

MEDD 431: Clerkship (48 credits)

Purpose

The purpose of this syllabus is to provide students and their clinical teachers an overview of the various clinical objectives of students' daily clinical work during their Clerkship year. Most of these Clinical Learning Objectives, including cases and procedures, are mapped to the WBA Direct Observations outlined in the Year 3 Assessment Package. However, these Clinical Learning Objectives do not include the Academic Session Objectives which students are also required to know for their written multiple choice question examinations. Information on the Academic Learning Objectives can be found on Entrada. Lastly, this syllabus provides a brief outline of the assessment requirements of Clerkship along with a list of required and recommended readings.

Course Overview

This 12-month course follows the initial two years of medical school. The overall goal is to provide students with core experiences across the breadth of medicine through both clinical and academic learning opportunities. Students will interact with patients under the supervision of Clinical Faculty members in order to develop a solid foundation of knowledge, skills, and abilities described by the UBC Exit Competencies. Clinical activities will occur in ambulatory, hospital-based, rural/remote settings, and specialist clinics. The types of specialist clinics may vary from site to site, taking into account local availability and accessibility to specialists. Variability in clinical exposure will draw on the strengths of each site.

Students will be given roles and responsibilities in keeping with the principle of graduated clinical responsibility. These will include performing an admission history and physical examination, creating a differential diagnosis, ordering and interpreting investigations, initiating management and providing on-going care for patients. Students will participate in ward rounds, clinics, and night call.

Academic learning opportunities for students will include interactive seminars and patient-related small group sessions designed to address core topics and competencies in each discipline. Students will also have the opportunity for asynchronous self-study using online materials. Foundational science principles are integrated into clinical topics.

Students in the Integrated Community Clerkships (ICC) will meet their objectives over the course of their Year 3 in an integrated fashion. For Rotational students, the course is divided into four Blocks.

NOTE: For the first Block of the 2021-2022 academic year, each Block will be 10 weeks in duration with the subsequent three Blocks reverting to the pre-COVID length of 12 weeks in duration.

Women and Children’s Health Block (WCH): Pediatrics and Obstetrics/Gynecology

The WCH Block allows students the opportunity to develop and apply knowledge and skills relevant to all aspects of women and children’s health care.

For Block 1, students will be scheduled for five weeks each of Pediatrics and Obstetrics/Gynecology. For Blocks 2 to 4, students will be scheduled for six weeks each of Pediatrics and Obstetrics/Gynecology.

The Pediatric portion of this Block is dedicated to clinical activities that include both inpatient and outpatient learning experiences related to a child’s health from birth till 18 years of age, CLIPP (online simulated) cases, and specialized pediatric clinics depending on the site. The Obstetrics/Gynecology portion is dedicated to clinical activities that include labour and delivery, the operating room, inpatient and specialized outpatient obstetric and gynecologic clinics depending on the site.

Surgical and Perioperative Care (SPC) Block: Surgery (General and Sub-Speciality), Orthopedics and Anesthesiology

The SPC Block allows students the opportunity to develop and apply knowledge and skills relevant to the assessment and management of patients with surgical diseases, the acquisition of a foundational competence in simple surgical skills, the evaluation of pre-operative patients, operating room protocols and surgical assisting, and the post-operative care and follow-up of surgical patients.

In addition, students will have the opportunity to develop and apply knowledge and skills relevant to musculoskeletal medicine pathology, plus surgical exposure to orthopaedic injuries and management.

For Block 1, students will be scheduled as follows: four weeks General Surgery, one or two weeks of Orthopedics, one or two weeks of Anesthesiology and either one or two Surgical Sub-Specialty rotations. Please note that during COVID-19 rotation lengths within the first SPC Block may vary by site depending on capacity and clinical availability. For Blocks 2 to 4, students will be scheduled as follows: four weeks General Surgery, two weeks Orthopedics, two weeks Anesthesiology and two 2-week Surgical Sub-Specialty rotations.

