




Clinical Skills III

MEDC 213.8

YEAR 2 TERM 1

 **COURSE SYLLABUS**
2019/2020



UNIVERSITY OF SASKATCHEWAN
College of Medicine
MEDICINE.USASK.CA

CLINICAL SKILLS III – COURSE OVERVIEW

COURSE DESCRIPTION

Learning in Clinical Skills III (Year 2 - Term 1) will enable students to improve their patient-centered communication and physical examination skills. These skills will be improved upon through a combination of assessment of 'real-life' patients and structured learning sessions. Students will continue to develop clinical reasoning skills focusing on the development of differential diagnoses.

In addition to history taking and physical examination skills, students will begin to learn the importance and appropriate use of supplemental investigative tools. Ideally, students will move from gathering accurate data to the process of information integration and eventually be able to provide a logical, appropriate differential diagnosis.

The course will include the following components: Advanced Communication Skills III, Focused Interview and Physical Examination (FIPE) and Review Sessions, Discipline-specific patient Encounter Sessions (DSPE) in Neurology, Family Medicine, Nephrology, Urology, Physical Medicine and Rehabilitation, Orthopedics and Ophthalmology. When possible, Clinical Skills sessions will be organized around content students are learning in other courses.

Completion of this course will help students attain elements of their overall undergraduate program objectives ([Program Learning Objectives](#)).

Prerequisites: Successful completion of Clinical Skills I and II.

OVERALL COURSE OBJECTIVES

By the completion of Clinical Skills III course, students will be able to:

1. Establish ethical relationships with patients characterized by understanding, trust and empathy.
2. Demonstrate communication skills in conducting a patient-centered interview that:
 - explore and apply the four dimensions of illness – “FIFE” (feelings, ideas, impact on function, expectations);
 - explore the disease process and relevant past history;
 - explore relevant social and family context with the patient;
 - reach agreement with patients on the nature of their problems, appropriate goals of treatment, and roles of patient and doctor (and others, as appropriate) in management.
 - Apply principles of cultural safety
3. Perform a physical examination relevant to a patient’s presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort.
4. Demonstrate clinical reasoning including tailoring the interview content and physical examination to assist with the development of a provisional differential diagnosis.
5. Present a concise verbal summary of the patient’s history including the disease and illness experience, physical exam, potential differential diagnoses, a brief assessment and management plan, and record the information obtained in an appropriate format.
6. Choose appropriate investigations for a particular clinical presentation.
7. Interpret relevant investigations.
8. Propose possible solutions to clinical problems and challenges suitable for level of training including advocating for the patient as necessary.

9. Demonstrate skill in procedures taught in Clinical Skills.
10. Reflect meaningfully on individual performance, feedback received, and feedback provided to other professionals.
11. Demonstrate competence in personal time management, such that competing demands are prioritized, requirements are completed as described and deadlines are met.
12. Demonstrate skills in using appropriate evidence-based resources to develop differential diagnoses, investigative and management plans.
13. Exhibit professional behaviour consistently including; integrity; responsibility; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

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

COURSE CONTACTS

Course Director: Dr. Alia Teja - alia.teja@usask.ca (306) 966-5354

Administrative Coordinator: Sonja MacDonald - sonja.macdonald@usask.ca- (306) 966-5354

Administrative Coordinator (Regina): Alexis Robb - alexis.robb@saskhealthauthority.ca- (306) 766-0556

Administrative Assistant: Kimberly Basque – kimberly.basque@usask.ca - 306-966-6151

COURSE SCHEDULE

The Clinical Skills III Course consists of a variety of activities (including lectures, CLRC sessions, department-based sessions, simulations, and ½ day skills specific learning). The schedule will be posted on one45.

Please check one45 **DAILY** to ensure the most current schedule information. The latest a change can be made to a session (unless it is a true emergency) is 48 hours in advance of the scheduled sessions. If changes are made to a session that has already been scheduled in one45, affected students will be notified directly via email by the departmental undergraduate administrators.

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. Access the link below for the most current objectives.

<https://share.usask.ca/medicine/one45/kbase/Curriculum.aspx>

INDEPENDENT LEARNING

During the course, protected time for independent learning has been set aside to allow and encourage students to prepare, and practice skills learned as they monitor their own progress towards meeting the broad objectives for the medical program. Some sessions require prior preparation, and it is the student's responsibility to adequately prepare for sessions. Lack of preparation may result in being unable to effectively participate in learning activities, and may influence assessment.

COURSE DELIVERY

Students will learn through a variety of methods, including:

- Facilitated small group learning sessions with simulated patients
- Discipline-specific patient encounter sessions
- Simulations
- ½ day specific skills training
- Large group sessions
- Independent self-directed learning

COURSE MATERIAL ACCESS

Course materials, including the syllabus, sessions, objectives, required reading, forms, and other useful documents are posted on one45.

- If you are having difficulty accessing your account please contact Student Central 306-966-1212 or contact IT Services Help Desk 306-966-4817

READINGS/TEXTBOOKS

The Edmonton Manual: Approach to the OSCE 4th Edition, University of Alberta Medical Students' Association
Bates Guide to Physical Examination and History Taking 11th Edition, Lippincott Williams & Wilkins, 2013.

Bates' Visual Guide to Physical Examination. Available online under Health Sciences Library at:
<http://library.usask.ca/hsl>

Clinical Skills 1 Syllabus contains a model write up and review of the history and physical, as well as details of more advanced physical examination tests used in Clinical Skills II

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/>

REQUIRED MEDICAL INSTRUMENTS

These required medical instruments must be purchased before the commencement of the school year:

- stethoscope
- reflex hammer (Queen's Square preferred)*
- centimeter ruler
- pen light
- flexible tape measure
- watch with second hand
- lab coat

RECOMMENDED MEDICAL INSTRUMENTS

While the above medical instruments are required, it is strongly recommended that students have the following instruments for personal use.

