliative Care (Regina)  
Surgery (All Sites)

Diagnostic Radiology (All Sites)  
O&G (Prince Albert)  
Public Health (All Sites)

## Anesthesia

### CONTACTS

#### SASKATOON SITE

Shumaila Zafar (Placement Coordinator) Email: [shumaila.zafar@usask.ca](mailto:shumaila.zafar@usask.ca) Phone: (306) 655-1187

#### REGINA SITE

Lana Filby (Placement Coordinator) Email: [Lana.Filby@saskhealthauthority.ca](mailto:Lana.Filby@saskhealthauthority.ca) Phone: (306) 766-3772

#### PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator) Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca) Phone: (306) 765-6787

### ELECTIVE LENGTH

Recommended length: 2 weeks

### DESCRIPTION

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

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

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

## Chronic Pain

### CONTACT

Jeanette Bellavance (Placement Coordinator) Email: [jeanette.bellavance@usask.ca](mailto:jeanette.bellavance@usask.ca) Phone: (306) 766-0449

### ELECTIVE LENGTH

2 weeks (one week in Regina and one week in Saskatoon)

### DESCRIPTION

This elective focuses on broadening the Clerk's knowledge base and foundational clinical skills in chronic pain management including management of comorbid opioid use disorder. This will be achieved through a variety of learning opportunities in both Regina and Saskatoon (**one week at each site**) including direct patient care, observation of interdisciplinary health care team members, and self-study. A comprehensive approach will be assessed and guided by the following learning objectives:

- 1) Obtain a patient-centred history and physical examination on patients presenting with chronic pain.
- 2) Develop a differential diagnosis, clinical approach, and multi-modal management strategy for patients presenting with common chronic pain disorders. Management strategies will include pharmacological, physical, psychosocial, and interventional modalities.
- 3) Conduct a comprehensive pain assessment by using validated assessment tools (Ex. Brief Pain Inventory (BPI), Pain Disability Index (PDI), Central Sensitization Index (CSI), Pain Catastrophizing Scale (PCS) and Douleur Neuropathique 4 (DN4).
- 4) Demonstrate skills for empathic listening and validation of the pain narrative.
- 5) Describe the importance of the psychosocial and functional impacts of chronic pain.
- 6) Participate in an interdisciplinary team approach in the management of chronic pain and describe the roles of allied health professionals (Pharmacists, Physiotherapists, Nurses, Psychologists, Social Workers).
- 7) Demonstrate effective communication skills with the interdisciplinary team.
- 8) Identify when to refer a chronic pain patient to another specialist including identifying who would be an appropriate surgical candidate.
- 9) Identify appropriate interventional pain candidates and be exposed to procedures for chronic pain disorders including using landmark, ultrasound, and fluoroscopic guided techniques.
- 10) Develop an approach to the diagnosis and management of opioid use disorders including using opioid agonist therapy.
- 11) Identify advocacy measures relevant to chronic pain patients and their families.
- 12) Demonstrate self-directed learning using the resources provided through the rotation (learning modules, articles, and guidelines).
- 13) Demonstrate professional behaviour informed by ethical/legal standards such as: informed consent, confidentiality, and patient autonomy.



## Clinical Neurophysiology

### CONTACT

#### SASKATOON SITE

Dr. Layla Gould (Electives Coordinator) Email: [layla.gould@usask.ca](mailto:layla.gould@usask.ca)

### DESCRIPTION

The objective of this elective is to introduce the Clerk to techniques and applications in clinical neurophysiology. Specifically, the elective will focus on intraoperative neurophysiological monitoring (IONM) and pre-surgical functional neuroimaging as well as its applications for neurosurgery. A comprehensive approach will be assessed through these guiding objectives:

1. Discuss basic knowledge in neurophysiology techniques (e.g., EMG, EEG, fMRI).
2. Describe intraoperative neurophysiological monitoring techniques (e.g., motor evoked potentials, somatosensory evoked potentials, brainstem auditory potentials, direct cortical stimulation, EMG, and EEG).
3. Describe presurgical function MRI and tractography and how these techniques can be used to map the eloquent brain regions prior to surgery, as well as how these functional MRI and tractography images can be used to guide neurosurgery.
4. Participate in basic functional MRI analyses, tumour masks, and tractography for major white matter tracts and cranial nerves.
5. Describe scenarios in which awake craniotomies should be performed and learn how direct cortical stimulation is used to perform speech and motor mapping during surgery.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, patient autonomy.

## Clinical Ultrasound (Diagnostic Imaging Subset)

### CONTACT

Dr. Linden Kolbenson (Electives Coordinator) Email: [linden.kolbenson@gmail.com](mailto:linden.kolbenson@gmail.com)

### ELECTIVE LENGTH

2 weeks

**Clinical Ultrasound elective is only offered once during the academic year. It will be offered from February 5 to February 18, 2024 (Block #12).**

### APPLICATION REQUIREMENTS

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

### DESCRIPTION

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

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

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

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

#### Longitudinal apprenticeship component (pre-requisite)

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

Scan requirements for the longitudinal clinical ultrasound apprenticeship.

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

Scan for bladder volume	5	10
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### Clinical Ultrasonography Elective in Clerkship in 4<sup>th</sup> Year

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

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

A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common point of care ultrasound disorders/presentations. (when applicable)
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with common point of care ultrasound disorders/presentations. (when applicable)
3. Apply basic ultrasound physics, machine controls and transducers in acquiring ultrasound images on patients.
4. Achieve comfort in generating quality ultrasound images across different organ systems in a patient.
5. Describe the limitations of ultrasound technology: its user-dependence, common imaging artifacts and imaging pitfalls.
6. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered point of care ultrasound situations which may include but are not limited to: pleural effusion/hemothorax,

ascites/hemoperitoneum, pericardial effusion, hydronephrosis, bladder volume, thoracic ultrasound, and abdominal aortic aneurysm.