Brain and Body (BB) Block: Internal Medicine CTU and Psychiatry

The BB Block provides students exposure to and experience with clinical activities including examination, diagnosis, on-going management and discharge planning of patients in an Internal Medicine clinical teaching unit (CTU) environment. Additionally, students provide care for both adults and children, enabling the student to complete a diagnostic evaluation and formulate an appropriate treatment plan for a patient presenting with a mental health concern.

For Block 1, students will be scheduled for five weeks each of Internal Medicine CTU and Psychiatry. For Blocks 2 to 4, students will be scheduled for six weeks each of Internal Medicine CTU and Psychiatry.

Ambulatory Care (AMB) Block: Emergency Medicine, Rural Family Practice, and Ambulatory Experiences (e.g.: Internal Medicine, Dermatology, Ophthalmology, Geriatrics, Palliative Care, etc.)

In the AMB Care Block students will spend time apprenticing with a Family Physician in a rural or underserved community within BC, working in the discipline of Emergency Medicine along with caring for patients in various ambulatory environments. These ambulatory experiences may include experiences in Internal Medicine, Dermatology, Ophthalmology, Geriatrics, Palliative Care, etc., thus exposing students to issues commonly seen in outpatient primary care and subspecialty settings. *[Please see MDUEC Explanatory Note regarding Year 3 Dermatology and Ophthalmology in Appendix]*

For Block 1, students will be scheduled as follows: four weeks in Emergency, four weeks in Rural Family Practice and 2 weeks of Ambulatory Experiences. **Please note that during COVID-19, rotation lengths within the first AMB Care Block may vary by site depending on capacity and clinical availability.** For Blocks 2 to 4, students will be scheduled as follows: four weeks in Emergency Medicine, four weeks in Rural Family Practice and four weeks in an Ambulatory Experiences setting.

MEDD 431 Course Learning Outcomes

By the end of MEDD 431, students will be able to:

1. Obtain a complete or focused history adapted to the patient's clinical situation, in a prioritized and organized manner, eliciting information and perspectives from patients and their families. *(Mapped to WBA direct observation #1: Obtain a history adapted to the patient's clinical situation)*
2. Perform a physical examination adapted to the patient's clinical situation and specific patient encounter, differentiating between normal and abnormal clinical findings. *(Mapped to WBA direct observation #2: Perform a physical examination adapted to the patient's clinical situation)*
3. Formulate and justify a prioritized list of diagnoses and a working diagnosis, through a systematic and integrated approach, including the use of clinical reasoning skills. *(Mapped to WBA direct observation #3: Formulate and justify a prioritized differential diagnosis)*
4. Formulate an initial plan of investigation based on the diagnostic hypotheses and select a rationalized series of tests to refine the differential diagnosis for a clinical presentation using an evidence informed approach that will guide management. *(Mapped to WBA direct observation #4: Formulate an initial plan of investigation based on the diagnostic hypotheses)*
5. Interpret results of common diagnostic and screening tests, recognizing the implications of normal and abnormal diagnostic and screening test results and responds appropriately to these results. *(Mapped to WBA direct observation #5: Interpret results of common diagnostic and screening tests)*
6. Formulate and implement an appropriate care plan based on a biopsychosocial approach for commonly encountered presentations and diagnoses. *(Mapped to WBA direct observation #6: Formulate and implement an appropriate care plan)*
7. Present a concise and organized oral or written summary that documents a clinical encounter to members of the team. *(Mapped to WBA direct observation #7: Present oral and written reports that document a clinical encounter)*
8. Provide and receive the handover in transitions of care with members of the health care team to ensure that pertinent information related to a specific patient is clearly conveyed and understood. Examples include: communicating patient clinical status and tasks prior to leaving for an academic half day. *(Mapped to WBA direct observation #8: Provide and receive the handover in transitions of*

care, for example handing over patient clinical status and tasks prior to leaving for academic half day)