- ophthalmoscope/otoscope
- aneroid blood pressure cuff
- tuning fork(s) (128 cps +/- 512 cps)

LEARNING CENTRES

Saskatoon Site:

The CLRC (2nd floor, E wing, Health Sciences Building) is where several small group sessions are held. The CLRC is available for students to practice clinical skills outside of class time when space is available. Students will need to request practice time in advance by emailing: clrc_scheduling@usask.ca or through a Super User.

Regina Site:

Regina small group learning sessions are held in the Learning Centre.

The learning centre is available after hours to the students. They need to use their SHA ID badges to access the space. Four exam rooms are open in the evenings to use. During the day, study and practice space is available, but must be booked through one of the UGME staff.

The simulation centre is also available to students after they do an individual orientation session with the simulation staff. Once that orientation is complete, the student's id badge will allow them access to the space.

FEEDBACK ON STUDENT PERFORMANCE

Clinical Skills courses are the practice arenas to develop and hone medical skills. Feedback in these courses is constant and comes through a variety of sources and in numerous ways. Informal, formal, self, and peer feedback are all part of this course. Course tutors will provide students with a variety of formal and informal, verbal and written feedback throughout the clinical sessions. Students will be asked to give and receive peer feedback during sessions and will be taught how to do this in a specific and objective fashion. Students should also be constantly reflecting, setting targets, and developing action plans for improvement and integration of feedback in constructive ways. Every interaction in this course is an opportunity for growth – students will receive formal and informal feedback throughout each module, but do not discount the value of oral feedback and comments.

DRESS CODE

All sessions require professional dress for clinic. Please do not assume that scrubs will be provided. Please come dressed and groomed in a manner that would be viewed acceptable by other conservative professionals.

COURSE ASSESSMENT OVERVIEW

| | Assessment *note pass mark is 70% for all assessments *Must meet expectations for professionalism for all sessions | Module Weight | Course Weight | | |
|--|--|--|----------------------|------|-----|
| FIPE | Review | Formative | 20% | | |
| | Nephrology SIM Session Nephrology Clinical Cases U/S Quiz | Formative Formative 5% | | | |
| | Musculoskeletal History and Physical Exam Sessions Musculoskeletal Clinical Cases Musculoskeletal Written Assignment (Due 7 days after cases) Musculoskeletal Mini-OSCE | Formative Formative 20% 25% | | | |
| | Neurology History and Physical Exam Session Neurology Clinical Cases Neurology Written Assignment (Due 7 days after cases) Neurology Quiz Neurology Mini OSCE | Formative Formative 20% 5% 25% | | | |
| | Imaging Review Session | Formative | | | |
| Advanced Communication Skills | Direct Performance Assessment During Session Feedback Assignment (due 7 days after session) Video Assignment (Due 7 days after session) MSK Mini – OSCE Communication Components Neurology Mini – OSCE Communication Components | Formative 5% 75% 10% 10% | 10% | | |
| Discipline Specific Patient Encounter | Family Med Formative Assessment During Session Family Medicine SOAP Note (Due 7 days after first session) Family Medicine Clinical Question (Due 7 days after first session) Family Medicine Direct Performance Assessment 1 Family Medicine Direct Performance Assessment 2 Nephrology Session | Formative 7.5% 7.5% 7.5% 7.5% Formative | 20% | | |
| | Neurology Direct Performance Assessment | 15% | | | |
| | Pediatrics Direct Performance Assessment Review Pediatrics Case Write Up (Due 7 days after review session) Pediatrics Direct Performance Assessment Developmental Pediatrics Direct Performance Assessment Neurology | 3% Formative 6% 6% | | | |
| | Ophthalmology Session | Formative | | | |
| | Urology Session | Formative | | | |
| | Sensitive Exam Teaching Associates: Male | Formative | | | |
| | Orthopedics Session Webinar Based X-ray Assignment | Formative 15% | | | |
| | PM&R Direct Performance Assessment 1 PM&R Direct Performance Assessment 2 PM&R Written Assignment 1 PM&R Written Assignment 2 | 6% 7% 6% 6% | | | |
| | Objective Structured Clinical Examination | Summative OSCE: Content covered CSIII * pass mark determined by criterion referenced standard setting and adjusted to a 70% pass mark | | 100% | 50% |

* OSCE pass mark will be set at the total OSCE score level using a criterion referenced standard such that a passing candidate is determined to be acceptably competent to progress within the curriculum. Cut scores, thus determined, will be adjusted to a pass mark of 70%.

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

WRITTEN COURSE ASSESSMENTS

Written assessments (Case write-up, Reflective Journaling Assignment) or formative assessment forms are due **7 consecutive calendar days following the clinical encounter**. Respect for due dates is a component of professionalism and is assessed as such.

COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION

Completion

In order to successfully complete the course for the purposes of promotion, students must be successful in each of the three course pillars outlined below:

1. OSCE: Successful completion of the OSCE achieving a pass as determined by criterion referenced standard setting.
2. Course Modules: Successful completion of all course modules as outlined in the assessment overview. Students must achieve a pass mark of 70% in each course module (FIPE, Communication Skills and DSPE).
3. In-Module Assessments: In the event that a student fails 3 or more individual summative in-module assessments, this will be treated as equivalent to a failure of a course pillar. Assessments contributing to an already failed course module do not contribute towards this total.