## Diagnostic Radiology (Medical Imaging)

### CONTACTS

#### SASKATOON SITE

Louise Berg (Placement Coordinator)

Email: [louise.berg@usask.ca](mailto:louise.berg@usask.ca)

Phone: (306) 655-2410

#### REGINA SITE

Francine Kurk (Placement Coordinator)

Email: [Francine.Kurk@saskhealthauthority.ca](mailto:Francine.Kurk@saskhealthauthority.ca)

Phone: (306) 766-3447

### ELECTIVE LENGTH

Minimum length: 2 weeks

### DESCRIPTION

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

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

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

## Emergency Medicine

### CONTACTS

#### SASKATOON SITE

Leah Chomyshen (Placement Coordinator)

Email: [leah.chomyshen@usask.ca](mailto:leah.chomyshen@usask.ca)

Phone: (306) 655-1446

#### REGINA SITE

Ann Finch (Placement Coordinator)

Email: [Ann.Finch@saskhealthauthority.ca](mailto:Ann.Finch@saskhealthauthority.ca)

Phone: (306) 766-3706

#### PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator)

Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)

Phone: (306) 765-6787

### ELECTIVE LENGTH

Minimum length: 1 week

Recommended length: 2 weeks

### DESCRIPTION

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

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

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

## Environmental Medicine

### CONTACT

#### SASKATOON

Dr. Lalita Bharadwaj (Elective Coordinator)

Email: [Lalita.bharadwaj@usask.ca](mailto:Lalita.bharadwaj@usask.ca)

### ELECTIVE LENGTH

Recommended length: 2 weeks

### DESCRIPTION

This elective course is designed to allow medical students to further pursue their own interests in environmental health and will facilitate the development of student's knowledge and skills so that they may respond effectively to environmental health issues in both the clinical care and public health contexts. This course will help build student's knowledge of the core principles and concepts of environmental health and awareness of emerging environmental issues and their role in addressing them. Student's may also experience an opportunity to conduct research relevant to assessing, responding and managing patient's environmental health concerns. A variety of instructional methods will be used and will include time allotted for self-directed learning. Students will complete several interactive and applied problem-based learning exercises and a minimum score of 70% on each must be achieved.

Students will be assessed on the following objectives:

1. Identify the environmental determinants of health at the individual, family, and community level.
2. Identify environmental risk factors within an individual and community context and develop appropriate care responses and management strategies.
3. Explain the ecosystems approach to health and apply it in the context of environmental problems and the responses to patient's environmental health concerns.
4. Explain the toxicity, pathophysiology and presentations of common and/or important environmentally-related conditions.
5. Demonstrate a systematic approach to the medical assessment and diagnosis of environmentally-related clinical presentations.
6. Obtain appropriate and accurate patient environmental history through a patient and family-centered interview.
7. Respond appropriately to patient's environmental concerns and develop a relevant prioritized differential diagnosis through clinical reasoning and integration of clinical, environmental and toxicological information.
8. With consideration of patient context, respond to and communicate appropriately regarding an environmental health concern.

9. Develop and implement an appropriate patient-centered and evidence-informed treatment or management and prevention plan to an environmental issue of concern.



## Family Medicine

### CONTACTS

#### SASKATOON SITE (AND RURAL)

Tracy Lewis (Placement Coordinator)  
Email: [Dafm.ugme.saskatoon@usask.ca](mailto:Dafm.ugme.saskatoon@usask.ca)  
Phone: (306) 655-4211

#### REGINA SITE (AND MOOSE JAW)

Jeanette Bellavance (Placement Coordinator)  
Email: [jeanette.bellavance@usask.ca](mailto:jeanette.bellavance@usask.ca)  
Phone: (306) 766-0449

#### PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator)  
Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)  
Phone: (306) 765-6787

### ELECTIVE LENGTH

Minimum length: 1 week  
Recommended length: 2 weeks

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

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

### APPLICATION REQUIREMENTS

**Urban Locations:** Saskatoon and Regina

**Rural Locations:** La Ronge, ILX, Weyburn, Humboldt, Indian Head, La Loche, Lloydminster, Meadow Lake, Melfort, Moose Jaw, Moosomin, Nipawin, Pelican Narrows, Prince Albert, Rosthern, Swift Current, Shellbrook, Strasbourg, Wynyard, Yorkton, Flin Flon

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

### DESCRIPTION

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

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

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

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

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

## Hospitalist

### CONTACTS

#### REGINA SITE

Jeanette Bellavance (Placement Coordinator)

Email: [jeanette.bellavance@usask.ca](mailto:jeanette.bellavance@usask.ca)

Phone: (306) 766-0449

Rotation Coordinator: Dr. Alana Kilmury ([alana.kilmury@saskhealthauthority.ca](mailto:alana.kilmury@saskhealthauthority.ca))

### DESCRIPTION

Accountable care units are a highly valuable learning exposure as they model high-performing teams who promote the principles of safety, timeliness, effectiveness, efficiency, equitable care, and patient-centeredness. Using a progressive approach to hospital care and training, optimally designed hospital units improve outcomes for patients, staff, and medical trainees. Accountable care units have *four key features* separating them from traditional hospital units:

- unit-based teams
- structured interdisciplinary bedside rounds
- unit-level performance reporting
- unit-level nurse and physician co-leadership.

A comprehensive approach will be assessed through these guiding objectives:

1. Manage common problems in family physician let inpatient unit.
2. Work collaboratively with patients, their families, other health care colleagues and key stakeholders to provide comprehensive care to individual patients, patient populations, and communities.
3. Share health care information and plans with patients and their families that are clear, accurate, and timely, while checking for patient and family understanding, and disclosing patient safety incidents to patients and their families accurately and appropriately.
4. Maintain timely, clear, accurate, and appropriate written or electronic records of clinical encounters.
5. Recognize and facilitate necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and/or handover of care to enable continuity and safety.
6. Engage in the stewardship of health care resources by allocating health care resources for optimal patient care, combining evidence and best practices with individual patient needs to achieve cost appropriate care, and managing health care resources judiciously.
7. Demonstrate collaborative leadership in professional practice to enhance health care by working with others in coalitions to achieve results that enable practice, organization, and system transformations.

## Indigenous Health

### CONTACT

Valerie Arnault-Pelletier (Indigenous Coordinator)

Phone: (306) 966-5901

Email: [valerie.arnault@usask.ca](mailto:valerie.arnault@usask.ca)

Michelle Gabayan (Placement Coordinator)

Email: [m.gabayan@usask.ca](mailto:m.gabayan@usask.ca)

### ELECTIVE LENGTH

Minimum length: 1 week

Recommended length: 2 weeks

### DESCRIPTION

Before an elective is approved, the Clerk will be required to meet with Valerie Arnault-Pelletier, the Indigenous Coordinator, to discuss their goals for the elective. Please contact Valerie ([valerie.arnault@usask.ca](mailto:valerie.arnault@usask.ca)) to schedule a meeting.

Electives in Indigenous Health are offered, subject to availability, at:

#### **Descriptions of Indigenous Health Elective Sites:**

##### **1. Wellness Wheel (Regina):**

Wellness Wheel is a Regina-based network of interdisciplinary health professionals (physicians in various disciplines including family medicine, infectious disease, general internal medicine, dermatology; nursing; pharmacy) that work in partnership with First Nations communities to promote holistic health and wellness through visiting outreach clinics in the First Nations' health centres, as well as through virtual clinics.