Remediation

1. In the event of a failure of any one of the above course pillars a student may be offered remediation and supplemental assessment. Failure of more than one course pillar will result in an automatic failure of the course, with no remediation offered.
2. Upon identification of failure of a course pillar, students will meet with the Module/Course Director and/or Year Chair to devise a learning plan if remediation is being offered. The Module Director/Course Director will determine the specific type of remediation needed for each individual student. This remediation may be in the form of additional assignments, assigned readings, and meetings with the Module Director and/or other mentors.
3. After completion of remediation, a supplemental assessment will be offered at the end of the term. The Module Director/Course Director will determine the specific type of supplemental assessment, which may be in a different format than the original assessment.
4. Failure of a supplemental assessment will be deemed as a failure of a second course pillar resulting in automatic failure of the course.
5. A maximum of 1 course pillar remediation and supplemental assessment will be offered for the course. Where the in-module assessment pillar (course pillar #4) needs to be remediated, this will require remediation of each assignment/assessment separately, but still shall be considered the remediation of one course pillar for the purposes of this policy. Successful completion of remediation and supplemental assessment will result in a minimum pass grade for that pillar.

6. In the event that remediation of any part of this course, including but not limited to: clinical experiences, assignments, written exams or OSCEs is required, students must be available in an appropriate site until early February to complete the remediation process. It is strongly recommended that any travel be carefully planned with this in mind, including researching cancellation policies and carefully considering non-refundable items. Exceptions and appeals to this policy will be adjudicated on a case by case basis by the Program Manager of UGME, the Assistant Dean Academic and Associate Dean of UGME. Exceptions to this policy will be rare and granted under only very special circumstances.
7. There will only be a single site supplemental OSCE. The supplemental OSCE will either be in Saskatoon or Regina and students will be expected to travel to whichever site is chosen.

COURSE FAILURE

Students who fail two or more of the above course pillars will be considered unsuccessful in the Clinical Skills III Course and will NOT be offered additional remediation and supplemental assessment. This includes failure of a supplemental assessment.

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

Students not promoted as a result of failure of this course will receive an “F” on their transcripts for the relevant course.

Further decisions regarding academic outcomes will be adjudicated by the Year 2 Term I Promotions Committee and the Student Academic Management Committee.

ATTENDANCE

See [Student Information Guide](#) for the general policy.

It is expected that students will attend all small group sessions unless absence is unavoidable.

How is Attendance Documented?

At the completion of every session, the preceptor will log into one45 and review/complete the session checklist with the student which tracks attendance and ensures all material from the session was completed. For the Saskatoon Surgery DSPE sessions, attendance and formative assessment will be tracked with paper forms that need to be handed into the Undergraduate Surgery Office (B413 HSB), faxed to 306-966-2288 or scanned and emailed to surgery.preclerkship@usask.ca within **ONE** week of the completed session.

Who Should You Contact in Case of an Absence?

Illness or family emergencies or compassionate reasons – Prior to the absence, or as soon as possible after the absence, a student must notify (1) Year 2 Admin Coordinator – Absence Request to Sonja MacDonald (sonja.macdonald@usask.ca) or in person (B526, Health Sciences Building), or phone (306) 966-5354; and (2) his/her preceptor for the clinical or small group session. For Regina students contact Christa Kaytor via email (christa.kaytor@saskhealthauthority.ca), (306) 766-3157 with reasons for each missed session. Such notification should occur before the session in question, whenever circumstances permit.

Unexplained absences and/or other unprofessional conduct can be expected to result in a meeting to discuss Professionalism and could result in failure of the course.

What are the implications of being absent?

When students have absences for other reasons for which they have received prior approval, they will not be assessed negatively in terms of professionalism. Students should request guidance from their preceptor on how to independently make up any material missed. Sessions will not be rescheduled and additional sessions will not be offered in order to make up missed material. It is the responsibility of the student to ensure he/she meets all the requirements of the module.

Students should be aware that professionalism is being assessed in every Clinical Skills III session. Lateness or absences without appropriate notification/approval will likely result in invocation of the professionalism policy. Unapproved absences may result in failure of a module or the entire course.

What to do if your tutor does not arrive for a scheduled session

If the tutor does not arrive for a scheduled session after verifying session details on one45, then as quickly as possible:

In Regina please contact Christa Kaytor (christa.kaytor@saskhealthauthority.ca). If unavailable, contact any UGME Administrative staff member.

In Saskatoon, please contact the Administrative Coordinator, Sonja MacDonald, who will contact the Module Director and Administrative Assistant for the relevant module. If the session is scheduled in the CLRC, please also advise the CLRC staff, as they may also be able to assist in contacting the tutor.

They will attempt to contact the scheduled tutor or an alternate, and, if unable to make arrangements, the session will be rescheduled. Rescheduling is difficult, due to very full schedules, so every attempt will be made to deliver the session as scheduled.

*Please do remember to check one45 for updates, as last minute changes are occasionally necessary.

COURSE EVALUATIONS QUALITY IMPROVEMENT

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

1. Revised advanced communication skills assessments including new mini-OSCE communication stations during the term.
2. Removal of written final exam for the purpose of refocusing assessment towards clinical performance.

COURSE MODULES

The modules are designed to allow skill development by systems. By the end of this course, students will begin to integrate the information learned in each separate module into a comprehensive patient assessment.

Focused Interview and Physical Exam (FIPE)

MODULE CONTACTS

Module Director: Dr. Alia Teja - alia.teja@usask.ca (306) 966-5354

Senior Administrative Coordinator: Sara Dzaman – sara.dzaman@usask.ca – (306) 966-6946

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@saskhealthauthority.ca - (306) 766-0556

Administrative Coordinator (Regina): Kayla Trevena – kayla.trevena@saskhealthauthority.ca – (306) 766-0632

SESSION CONTACTS

SIM Sessions: Co-Coordinator: TBA

SIM Sessions: Co-Coordinator: Dr. Carlyn Denton – carlyn.denton@usask.ca

Ultrasound Sessions: Dr. Nicholas Humniski – nhumniski@live.com

MODULE DESCRIPTION

Students will discuss and practice history taking and physical examination relevant for the system that they are studying in the Foundations course. Initially, students will work with a physician and simulated patient to identify key components in history taking and physical examination relevant to common presentations. The next opportunity will be to perform an interview and physical exam of a simulated patient in a case based format. After each encounter, students will be developing a differential diagnosis and management/investigation plan. Sessions will emphasize feedback on clinical reasoning skills at a level appropriate for the learner.

LOCATION: CLRC/LC

MODULE OBJECTIVES

By the end of module, students will be able to:

1. Demonstrate an appropriate patient centered focused Nephrologic, Urologic, Neurologic and Musculoskeletal history.
2. Demonstrate specific physical examination techniques relevant to Nephrology, Urology, Neurology and Musculoskeletal systems.
3. Identify aspects of the history and physical exam findings that might be expected in common Neurology, Musculoskeletal, and Nephrology/Urology presentations.
4. Utilize effective patient centered communication skills during data gathering and information sharing.
5. Propose management plans, including any appropriate initial investigations and/or treatment for common clinical presentations.

6. Generate differential diagnoses for common clinical presentations.
7. Explain, using appropriate terminology, the preliminary differential diagnoses and management plans to patients, colleagues and preceptor
8. Provide a written case report summary.
9. Exhibit professional behavior consistently including; integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

** SPECIFIC SESSION OBJECTIVES CAN BE FOUND ON ONE45 PRIOR TO SESSION AND/OR CoM WEBSITE

FIPE MODULE-ASSESSMENT AND SUCCESSFUL COMPLETION

Formative Assessment:

This will occur on an ongoing basis throughout the sessions. Student assessment checklists are designed to be used for formative feedback and to inform the final summative assessment.

Summative Assessment:

There are six summative assessment components.

1. Ultrasound quiz (5% module mark)
2. Musculoskeletal written assignment (20% module mark)
3. Musculoskeletal Mini-OSCE (25% module mark)
4. Neurology written assignment (20% module mark)
5. Neurology quiz (5% module mark)
6. Neurology Mini-OSCE (25% module mark)

Successful Completion of FIPE Module:

Students must:

1. Submit all assignments
2. Achieve a cumulative mark of 70% based on the above weighting
3. Meet expectations for Professionalism

Advanced Communication Skills III

MODULE CONTACTS

Module Director: Dr. Grace Ho – gch617@mail.usask.ca

Administrative Coordinator: Sonja MacDonald - sonja.macdonald@usask.ca- (306) 966-5354

Administrative Coordinator (Regina): Holly Doell – holly.doell@saskhealthauthority.ca – (306) 766-0552

Administrative Assistant: Kimberly Basque – kimberly.basque@usask.ca – (306) 966-6151

MODULE DESCRIPTION

In a practical, hands-on setting, this module will provide the students with the opportunity to develop more advanced and more challenging communication skills needed for patient-centered care. There will be 4 large group lectures and 3 sessions where each student in a group will perform an interview of a standardized patient.

LOCATION: Student sessions will be posted on one45

MODULE OBJECTIVES

By the completion of the Advanced Communication Skills III module, students will be able to:

1. Conduct effective patient centered interviews
2. Demonstrate patient-centered communication skills in specific situations including:
 - Advance directives/level of care
 - Performing a sexual history
 - Issues around abuse
 - Disclosing medical errors
3. Exhibit professional behavior consistently including; integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

COMMUNICATION SKILLS ASSESSMENT AND SUCCESSFUL COMPLETION OF MODULE

Formative Assessment:

1. Will occur on an ongoing basis throughout sessions.
2. Student Direct Performance Assessment completed after each small group by tutors available on one45.

Summative Assessment:

1. Student feedback assignment due after the first session (5% module mark)
2. Video Assignment
 - * In Regina this assignment will be due 7 days after the video is available on BBLearn
3. Mini-OSCE communication components within Musculoskeletal Mini-OSCE (10% module mark)
4. Mini-OSCE communication components within Neurology Mini-OSCE (10% module mark)

Successful Completion of Communication Skills Module:

1. Submit all assignments
2. Achieve a cumulative mark of 70% based on the above weighting
3. Meet expectations for Professionalism

Discipline Specific Patient Encounter Modules (DSPE)

MODULE DESCRIPTION

During these sessions, students will participate in clinical assessment of real patients in a variety of clinical settings (Family Medicine, Pediatrics, Nephrology, Neurology, Orthopedics, Ophthalmology and Urology). This will include obtaining an accurate and relevant history and physical examination, presenting a differential diagnosis, formulating a plan for diagnostic interventions and beginning to formulate a management plan. Students will work in small groups with a clinician preceptor. Objectives related to patient-centeredness and professionalism apply to all sessions as outlined in the course objectives.

LOCATION: See one45 for specific schedule. Times and locations will vary. Check regularly for changes as changes can occur up to 48 hours in advance of the session. If changes are made within 48 hours of the session, students will be contacted directly by the module coordinator or administrative assistant.

DRESS CODE: All sessions require professional attire for clinic.

MODULE OBJECTIVES

By the completion of their Discipline-Specific Patient Encounter sessions, students be able to:

1. Conduct patient-centred interviews relevant to patients' presenting concerns and the clinical setting.
2. Perform physical examinations relevant to patients' presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort.
3. Practice clinical reasoning, including tailoring the interview content and physical examination to assist with the development of a provisional differential diagnosis.
4. Suggest appropriate preliminary diagnostic investigations and management plan.
5. Present a concise verbal summary of the patient's disease and illness experience, potential differential diagnoses, attempt to provide a brief assessment and management plan, and record the information obtained in an appropriate format as required.
6. Exhibit professional behaviour consistently including integrity; responsibility; respect for and effective working relationships with patients, faculty, staff and peers; and appropriate attire.