##### **2. MACSI (Saskatoon):**

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

##### **3. First Nations and Metis Health (Saskatoon):**

Sites are St. Paul's Hospital and Royal University Hospital. In this elective, students are exposed to an integrated and culturally respectful approach to care for First Nations and Métis people coming into Saskatoon Health Region for treatment and other services.

##### **4. All Nations Healing Hospital (Fort Qu'Appelle):**

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

##### **5. Whitecap Health Center (Whitecap First Nation):**

In this elective, students are exposed to various health programs such as community health nursing, child immunization, maternal health, community health, dental services, home and community care, medical

transportation, community health representative, counseling services, nutrition, diabetes, mental health, addictions, and justice.

#### **6. Sturgeon Lake Health Centre/Victoria Hospital:**

Working with a group of women, including midwives and Knowledge Keepers, at the Sturgeon Lake Health Centre who are reclaiming cultural birthing practices. Ensuring the inclusion of traditional birth teachings, provides more culturally sensitive obstetrical care.

Clerks will be under the supervision of a preceptor at their chosen site who will determine the Clerk's schedule.

#### **Application and Debriefing Process**

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

#### **A comprehensive approach will be assessed through these guiding objectives:**

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

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

## Integrative Medicine

### CONTACTS

#### SASKATOON SITE

Dr. Joseph Schnurr (Electives Coordinator)

Email: [schnurr.ja@gmail.com](mailto:schnurr.ja@gmail.com)

### ELECTIVE LENGTH

Recommended Length: 2 weeks

### DESCRIPTION

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

This course is available at no cost.)  
[https://integrativemedicine.arizona.edu/education/online\\_courses.html](https://integrativemedicine.arizona.edu/education/online_courses.html)

Students will be assessed on the following guiding objectives:

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered during an integrative medicine consultation.
2. Obtain an expanded patient centered history to identify potentially modifiable lifestyle, dietary and environmental risk factors.
3. Develop a differential diagnosis, clinical approach and initial individualized management plan of a patient presenting with common disorders/presentations encountered during an integrative medicine consultation.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture, etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, and patient autonomy.
9. Demonstrate use of assessment and educational tools to enhance the quality of the patient physician clinical encounter.

## Internal Medicine

### CONTACTS

#### SASKATOON SITE

Angela Kuffner (Placement Coordinator)  
Email: [im.electives@usask.ca](mailto:im.electives@usask.ca)  
Phone: (306) 844-1476

#### REGINA SITE

Francine Kurk (GIM and CTU Placement Coordinator)  
Email: [Francine.Kurk@saskhealthauthority.ca](mailto:Francine.Kurk@saskhealthauthority.ca)  
Phone: 306-766-3791

Ann Finch (ICU Placement Coordinator) until Sept  
Email: [amf554@mail.usask.ca](mailto:amf554@mail.usask.ca)

Kim Hall (Placement Coordinator for all other IM subspecialties)  
Email: [kdh479@mail.usask.ca](mailto:kdh479@mail.usask.ca)

#### PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator)  
Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)  
Phone: (306) 765-6787

### ELECTIVE LENGTH

Minimum length: 2 weeks

### DESCRIPTION

#### Addictions Medicine

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

1. Demonstrate competency using a patient-centered approach.
2. Maintain clear, accurate, and appropriate records of clinical encounters.
3. Communicate in a language easily understood by patients.
4. Describe the intricate relationship between the social determinants of health and addictions, and how these dynamics may influence intervention and treatment.
5. Describe generally the DSM 5 psychiatric diagnosis of substance use disorders and the treatment continuum.
6. Describe generally the physiology of opiate addiction and opioid agonist therapy treatment and be able to explain these at a level appropriate for patient education.
7. Describe and participate in the multidisciplinary approach to addictions.
8. Demonstrate an awareness of the common psychiatric concurrent disorders and medical co-morbidities, as well as the ability to screen for these conditions.
9. Practice the art of comforting patients and alleviating suffering.

10. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, honesty, integrity, altruism, appropriate boundaries, responsibility, timeliness, and striving for personal balance.
11. Identify and appropriately use resources.
12. Demonstrate an understanding of and practice evidence-based medicine within the continuum of addiction treatment.
13. Demonstrate a basic understanding of 'Transtheoretical Model of Change' and 'Motivational Interviewing'.

### **Cardiology**

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

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

### **Clinical Teaching Unit (CTU)**

The Clerk will be expected to have an in-depth clinical knowledge about commonly encountered internal medicine situations. The Clerk will work in a team-based environment and be expected to contribute to the overall management of patients. The CTU consists of year 3 Clerks, junior and senior residents and an attending clinician. The year 4 Clerk will be expected to be more independent than a year 3 Clerk assuming a greater responsibility in the patient-care environment.

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



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

**Regina** - The rotation is split as follows: one week on CTU and one week on GIM Bronze. The split depends on the number of clerks taking the rotation at the time your application is accepted.

### **Dermatology**

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

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

### **Endocrinology**

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

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

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

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

### **Gastroenterology**

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

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

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

### **General Internal Medicine (GIM)**

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

1. Obtain a patient-centered history and physical examination on a patient presenting with common undifferentiated internal medicine disorders/presentations

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

**Regina** - The rotation is split as follows: one week on CTU and one week on GIM Bronze. The split depends on the number of clerks taking the rotation at the time your application is accepted.

### **Geriatrics**

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

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

### **Hematology**

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

1. Obtain a patient-centered history and physical examination on a patient presenting with a patient with a core hematologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core hematologic presentation.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.

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

### **Intensive Care Unit (ICU)**

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

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

### **Infectious Diseases**

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

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

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

### **Nephrology**

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

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

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

### **Neurology**

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

1. Determine the neuroanatomical location of the patient's symptoms/finding.
2. Obtain a patient-centered history and physical examination on a patient presenting with common neurology disorders/presentations.
3. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common neurology disorders/presentations.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.

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

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

### **Occupational Medicine**

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

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

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

### **Oncology**

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

1. Obtain a patient-centered history and physical examination on a patient presenting with common oncologic disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a common oncologic disorders/presentations.

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

### **Respirology**

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

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

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

### **Rheumatology**

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

1. Obtain a patient-centered history and physical examination on a patient presenting with a core rheumatologic presentation.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core rheumatologic presentation.
3. Discuss the indications and complications of joint aspiration.
4. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.