Family Medicine

SECTION CONTACTS

Section Lead: Dr. Carla Holinaty - carla.holinaty@usask.ca - Office: (306) 655-4200 (West Winds)

Administrative Coordinator (Saskatoon): Tracy Lewis – dafm.ugme.saskatoon@usask.ca

Administrative Coordinator (Regina): Alexis Robb- alexis.robb@saskhealthauthority.ca – (306) 766-0556

SECTION DESCRIPTION

Each student will spend 3 hours on two separate occasions with the Family Medicine preceptor(s), in the preceptor's office or clinic. The student will conduct supervised focused histories and physical exams. The preceptor will discuss and manage the patient, with the students present. If time permits, student input into management may be solicited.

LOCATION: Please check the one45 schedule.

Duration: 2 Sessions, 3 hours each.

Groups: Students attend sessions in groups of 2. Please check the one45 schedule.

SECTION ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback on their history taking and physical examination skills.

Section Summative Assessment:

Will consist of the following items:

1. Two (2) Direct Performance Assessments (15% module mark)
2. Completion of a Clinical Question due 7 days after first session(7.5% module mark)
3. Completion of a SOAP note due 7 days after first session(7.5% module mark)
 - See Blackboard and/or one45 for further instructions on assignments
 - There will **ALSO** be a self-assessment questionnaire. This will **NOT** be considered when calculating the final grade on this module.

Internal Medicine – Nephrology and Neurology

SECTION CONTACTS

Section Lead: Dr. Nassrein Hussein - nassrein.hussein@saskatoonhealthregion.ca – (306) 955-5433

Administrative Assistant: Tenille Shivak – tenille.shivak@usask.ca – (306) 844-1153

Administrative Coordinator (Regina): Holly Doell – holly.doell@saskhealthauthority.ca (306) 766-0552

SECTION DESCRIPTION

During these three-hour sessions, students will refine their clinical skills and become increasingly proficient at establishing diagnoses and planning therapeutic intervention. Due to the degree of student/patient interaction during this module, the values and attitudes pertaining to the physician/patient relationship will also be stressed.

LOCATION: Student sessions will be posted on one45

ASSESSMENT

Formative Assessment:

Completed in session during both Nephrology and Neurology sessions.

Summative Assessment:

Direct Performance Assessment after each Neurology session (15% module mark).

Pediatrics

SECTION CONTACTS

Section Lead: Dr. Sibasis Daspal – sibasis.daspal@usask.ca – (306) 844-1271

Administrative Assistant: Michelle Haley - michelle.haley@saskatoonhealthregion.ca – (306) 844-1271

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@saskhealthauthority.ca – (306) 766-0556

SECTION DESCRIPTION

During these sessions, students will participate in the clinical assessment of real patients in a variety of pediatric clinical settings. The students will continue to develop an approach to the pediatric history and physical examination and gain practice integrating information from the history and physical examination in order to generate differential diagnoses and a management plan. Students will complete a formative Case Write Up based on the patient that they assess in Session 1. Students will work in small groups with a clinician preceptor.

RECOMMENDED READING

Review Session:

Clinical Skills II documents on Pediatric History and Physical Exam

Developmental Session:

Campbell, W (2011). Developmental Delay in Children Younger than 6 Years in L Bajaj (5th ed) Berman's Pediatric Decision Making. Philadelphia, PA: Elsevier Mosby

Developmental Chart

Neurology Session:

Bernard, TJ (2011). Evaluation of Neurologic Disorders in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 306-311). Philadelphia, PA: Elsevier Mosby

Collins, A et al (2011). Tics and Tourette Syndrome in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 346-353). Philadelphia, PA: Elsevier Mosby

Arndt D. et al (2011). Seizure Disorders: Febrile in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 354-357). Philadelphia, PA: Elsevier Mosby

Arndt D. et al (2011). Seizure Disorders: Nonfebrile in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 358-362). Philadelphia, PA: Elsevier Mosby

Kedia S et al (2011). Headache in L Bajaj (5th ed) Berman's Pediatric Decision Making (pp. 322-325). Philadelphia, PA: Elsevier Mosby

Dooley JM (). Neurological Examination in RB Goldblooms (4th ed) Pediatric Clinical Skills (pp. 186-205). Philadelphia, PA: Elsevier Saunders.

SECTION ASSESSMENT

Formative Assessment:

During each session the students will receive verbal formative feedback on their history taking and physical examination skills. The students will also complete a case write up based upon the patient that s/he obtained a history from and performed the physical examination on. The preceptor will review the case write-ups and will provide narrative feedback to the students

Summative Assessment:

1. Direct performance assessment review session (3% module mark).
2. Direct performance assessment developmental session (6% module mark).
3. Direct performance assessment neurology session (6% session mark).

Surgery

SECTION CONTACTS

Section Lead: Dr. Trustin Domes – trustin.domes@usask.ca - (306) 966-5668

Administrative Assistant: Anna Taruc - surgery.preclerkship@usask.ca – (306) 966-5668

Administrative Coordinator (Regina): Alexis Robb – alexis.robbs@saskhealthauthority.ca – (306) 766-0556

SECTION DESCRIPTION

Welcome to the Surgery component of Clinical Skills III. This component runs in concert with the Foundations courses in order to integrate important knowledge, skills and attitudes learned there to the principles of assessment and evaluation patients with more surgically-oriented clinical problems. The major surgically-oriented clinical skills sections covered during this course include ophthalmology, orthopedics and urology.