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

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

### **Solid Organ Transplant**

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

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

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

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

A comprehensive approach will be assessed through these guiding objectives:



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

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

## Leadership

### CONTACTS

#### SASKATOON SITE

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### ELECTIVE LENGTH

Minimum length: 1 week

Recommended length: 2 weeks

### DESCRIPTION

This elective is aimed at providing an opportunity for Clerk's to enhance their knowledge about leadership opportunities within medicine directly from faculty leaders while further developing their leadership skills. This elective may be done through a variety of instructional methods, including online modules through CMA Joule online courses and experiential learning, and requires the Clerk to be self-directed in regards to different learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Identify different types of opportunities for physician leadership and advocacy including but not limited to:
  - a. Clinical care including healthcare teams and department leads.
  - b. Medical education.
  - c. Physician organizations (RMA, SMA, etc).
  - d. Health authorities.
  - e. Politics (ie Ministry of Health).
2. Establish strategies for ongoing professional development including leadership skills.
3. Communicate effectively with members of the healthcare team and leadership teams, including in situations of change and conflict.
4. Advocate for the needs of patients, communities and populations in all areas that affect health and well-being.
5. Describe the roles of the physician in the context of the healthcare system.
6. Describe ways in which physician can build and engage teams to improve patient care and outcomes.

## Medical Education

### CONTACTS

#### SASKATOON SITE

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#### REGINA SITE

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### ELECTIVE LENGTH

Minimum length: 2 weeks

Recommended length: 2 weeks

### DESCRIPTION

This elective is aimed at providing an opportunity for Clerks to enhance their knowledge about key medical education topics and to provide an opportunity to develop their medical education research, scholarship and/or innovation skills. This elective requires the Clerk to be self-directed, in terms of managing assigned readings, and identifying and exploring areas of interest in medical education. Students will complete a project proposal for a research or innovation in a selected area of medical education or complete a knowledge synthesis of key literature in a selected area of medical education. The elective will be assessed through these guiding objectives:

1. Discuss key topics in medical education and their implications for medical education.
2. Perform a literature search and synthesis in a self-selected topic in medical education.
3. Propose a medical education research project or innovation.
4. Describe the roles of students, residents, physicians, and patients in supporting quality medical education.
5. Manage workload effectively.
6. Demonstrate self-directed learning utilizing the appropriate resources.
7. Adjust personal communication style to the situation.

## Obstetrics & Gynecology

### CONTACTS

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#### PRINCE ALBERT SITE

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### ELECTIVE LENGTH

Recommended length: 2 weeks

### DESCRIPTION

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

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

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

Obstetrical Issues - uncomplicated pregnancy including prenatal screening, medical diseases complicating pregnancy – hypertension, diabetes, heart disease, renal disease, multiple gestation, ectopic pregnancy, spontaneous abortion, ante-partum hemorrhage, isoimmunization including Rh disease, pre- term/post-term labour, pre-labour rupture of membranes, chorioamnionitis, polyhydramnios/oligohydramnios, intrauterine growth restriction, intrauterine fetal death, uncomplicated delivery, complicated delivery – prolonged labour, breech, malpresentation, forceps and/or vacuum assisted, caesarian, non-reassuring fetal heart rate, uncomplicated post-partum care

Gynecological Issues - abdominal pain, hirsutism and virilization, endometriosis, abnormal bleeding – amenorrhea, dysmenorrhea, dysfunctional uterine bleeding, urinary incontinence, vaginal discharge, fertility issues, delayed menarche, premenstrual syndrome, menopause, contraception, ovarian tumors – benign and malignant, uterine cancer, cervical cancer, vulvar conditions – benign, pre-malignant, malign.

## Palliative Care

### CONTACTS

#### SASKATOON SITE

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#### REGINA SITE

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Dr. Andrea Johnson (Electives Coordinator)  
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### ELECTIVE LENGTH

Regina only offers 2-week electives  
Saskatoon only offers 1-week electives

### DESCRIPTION

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

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

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

## Pathology/Laboratory Medicine

### CONTACTS

#### SASKATOON SITE

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#### PRINCE ALBERT SITE

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### ELECTIVE LENGTH

Minimum length: 1 week  
Recommended length: 2 weeks

### PATHOLOGY DESCRIPTION

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

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in pathology. Students are expected to have a prior knowledge of histology before applying for this elective in surgical (anatomical) pathology. There will be expectations that the student(s) will join the pathologists at the multihead microscope, participate in rounds and academic half day. They may be asked to present a case to the pathologists.

A comprehensive approach will be assessed through these guiding objectives:

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

### **LABORATORY MEDICINE DESCRIPTION (ONLY OFFERED IN SASKATOON)**

General Pathology is a broad-based specialty that bridges clinical and laboratory medicine. The Department of Pathology and Laboratory Medicine is one of the clinical departments within the USask College of Medicine providing laboratory medicine services throughout the province. Laboratory Medicine is an integrated provincial department, operating from various sites throughout the province that provides diagnostic services for all patients served by Saskatchewan Health Authority. Clinical divisions include Anatomical Pathology, Biochemistry, Hematology, Microbiology, Transfusion Medicine, Immunodiagnostics, Molecular Diagnostics, HLA, and Cytogenetics.

Treatment of a patient diagnosed with cancer, sepsis, coagulation abnormalities, and genetic or metabolic disease is determined by laboratory investigation. 'Customized' elective time in laboratory medicine affords the student the opportunity to spend focused time on a particular subspecialty. This not only enhances patient care, but also provides students with a deeper understanding of the specialty that ultimately, they wish to pursue (oncology, surgery, medical genetics, infectious disease, dermatology etc.). The elective can be customized to meet the career goals of the individual student. Areas available within the department include gynecology, breast pathology, genito-urinary pathology, renal pathology, dermatopathology, neuropathology, pediatric pathology, transfusion medicine, tissue transplantation, genomics, microbiology, chemistry and hematopathology.

Work is supervised on an individual basis by faculty. Students have an opportunity to attend departmental conferences, lectures, and tumor boards, and will be expected to deliver a 10-minute presentation at the end of the rotation.

1. Identify appropriate laboratory diagnostic algorithms for different clinical situations.
2. Describe resource stewardship through the lens of appropriate laboratory diagnostic tests.
3. Identify laboratory diagnostic tests relevant to health promotion.
4. Describe how the laboratory team plays a key role in patient health both at the individual and population health levels.
5. Demonstrate self-directed learning using the appropriate resources.
6. Demonstrate professional behavior informed by ethical/legal standards such as informed consent, confidentiality, capacity, and patient autonomy.