The emphasis of these encounters will be to obtain an accurate history and perform a skilled focused physical examination for specific conditions relating to ophthalmology, orthopedics and urology, this experience will be reinforced through clinical exposures in a variety of simulated and real clinical environments.

LOCATION: Student sessions will be posted on one45.

SUGGESTED RESOURCES

As this module is primarily one of patient assessment, a great deal of the teaching will be based upon: Physical Examination and Health Assessment, First Canadian Edition (Jarvis C), Saunders-Elsevier, 2009. ISBN 978-1-897422-18-2

Textbooks:

Please note the following four (4) RECOMMENDED REFERENCE TEXTBOOKS

1. Surgery - A Competency Based Companion edited by Barry D. Mann. Saunders-Elsevier publishers. This is a very good, practical, useful book that can be carried in your coat pockets.
2. Principles and Practice of Surgery by Garden, Bradbury et al. Churchill Livingstone-Elsevier publishers. Excellent undergraduate textbook of surgery.
3. Essentials of Surgical Specialties edited by Peter Lawrence. Williams and Wilkins, Publishers.
4. Townsend CM and Beauchamp RD, Evers BM, Mattox KL: Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice (19th Ed.). Philadelphia, PA, Elsevier, 2012. – available as a free e-text via Health Sciences library. The text provides a higher level review of specific surgical conditions

On-Line References: Posted on one45 under “handouts”

All students are encouraged to listen to the applicable podcasts in the "Surgery 101" podcasts series. The link to the podcasts is posted in one45 or is as follows: <http://itunes.apple.com/podcast/surgery-101/id293184847>

Additional Resources:

The individual subspecialty surgical coordinators will post any further required or recommended resources in one45.

Ophthalmology

SECTION CONTACTS

Section Lead: Dr. Rob Pekush - drpekush@sasktel.net

Administrative Assistant: Anna Taruc - surgery.preclerkship@usask.ca – (306) 966-5668

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@saskhealthauthority.ca - (306) 766-0556

LOCATION: Student sessions will be posted on one45.

SUGGESTED RESOURCES

Basic Ophthalmology for Medical Students and Primary Care Providers” CA Bradford, editor, 2010, 9th Edition published by the American Academy of Ophthalmology & available at their website www.aao.org for \$48 US (product no. 0230060) or ISBN 1-56055-363-3. Copies available at the Health Sciences library.

SECTION ASSESSMENT

Formative Feedback:

Will be provided during the session.

Urology

SECTION CONTACTS

Section Lead: Dr. Trustin Domes – trustin.domes@usask.ca

Administrative Assistant: Anna Taruc - surgery.preclerkship@usask.ca – (306) 966-5668

Administrative Coordinator (Regina): Alexis Robb – alexis.robb@saskhealthauthority.ca – (306) 766-0556

SECTION DESCRIPTION

Through a combination of an introductory lecture, core teaching module and urological patient clinical encounters, the medical student will be exposed to and gain knowledge and skills in the following MCCQE clinical competency Areas:

- Hematuria (gross and microscopic)
- Scrotal masses and pain
- Lower urinary tract symptoms (LUTS)
- Upper urinary tract obstruction
- Lower urinary tract obstruction

The introductory lecture and core teaching module will focusing on relative anatomy, clinical signs and physical examination techniques, and simulation training on mannequins (introducing the digital rectal examination and male genital examination).

In Saskatoon, the urological patient clinical encounters (discipline-specific physical examination session) will be scheduled based on the availability of the urologists to accommodate learners in the clinic, as the number of available clinics fluctuates week to week. An online schedule will be posted and updated as new clinics become available and can be accessed at www.signupgenius.com/go/20f054eada72caafb6-20162. It is the student's responsibility to sign up for a clinic day that suites their schedule (on a first-come, first-serve basis). Available clinics will be on Monday afternoons, Tuesday mornings, Thursday mornings and Friday afternoons, depending on the week. Please check the schedule regularly for updates. **If an available clinic has not been signed up for within ten days of it occurring, we will randomly assign a student to the clinic in order to maximize the schedule, as these clinic spots are limited.**

Additional learning opportunities may arise in other areas of urology, depending on the different patient presentations that may arise during the student's clinical encounter.

LOCATION: Student sessions will be posted on one45.

Prior Knowledge and Preparation:

Students are expected to review relevant objectives from the first year Clinical Skills I and II courses, pertaining to the abdominal examination, posted in one45 prior to the urology sessions.

Students should also read the paper by Shirley & Brewster (2011) entitled Expert review: The digital rectal exam from *The Journal of Clinical Examination*, 11, 1-12. Available online at:

http://www.thejce.com/journals/11/expert_review-PR_examination.pdf.

SECTION ASSESSMENT

Formative Assessment:

Will occur throughout sessions. Feedback will be given during simulation and in office teaching sessions. SPs will give feedback during in session sensitive exam teaching sessions, as part of the SETA program. Will be provided in session as well as narratively on one45.

Sensitive Exam Teaching Associates Program – Male Urogenital Component

SECTION CONTACTS

Section Lead: Dr. Randi Ramunno- randi.ramunno@usask.ca

Pre-Clerkship Administrative Coordinator: Sonja MacDonald – sonja.macdonald@usask.ca– (306) 966-5354

Administrative Coordinator (Regina): Kayla Trevena - kayla.Trevena@saskhealthauthority.ca – (306) 766-0632

SECTION DESCRIPTION

Through a clinical teaching session with a trained Male Urogenital Teaching Associate (MUTA), medical students will learn how to examine the male genitourinary system in a thorough and sensitive manner. Students will also be expected to answer self-reflection and awareness questions as well as provide feedback on the MUTA.

Specific objectives are outlined below.

LOCATION: Sessions will occur in the CLRC (Saskatoon) and the Learning Centre (Regina) with specific student schedules posted on one45.