## Pediatrics

### CONTACTS

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#### PRINCE ALBERT SITE

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#### SWIFT CURRENT

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### ELECTIVE LENGTH

Minimum length: 1 week

Recommended length: 2 weeks

Note: Pediatric Allergy only offers 1-week electives

### DESCRIPTION

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

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

The Clerk should have an in-depth clinical knowledge about common pediatric and adolescent disorders and their clinical presentations. These include: Hematologic (e.g., pallor (anemia), bruising and bleeding, limb swelling (thrombosis) and lymphadenopathy), Respiratory (e.g., cough, wheezing, stridor and acute respiratory distress), Cardiac (e.g., cyanosis, heart murmur, respiratory distress, hypoxia, tachycardia, bradycardia and arrhythmias), ENT (e.g., otalgia, ear discharge, tinnitus, vertigo, sore throat and laryngitis), Gastrointestinal (e.g., vomiting, abdominal pain, diarrhea, constipation, hematochezia and

failure to thrive), Neurologic (e.g., headaches, altered level of consciousness, seizures, meningitis, visual, sensory, motor or other neuromuscular deficits), Infectious (e.g., sepsis, osteomyelitis, septic arthritis, viral encephalitis, fever of unknown origin and prolonged fever), Musculoskeletal (e.g., limp, abnormal gait, and limb pain), Genitourinary (e.g., polyuria, nocturia, dysuria, hematuria, urinary urgency, urinary frequency, nocturnal enuresis, encopresis, urinary tract infection and renal insufficiency), Neurodevelopmental, psychiatric (e.g., school difficulty, attention deficits, temper tantrums, sensory processing issues, abnormal mood, affect and behavior) and Social clinical presentations (e.g., inadequately explained pediatric injuries, malnutrition). The Clerk should be able to recognize, assess and develop a management plan for common concerns in pediatric patients of different age categories (e.g., neonates, infants, toddlers, school age children and adolescents), children with a complex medical illness, acute illness and with a genetic or metabolic disorder.

### **Allergy – Pediatric (Only offers 1-week electives)**

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

1. Obtain a patient-centered pediatric history and physical examination in a patient suspected of an allergic disorder.
2. Diagnose common allergies and associated symptoms in pediatric patients.
3. Develop a differential diagnosis and management plan for a pediatric patient with suspected food allergy.
4. Recognize common allergic triggers associated with asthma in pediatric patients.
5. Identify skin manifestation of allergic conditions in pediatric patients.
6. Recognize anaphylaxis versus minor allergic reactions and their management.
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Cardiology - Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of a cardiology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient cardiology clinic as well. The objectives of this rotation are as follows.

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with heart disease in the inpatient/outpatient setting.
2. Develop evidence based differential diagnosis, clinical approach and initial management of a pediatric cardiac patient.

3. Identify the different types of cardiac murmurs in children and differentiate the pathologic versus non pathologic murmurs.
4. Describe the cardiac physiology and its changes in the pre and post-natal period.
5. Describe the common presenting symptoms of pediatric cardiac disorders in neonates, infants and children.
6. Develop an understanding of common congenital cardiac defects and their management.
7. Learn to develop an assessment and management plan for pediatric patient with cardiac issues.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Developmental - Pediatric**

This is an outpatient rotation. The Clerk is expected to have in-depth knowledge about pediatric developmental milestones and common neurodevelopmental as well as behavioral disorders. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common developmental issues including speech delay, global developmental delay and isolated motor delay etc.
3. Identify common genetic syndromes associated with developmental abnormalities.
4. Identify the range of normal versus abnormal behavior in each age group.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Emergency Medicine – Pediatric**

The Clerk will be assigned a Pediatric Emergency Physician to work one-on-one with for typically an 8-hour shift in the busy Pediatric Emergency Department within the new Jim Pattison's Children's Hospital. The department sees a large variety of cases from minor to level one traumas and resuscitations. The dedicated one learner to one staff allows for a robust educational experience. The length of this rotation

is typically 2 or 4 weeks in duration (7 shifts for 2 week duration, or 13-14 shifts in 4 weeks plus rotation). There is associated Case Based Teaching (CBT) or SIM teachings, and Adult/Pediatric Emergency Medicine Academic Half-Day. The Clerk is expected to acquire in-depth knowledge about common presenting illnesses in the pediatric emergency. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient who presents in the ER.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient in ER.
3. Learn to recognize the “toxic” versus “non-toxic” looking child and triage accordingly.
4. Demonstrate pediatric specific resuscitation techniques.
5. Discuss the management of pediatric trauma.
6. Identify situations associated with child abuse and its assessment.
7. Adjust personal communication style to patient and family as well as extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Endocrinology – Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of pediatric endocrinology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient endocrinology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with an endocrinology complaint.
2. Describe the approach to common pediatric endocrine complaints such as short stature, hypoglycemia, hyperglycemia, disorders of calcium metabolism, polyuria, polydipsia, ambiguous genitalia, precocious puberty, weight gain and goiter etc.
3. Describe the management of acute and chronic complications of diabetes.
4. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
5. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.

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

### **Gastroenterology - Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of pediatric GI medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient GI clinic as well. Clerks will be able to shadow common GI procedures like endoscopy. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with a GI complaint.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common GI complaints including constipation, abdominal pain, nausea, vomiting, weight loss, diarrhea etc.
3. Recognize common hepatic disorders in pediatric patients and formulate a DD and management plan. Understand the presentation of liver disease in pediatric patients.
4. Develop a GI specific differential for pediatric patient with FTT.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Hematology/Oncology - Pediatric**

The rotation is a mix of inpatient and outpatient experiences. The Clerk participates as a supervised member of the hematology and oncology team. The Clerk helps provide and deliver care for inpatient consults as well as patients admitted directly under the service; therefore, the Clerk may be responsible for writing consulting and progress notes as well as coordinating admissions and discharges. Outpatient care consists of referral visits and follows up for pediatric hematology and oncology patients. The Clerk would also actively present patients and participate in multidisciplinary conferences such as tumor boards. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a hematological or oncological disease.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common hematology /oncology issues including anemia, thrombocytopenia, leukopenia, bleeding, bruising and lymphadenopathy.
3. Identify common oncologic disorders in pediatric patients and formulate assessment plan.

4. Observe and perform lumbar puncture and BM biopsies as situation arise.
5. Recognize oncologic emergencies and their initial assessment/management.
6. Identify and manage the clinical and laboratory picture of nutritional anemias.
7. Identify causes of abnormal coagulation tests and correlate with clinical picture in a patient.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Infectious Disease - Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of Pediatric ID medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient ID clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a pediatric infectious disease in the inpatient/outpatient setting.
2. Develop evidence based differential diagnosis, clinical approach and initial management of a pediatric ID patient.
3. Describe the recommended immunization schedules for pediatric patients in specific situations (e.g. immunodeficiency/asplenic/sickle cell).
4. Describe the management of infectious complications in a child with known or suspected immunodeficiency.
5. Describe the evidence based use of common antibiotics and their side effects in pediatric patients.
6. Explain the principles of antibiotics stewardship.
7. Describe the aspects of infection control in pediatric inpatient setting.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Inpatient - Pediatric**

This elective is an opportunity to be part of the Clinical Teaching Unit (CTU) teams, helping manage patients who are admitted to hospital for acute illness. The CTU admits patients with general Pediatric concerns and serves as the admission service for some of the pediatric subspecialties, resulting in a variety of patient presentations to care for. Rotating Clerks will be expected to be present for hand-over at 7:30 AM. They will be expected to present patients in the rounds and to write initial histories, discharge summaries and progress notes. Clerks will be expected to have in-depth knowledge of common pediatric presentations described above. Other objectives of the rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient in the inpatient setting.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient
3. Recognize the “toxic” versus “non-toxic” looking child and triage accordingly.
4. Identify situations associated with non-accidental trauma and its assessment.
5. Describe the inpatient management of a child with complex medical condition.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Medical Genetics – Pediatric**

This rotation is a mix of inpatient and outpatient experiences. The Clerk will see pediatric and adult patients from multiple medical sub-specialties. They will participate in outpatient and inpatient genetic consults. They will receive dedicated teaching on types of inheritance patterns, types of genetic testing and interpretation of genetic test reports including karyotypes, arrays and molecular testing. If interested, there may be the opportunity to spend some time in the genomics lab observing DNA extraction and chromosome analysis (time and availability permitting). The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient suspected of a genetic syndrome.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with genetic or metabolic diseases.
3. Explain a genetic framework for family history taking and pedigree drawing.
4. Conduct a dysmorphology examination.
5. Identify the indications for a genetic referral in pediatric patients.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.

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

### **Neonatal Intensive Care Unit (NICU) – Pediatric**

This elective is an opportunity to be part of the NICU clinical team and learn management of premature and full-term neonates with a wide range of complications. The Clerk will be expected to attend ward rounds, present patients, attend deliveries and observe procedures. The Clerk will also observe premature infants and follow up in NICU developmental clinics. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history in a neonatal patient. It will be preferred as a new consult.
2. Develop understanding of the complications associated with prematurity and their management.
3. Develop basic understanding of neonatal nutrition and fluid management.
4. Demonstrate how to perform cardiorespiratory resuscitation on neonates.
5. Develop a differential diagnosis, assessment and plan about common neonatal conditions (e.g., sepsis, jaundice, respiratory issues, cardiac issues and CNS complications)
6. Develop a follow up plan for premature infant upon discharge from NICU
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Nephrology – Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of nephrology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient nephrology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient who presents with a core pediatric nephrology presentation such as: hypertension, nephrotic/nephritic syndrome, acute or chronic kidney disease and genitourinary disorders etc.



2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core Nephrology presentation such as: hypertension, nephrotic/nephritic syndromes, acute/chronic kidney disease, genitourinary syndromes and UTI.
3. Describe the complications of patients with chronic kidney disease.
4. Explain the indications and potential complications for acute dialysis.
5. Explain the principles of acid base balance and its alterations in different renal disorders.
6. Interpret an arterial blood gas.
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Neurology – Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of a pediatric neurology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient neurology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with a pediatric neurological condition.
2. Develop the ability to recognize symptoms that may signify pediatric neurologic disease in the context of developmental stage (including disturbances of consciousness, developmental delay and regression, language delay, vision, hearing, equilibrium, motor function, somatic sensation, and autonomic function)
3. Develop the skills to distinguish normal from abnormal findings on a neurologic examination in pediatric patients.
4. Recognize developmental milestones and its importance for differentiation of developmental delay from regression.
5. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common neurological presentation such as headaches, seizures, developmental delay, focal neurologic deficits and sensory/motor symptoms.
6. Differentiate between different types of headaches and formulate assessment/management plan
7. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.

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

### **Outpatient - Pediatric**

This is an outpatient rotation where the Clerk will be exposed to common outpatient pediatric complaints. These are referral-based clinics. The Clerk will gain experience working with General Pediatricians either in a community or hospital-based outpatient practice. These practices see patients who are referred for a wide variety of pediatric concerns, so this is an opportunity to help develop skills in managing children with medical, behavioral and mental health issues. The Clerk is expected to acquire knowledge about presentation, assessment and management of common pediatric issues, present information and document histories and physicals. The objectives of presentation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient in the outpatient setting.
2. Develop a differential diagnosis, clinical approach and initial management of a pediatric patient with common outpatient pediatric problems.
3. Coordinate and provide multidisciplinary care to a child with a complex illness.
4. Develop an understanding about the presentation of commonly encountered neurodevelopmental disorders in pediatric patients such as Autism, ADHD, learning disabilities.
5. Describe the management of common pediatric psychiatric/behavior disorders as well as indications for referral.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
8. Manage workload effectively.
9. Demonstrate self-directed learning utilizing the appropriate resources.
10. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Palliative Care – Pediatric**

This rotation is a mix of inpatient and outpatient experiences. The Clerk will be expected to have a level of clinical knowledge appropriate to a generalist about commonly encountered pediatric palliative care issues. The Clerk will be expected to present patients and write consults as well as progress notes in the inpatient setting. The objectives for this rotation as are follows:

1. Obtain a patient-centered pediatric history and physical examination on a pediatric patient presenting with a life threatening/life limiting illness.
2. Develop a differential diagnosis, clinical approach and initial management plan of a pediatric patient presenting with a life threatening/life limiting illness.
3. Describe the basic principles around management of pediatric patients with complex/palliative conditions.

4. Demonstrate how to appropriately discuss bad news, unexpected outcomes and complex social/clinical situations while maintaining empathy and professionalism.
5. Demonstrate how to optimize patient's quality of life by managing pain, GI complaints and mental health appropriately.
6. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
7. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.