SECTION OBJECTIVES

By the completion of the Male Urogenital component of the Sensitive Exam Teaching Associates Program, students will be expected to:

1. Obtain verbal consent from the patient to perform a sensitive physical examination.
2. Demonstrate appropriate vernacular and terminology when communicating with the patient during a sensitive physical examination.
3. Employ special techniques to enhance relaxation and decrease patient anxiety during a sensitive examination.
4. Appreciate the importance of patient comfort and sensitivity during sensitive examinations.
5. Exhibit professional behaviors consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for a scent-free environment; and responsibility through punctual, regular attendance and timely completion of assignments.
6. Demonstrate specific physical examination techniques relevant to the Male Genitourinary System including:
 - a. Retraction of the foreskin and visualization of the glans
 - b. Visual inspection of the anus, penis and scrotum
 - c. Identification of the urethral meatus
 - d. Palpation of the testes
 - e. Palpation of the epididymis and spermatic cord
 - f. Examination and palpation for inguinal hernias
 - g. Performance of a digital rectal examination
7. Teach patient testicular self-examination techniques.

Prior Knowledge and Preparation:

Students are expected to review relevant objectives pertaining to the genitourinary examination from the first year Clinical Skills I and II courses, well as the Urology component of the Clinical Skills III module.

SECTION READING AND RESOURCES

Bickley, L. S., & Szilagy, P.G. Male Genitalia and Hernias, The Anus, Rectum and Prostate. *Bates' Guide to Physical Examination and History Taking* (11th ed.) 2013. Philadelphia, PA: Lippincott, Williams & Wilkins

Shirley A, Brewster S. Expert Review: The Digital Rectal Examination.

The Journal of Clinical Examination. 2011(11):1-12

Available online at: http://quantosis.com/journals/11/expert_review-PR_examination.pdf

SECTION ASSESSMENT**Formative Assessment:**

Will occur during the session and will be filled out by the Male Urogenital Teaching Associate. An evaluation of "Meets Expectations" must be achieved for professionalism.

Self-Reflection and Student Feedback:

Students will fill out a feedback form on the session as well as answer self-reflection and awareness questions.

Physical Exam Checklist:

A checklist of physical exam skills will be provided to ensure that each student is provided the opportunity to perform each clinical examination technique. It will have sections for MUTA comments.

Summative Assessment:

An evaluation of "Meets Expectations" for professionalism, and completion of self-reflection form, student feedback form and the physical exam checklist ensures satisfactory completion of this module.

Orthopedics

SECTION CONTACTS

Section Lead: Dr. Anne Dzus - anne.dzus@usask.ca

Regina Lead: Dr. Jordan Buchko – jordanbuchko@gmail.com

Administrative Assistant: Judy Classen – ortho.surgery@usask.ca

Administrative Coordinator (Regina): Holly Doell – holly.doell@saskhealthauthority.ca – (306) 766-0552

SECTION DESCRIPTION

Students will be provided with the opportunity to participate in the clinical assessment of real patients in a variety of clinical settings with orthopedic surgeons. These may be in clinics, cast clinics, ward patients, and emergency room patients with musculoskeletal complaints. Students will have the opportunity to interact with patients with orthopedic injuries and complaints. This may include obtaining an accurate focused and relevant history, and performing the musculoskeletal physical exam, presenting a differential diagnosis, and formulating a plan for diagnostic investigations and beginning to formulate a management plan which may include surgery. Objectives related to patient-centeredness and professionalism apply to all session as outlined in the course objectives.

LOCATION: Student sessions will be posted on one45.

SECTION DESCRIPTION

By the completion of their Discipline-Specific Patient Encounter sessions, students will be expected to:

1. Conduct patient-centered interviews relevant to the patients' musculoskeletal presenting concern and the clinical setting
2. Perform a focused musculoskeletal physical examination relative to the patients' presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort
3. Practice clinical reasoning, including directing the interview content and physical examination to the patients' presenting complaint to assist with the development of a provisional differential diagnosis
4. Suggest appropriate preliminary diagnostic investigations and management plan
5. Present a concise verbal summary of the patient's musculoskeletal problem, potential differential diagnoses if appropriate, and attempt to provide a brief assessment and management plan.
6. Interpret and describe plain x-rays with musculoskeletal abnormalities including trauma, tumors and arthritis.
7. Exhibit professional behaviours consistently, including integrity; respect for the effective working relationships with patients, faculty, staff and peers; appropriate attire, awareness of necessity for scent free environment; and responsibility through punctual, regular attendance and timely completion of assignments

SECTION ASSESSMENT

Formative Assessment:

Will occur during session and a form will be completed by the preceptor.

Summative Assessment:

Written Webinar based assignment/quiz (15% module mark)

Physical Medicine and Rehabilitation Skills Half Day

MODULE CONTACTS

Saskatoon Physician Lead: Dr. Kiersten Stuart-Kobitz

Regina Physician Lead: Dr. Amanda Kleisinger – amanda.kleisinger@gmail.com

Administrative Assistant: Julie Otto - julie.otto@saskatoonhealthregion.ca – (306) 655-8669

Administrative Coordinator (Regina): Christa Kaytor – christa.kaytor@saskhealthauthority.ca – (306) 766-3157

MODULE DESCRIPTION

This module is designed to provide an outline of the current state of Physical Medicine and Rehabilitation with particular reference to its philosophy and professional expertise.

All practicing physicians must be able to perform a functional assessment of persons living with significant physical and/or cognitive impairments, set realistic patient-centered functional goals, and provide supportive medical care, including appropriate referral for rehabilitation assistance.