### **Respirology – Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of a Respirology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will also have an opportunity to shadow in the outpatient clinic. There will be options for the Clerk to observe pulmonary function tests, bronchoscopy and shadow in the sleep lab. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a pediatric respiratory disease in the inpatient/outpatient setting.
2. Develop evidence based differential diagnosis, clinical approach and initial management of a pediatric patient with respiratory symptoms.
3. Identify the causes of obstructive versus restrictive pulmonary diseases in children.
4. Describe respiratory physiology and its age-related changes.
5. Interpret PFTS.
6. Explain the outpatient and inpatient assessment and management of common pediatric respiratory issues (e.g., Asthma and obstructive sleep apnea) in pediatric patients.
7. Identify pulmonary complications associated with CF.
8. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
9. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
10. Manage workload effectively.
11. Demonstrate self-directed learning utilizing the appropriate resources.
12. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Rheumatology – Pediatric**

This elective is a mix of inpatient and outpatient experiences. The Clerk will be a part of pediatric rheumatology medical team and rounds on inpatient consults. Hence, the Clerk will be expected to present patients and write consult or progress notes. Clerks will have an opportunity to shadow in the outpatient rheumatology clinic as well. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a patient with a pediatric rheumatology complaint with a focus on MSK and joint examination as well as other subtle features of pediatric rheumatologic disorders.

2. Describe musculoskeletal diseases in children and differentiate between rheumatological versus non-rheumatological causes.
3. Describe the approach to common pediatric rheumatological issues such as pediatric rheumatic disease, Juvenile Idiopathic Arthritis, Lupus, Dermatomyositis, Kawasaki's disease and more.
4. Identify the indications for ordering rheumatological tests and their interpretation.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

### **Social and Community - Pediatric**

This is an outpatient rotation with school-based pediatric clinics. In Saskatoon, it is held at St. Mary with associated pediatric psychiatrist and therapist services. In Regina, the school-based health care services are provided via public health nurses. The Clerks will be expected to assess outpatient pediatric students and write consult notes. The objectives of this rotation are as follows:

1. Obtain a patient-centered pediatric history and physical examination in a pediatric patient with a focus on social, academic and mental health.
2. Address aspects specific to adolescent mental and physical health including screening for mood disorders, social concerns (i.e., bullying, reproductive health and substance abuse).
3. Describe the social determinants of health and how it pertains to a developing brain.
4. Identify pediatric populations at risk of health disparity due to social dynamics.
5. Adjust personal communication style to patient, family, and extra professional team needs considering knowledge level, background, culture etc.
6. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
7. Manage workload effectively.
8. Demonstrate self-directed learning utilizing the appropriate resources.
9. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

## Physical Medicine & Rehabilitation (PM&R)

### CONTACTS

#### SASKATOON SITE

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#### REGINA SITE

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### ELECTIVE LENGTH

Minimum length: 1 week  
Recommended length: 2 weeks

### DESCRIPTION

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

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

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

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

1. Obtain a patient-centered and functional history and physical examination for a patient presenting with common PM&R disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan for a patient presenting with common PM&R disorders/presentations.
3. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.

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

## Psychiatry

### CONTACTS

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#### PRINCE ALBERT SITE

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### ELECTIVE LENGTH

Minimum length: 1 week  
Recommended length: 2 weeks

### DESCRIPTION

#### General Adult Psychiatry

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

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

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

#### Child and Adolescent Psychiatry

This elective is aimed at further developing the Clerk's knowledge base and clinical skills in child and adolescent psychiatry. This may be done through a variety of instructional methods and require the Clerk

to be self-directed in regard to learning opportunities. The Clerk will be expected to have skills in taking a psychiatric history and performing the MSE, developing a differential diagnosis, and basic management plan for common psychiatric disorders. The elective may take place in an inpatient setting, outpatient setting, community/outreach setting, or a combination. A comprehensive approach will be assessed through these guiding objectives:

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

### **Forensic Psychiatry**

This elective is aimed at further developing the Clerk's knowledge base and clinical skills in forensic psychiatry. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regard to learning opportunities. The Clerk will be expected to have skills in taking a psychiatric history and performing a mental status exam, developing a differential diagnosis, and basic management plan for common psychiatric disorders. The elective may take place in an inpatient setting (Regional Psychiatric Centre – Saskatoon), outpatient setting, or a combination. A comprehensive approach will be assessed through these guiding objectives:

1. Develop skills in conducting a forensic psychiatry assessment, including taking a patient-centered history and mental status examination on a patient presenting with common psychiatric disorders/presentations.
2. Develop a differential diagnosis, clinical approach and initial management plan of a forensic psychiatry patient presenting with common psychiatric disorders/presentations.
3. Adjust personal communication style to the forensic psychiatry patient and interdisciplinary team needs considering knowledge level, background, culture, and setting (e.g. correctional institution).
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Identify risk factors for criminal behaviour, violence, and recidivism.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources for patients with a forensic history who are presenting with mental health disorders.



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

### **Geriatric Psychiatry**

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in geriatric psychiatry. This may be done through a variety of instructional methods and require the Clerk to be self-directed in regards to learning opportunities. The Clerk will be expected to demonstrate skills in taking a psychiatric history and performing a mental status exam, developing a differential diagnosis, and basic management plan for common psychiatric disorders in the geriatric population. The elective may take place in an inpatient setting, outpatient setting, community/outreach setting, or a combination. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered history and perform a mental status examination on a patient presenting with a core geriatric mental health concern.
2. Develop a differential diagnosis, clinical approach and initial management of a patient presenting with a core geriatric mental health concern.
3. Adjust personal communication style to a geriatric patient and extra professional team needs considering knowledge level/cognition (e.g., Dementia), background, culture and setting (e.g., Nursing home).
4. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
5. Identify risk factors for elder abuse/neglect and caregiver burnout.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources for geriatric patients presenting with/or have a history of mental health issues.
8. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

## Public Health and Preventative Medicine

### CONTACT

Lana McDonald (Placement Coordinator)

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### ELECTIVE LENGTH

Recommended length: 2 weeks

### DESCRIPTION

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

1. Participate effectively as part of the interprofessional and interdisciplinary team, integrating all of the CanMEDS Roles to provide optimal, ethical care at the individual, family, group, organization, community and population levels.
2. Recognize the importance of developing rapport, trust, and ethical relationships with individuals, families, groups, organizations, communities, and populations.
3. Participate in the response to individual, family, community and population health needs and issues.
4. Identify the determinants of health for the populations that they serve.
5. Describe opportunities for promotion of the health of individuals, families, communities, and populations including opportunities to improve health equity.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources for geriatric patients presenting with/or have a history of mental health issues.

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

## Research

### CONTACTS

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### ELECTIVE LENGTH

Recommended length: 2 weeks

### DESCRIPTION

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

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

A comprehensive approach will be assessed through these guiding objectives:

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

## Surgery

### CONTACTS

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### ELECTIVE LENGTH

Minimum length: 1 week

Recommended length: 2 weeks

### DESCRIPTION

#### *Cardio Thoracic*

#### **Cardiovascular Surgery**

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

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

## **Thoracic Surgery**

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

1. Obtain a patient-centered history and physical examination on a patient presenting with common disorders/presentations encountered in thoracic surgery.
2. Develop a differential diagnosis, clinical approach and initial management plan of a patient presenting with common disorders/presentations encountered in thoracic surgery.
3. List the stages of lung cancer.
4. Discuss the difference between an exudative and transudative effusion, list examples.
5. Observe proper technique for chest tube insertion.
6. Interpret a CXR and CT chest image.
7. Adjust personal communication style to patient and extra professional team needs considering knowledge level, background, culture etc.
8. Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
9. Manage workload effectively.
10. Demonstrate self-directed learning utilizing the appropriate resources.
11. Demonstrate professional behavior informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

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

## **Ear, Nose and Throat (Otolaryngology)**

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

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

## General Surgery

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

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

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

Mass:	neck/ thyroid mass, breast lump (including nipple discharge), abdominal mass (intra-abdominal and abdominal wall, including groin), scrotal mass, rectal/prostatic mass, lymphadenopathy
Pain:	(acute and chronic) abdominal pain and/or distension, scrotal pain, joint pain, upper and lower limb pain
Blood:	epistaxis, hemoptysis, upper and/or lower gastrointestinal bleed, hematuria
Trauma:	head, chest, abdominal, pelvic, and limb injury, burns
Other:	dysphagia/odynophagia, jaundice, urinary obstruction, shock
ENT:	foreign body of nose or ear, tonsillitis, epistaxis, serous otitis, thyroid cancer/mass
Breast:	benign masses (fibroadenoma, fibrocystic changes, abscess), malignant masses
Respiratory:	solitary pulmonary nodule, pleural effusion (malignant and empyema), pneumothorax (spontaneous, traumatic, iatrogenic)
Vascular:	aortic dissection, aortic aneurysm, varicose veins, occlusive peripheral vascular disease
Gastrointestinal:	acute abdomen (including appendicitis/diverticulitis/GI tract perforation), bowel obstruction, esophageal obstruction, GERD/gastritis/peptic ulcer disease, duodenal ulcer, mesenteric ischemia, biliary colic/cholelithiasis/cholecystitis/choolangitis, liver masses (benign vs. malignant), pancreatitis, colorectal carcinoma, colitis (including toxic megacolon), inflammatory bowel disease, anorectal diseases (anal fissure, anorectal

abscess/fistula, hemorrhoids), pilonidal disease, hernias (inguinal, femoral, umbilical, incisional)

Skin/Soft Tissue: necrotizing soft tissue infections, skin cancer, benign skin lesions (nevus, verrucae, epidermal inclusion cysts, lipoma)

Genitourinary: hematuria (benign and malignant causes), BPH, renal colic, prostate cancer, UTI, scrotal masses (hydrocele, spermatocele, varicocele), scrotal pain (torsion, epididymitis/orchitis)

Musculoskeletal: fractures (open and closed), dislocations, subluxations, compartment syndrome, septic joint, osteoarthritis

Neurological: cerebral neoplasms, CNS infections (meningitis and abscess), primary impact injury (concussion to profound coma), epidural hematoma, subdural hematoma, subarachnoid hemorrhage, spinal cord injury, peripheral nerve injury/entrapment (carpal tunnel syndrome)

### **Neurosurgery**

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

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

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

### **Orthopedic Surgery**

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

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

### **Pediatric Surgery**

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

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



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

### **Plastic Surgery**

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

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

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

### **Trauma Surgery**

This elective is aimed at broadening the Clerk's exposure to trauma patients from the initial resuscitation to the operating room and ward care. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in regards to the learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

1. Obtain a patient-centered primary and secondary survey on a trauma patient.
2. Develop a differential diagnosis, clinical approach and initial management plan for the patient presenting with trauma.

3. Describe the ATLS principles of resuscitation.
4. Adjust personal communication style to patient and extra-professional team needs considering knowledge level, background, culture, etc.
5. Identify advocacy measure relevant to the health promotion of their patients, families and communities.
6. Manage workload effectively.
7. Demonstrate self-directed learning utilizing the appropriate resources.
8. Demonstrate professional behaviour informed by ethical/legal standards such as: informed consent, confidentiality, capacity, patient autonomy.

## **Urology**

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

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

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

## **Vascular Surgery**

This elective is aimed at broadening the Clerk's knowledge base and clinical skills in vascular surgery. This may be done through a variety of instructional methods and requires the Clerk to be self-directed in

regards to learning opportunities. A comprehensive approach will be assessed through these guiding objectives:

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

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

## Ophthalmology (Surgery)

### CONTACTS

#### SASKATOON SITE

Lorrisa Budz (Placement Coordinator)

Email: [lorrisa.budz@usask.ca](mailto:lorrisa.budz@usask.ca)

Phone: (306) 655-8050

#### REGINA SITE

Francine Kurk (Placement Coordinator)

Email: [Francine.Kurk@saskhealthauthority.ca](mailto:Francine.Kurk@saskhealthauthority.ca)

Phone: (306) 766-3447

#### PRINCE ALBERT SITE

Nicole Toutant (Administrative Coordinator)

Email: [nicole.toutant@usask.ca](mailto:nicole.toutant@usask.ca)

Phone: (306) 765-6787

### ELECTIVE LENGTH

Minimum length: 1 week

Recommended length: 2 weeks

### DESCRIPTION

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

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

## **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<sup>[1]</sup>.

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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<sup>[1]</sup> 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](http://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](mailto: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](mailto: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](mailto:ayla.mueen@usask.ca)

Academic Support Specialist: Dr. Joshua Lloyd – [joshua.lloyd@usask.ca](mailto:joshua.lloyd@usask.ca)

Academic Support Administration Office – [med.academicssupport@usask.ca](mailto:med.academicssupport@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](mailto:edith.conacher@usask.ca) or (306) 966-4751



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

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

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

Student Affairs Site Director Regina, Dr. Tiann O'Carroll - [tiann.ocarroll@usask.ca](mailto:tiann.ocarroll@usask.ca) or (306) 529-0777

Director, Student Services, Dr. Ginger Ruddy – [ginger.ruddy@usask.ca](mailto: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.