LOCATION: Saskatoon City Hospital (Saskatoon) and Wascana Rehabilitation Centre (Regina)

Dates: Saskatoon: September 13, 2019 and September 27, 2019 (Session #1)

Saskatoon: October 4, 2019 and October 18, 2019 (Session #2)

Regina: September 13, 2019 and October 4, 2019 (Session #1 & #2)

Groups: For patient encounters, 2-3 students/patient. For activities, 5-7 students/activity.

MODULE OBJECTIVES

By the completion of the two Physical Medicine and Rehabilitation Skills Half Days, students will be able to:

1. Demonstrate skill in obtaining a comprehensive functional assessment as part of the history and physical examination for persons living with common medical conditions causing physical and/or cognitive impairments, including:
 - Traumatic Brain Injury (TBI)
 - Stroke
 - Spinal Cord Injury (SCI)
 - Limb Amputation
 - Arthritis
 - Other disabling neurological and musculoskeletal conditions
2. Present a summary of relevant medical history and current functional status of each person interviewed, focusing on basic and instrumental activities of daily living, safety and support, identifying methods of minimizing activity limitation and participation restriction, including the use of mobility aids and adaptive devices.

3. Identify and demonstrate techniques to safely transfer, reposition and mobilize a patient.
 - Transfer refers to moving a patient from one surface to another.
 - Reposition refers to moving a patient on the same surface, such as repositioning on a bed.
 - Safe mobilization may require the prescription of mobility aids and/or equipment (wheelchairs) as well as supervision and/or physical assistance.
4. Demonstrate awareness of the experiential challenges experienced by persons living with disability (impairments, activity limitations and participation restrictions) and their family members/caregivers.
5. Prepare two brief written patient-demographic case reports based on assigned clinical encounters and assigned reading.
6. Apply the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) definition of disability when evaluating the functional status of patients, including:
 - Impairments: problems in body structure or function
 - Activity Limitations: difficulties encountered by an individual in executing a task or action
 - Participation Restrictions: problems experienced by an individual in involvement in life situations.
7. Communicate and interact effectively with patients, families, caregivers, peers and the health care team.
8. Demonstrate appropriate professionalism skills including respect for patients and health team personnel, timeliness, dress, honesty, appropriate boundaries, responsibility, integrity and confidentiality.

MODULE ASSESSMENT

Formative Assessment:

Will occur at each individual “station” during the half day.

Summative Assessment:

1. Direct performance assessment 1 (6% module mark)
2. Direct performance assessment 2 (7% module mark)
3. Written assignments based on pre-reading and patient encounters (2 assignments each 6% of module mark)

DSPE MODULE ASSESSMENT AND SUCCESSFUL COMPLETION

Summative Assessment:

| | |
|--|------------------------------|
| Family Medicine SOAP Note | 7.5% of module mark |
| Family Medicine Clinical Question | 7.5% of module mark |
| Family Medicine Direct Performance Assessment I | 7.5% of module mark |
| Family Medicine Direct Performance Assessment II | 7.5% of module mark |
| Neurology Direct Performance Assessment | 2 x 7.5% each of module mark |
| Pediatric Direct Performance Assessment Review Session | 3% of module mark |
| Pediatric Direct Performance Assessment Developmental | 6% of module mark |
| Pediatric Direct Performance Assessment Neurology | 6% of module mark |
| Orthopedics Webinar Based X-Ray Assignment | 15% of module mark |
| PM&R Direct Performance Assessment I | 6% of module mark |
| PM&R Direct Performance Assessment II | 7% of module mark |
| PM&R Written Assignment I | 6% of module mark |
| PM&R Written Assignment II | 6% of module mark |

Successful Completion of Module:

Students must:

1. Submit all assignments
2. Achieve a cumulative mark of 70% based on the above weighting
3. Meet expectations for Professionalism

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

OFFICE OF STUDENT AFFAIRS

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

UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY

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

All due dates or timelines for assignment submission are published in the student course syllabus¹.

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

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

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

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

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

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

CITATION FORMAT

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

PROFESSIONALISM

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

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

RECORDING OF THE LECTURES

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

COPYRIGHT

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

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

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

INTEGRITY DEFINED (FROM THE OFFICE OF THE UNIVERSITY SECRETARY)

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

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

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

EXAMINATIONS WITH ACCESS AND EQUITY SERVICES (AES)

Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Access and Equity Services (AES) if they have not already done so. Students who suspect they may have disabilities should contact the Student Affairs Coordinator at the Office of Student Affairs (OSA) for advice and referrals. In order to access AES programs and supports, students must follow AES policy and procedures. For more information, www.students.usask.ca/aes or contact AES at 966-7273 or aes@usask.ca.

Students registered with AES may request alternative arrangements for mid-term and final examinations.

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

STUDENT SUPPORTS

COLLEGE OF MEDICINE, OFFICE OF STUDENT AFFAIRS

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

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

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

Student Affairs Director (Regina), Dr. Nicole Fahlman – nicole.fahlman@saskhealthauthority.ca (306) 209-0142

Student Affairs Director, Dr. Tiann O'Carroll – tiann.ocarroll@usask.ca (306) 529-0777

STUDENT LEARNING SERVICES

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

STUDENT AND ENROLMENT SERVICES DIVISION

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

FINANCIAL SUPPORT

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

ABORIGINAL STUDENTS' CENTRE

The Aboriginal Students' Centre (ASC) is dedicated to supporting Aboriginal student academic and personal success. The centre offers personal, social, cultural and some academic supports to Métis, First Nations, and Inuit students. The centre is also dedicated to intercultural education, bringing Aboriginal and non-Aboriginal students together to learn from, with and about one another in a respectful, inclusive and safe environment.

Students are encouraged to visit the ASC's Facebook page (<https://www.facebook.com/aboriginalstudentscentre/>) to learn more.

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