9. Recognize the urgency of unstable vital signs and participate in the stabilization of the patient. Work alongside a senior colleague to manage urgent situations. Seek help when needed. *(Mapped to WBA direct observation #9: Recognize urgency of unstable vital signs and participate in stabilization. Seek help when needed)*
10. Develop and communicate and shared plan of care with patients and their caregivers with guidance from supervisors in an empathetic manner that reflects an understanding of the patient's perspective and fosters shared decision making. *(Mapped to WBA direct observation #10: Communicate care plan with patients and their caregivers in an empathetic manner)*
11. Collaborate as a member of an interprofessional team. This includes understanding the roles of the various team members and communicating respectfully and collegially with all health care providers in a manner that reflects an understanding of the roles of each provider. Demonstrate effective communication (verbally and in writing) with patients and their families. Work with other health care professionals, patients and their families to coordinate care. *(Mapped to WBA direct observation #11: Collaborate as a member of an interprofessional team)*
12. Contribute to a culture of safety and improvement. Activities which demonstrate this can include but are not limited to: regularly engaging in expected safety habits (e.g., universal precautions, hand washing, team time-outs, medication reconciliation, surgical checklists), identification of situations that may jeopardize patient safety, recognizing how the system contributes threats to patient safety, recognizing system barriers/errors, and reflection on one's contribution. *(Mapped to WBA direct observation #12: Contribute to a culture of safety and improvement)*
13. Function as a reliable member of the healthcare team, abiding by UBC and Faculty of Medicine codes of professional conduct fulfilling a responsibility to patients and their families, and to colleagues and other health professionals
14. Employ strategies for effective personal management skills with awareness of their capabilities and limitations, acting only within the limits of their competence (patient welfare as the highest priority), seeking assistance when necessary.
15. Educate patients on disease management, health promotion, and preventive medicine as well as key community and health care resources, adapted to meet the clinical context using evidence-based information. *(Mapped to WBA direct observation #13: Educate patients on disease management, health promotion, and preventive medicine)*
16. Describe key features of the clinic care models and demonstrate efficient and effective use of health care resources by actively searching for information from multiple, credible sources, and demonstrating integration of basic science knowledge in the clinical approach.
17. Perform the set of core practical and technical skills adhering to proper technique and patient safety protocols, including appropriate informed consent. *(Mapped to WBA direct observation #14: Perform the general procedures of a physician)*

Block Learning Outcomes

Note: ICC students will attain these learning outcomes through out the course of their Clerkship year

Women and Children's Health (WCH) Block Learning Outcomes

1. Collect a complete or focused patient history and perform a complete or focused physical examination, as appropriate
 - a. Demonstrate proficiency in acquiring a complete / focused pediatric history from caregivers / patient with consideration of the child's age (infant, toddler, child and adolescent) and development
 - b. Perform a complete or focused age appropriate (infant, toddler, child and adolescent) physical examination
 - c. Assess developmental milestones of infants, toddlers and children and propose appropriate management plans for children with delayed developmental milestones
2. Identify patients with imminently or immediately life-threatening conditions and call for urgent assistance from supervisors and other health care team members
 - a. Identify common obstetrical and gynaecological emergencies and discuss urgent management steps for these conditions
 - b. Recognize an acutely ill child and ask for immediate assistance
3. Demonstrate diagnostic, clinical reasoning through the creation of a prioritized differential diagnosis and problem list based upon historical, physical and investigative findings within the context of the biological basis for health and disease
4. Justify appropriate diagnostic investigations based on the information gathered from history and physical examination, and correctly interpret the results based on the patient's condition
5. Outline the approach for the management of core pediatric conditions
6. Develop management plans that demonstrate due attention to discharge planning, and recognition of key community resources to support the family once out of hospital
7. Demonstrate the ability to write clear, legible, and accurate 'doctors orders'
8. Report patient information verbally and in writing, in an organized, informative, understandable and accurate manner
9. Demonstrate a patient and family-centred approach to communication
10. In collaboration with senior members of the health care team, perform the following procedures, including obtaining informed consent and ensuring appropriate post-procedural care:
 - a. Normal vaginal deliveries
 - b. Ambulatory gynecologic procedures (ex: pelvic examinations, STI testing and cervical screening)
 - c. Assist at operative gynecology
11. Demonstrate integration of basic sciences in your clinical approach through application of a patient's genetic background, normal and abnormal molecular/cell/tissue/organ/system structure and

function and any relevant infectious disease syndromes to determine the cause and mechanism of the patient's clinical presentation.

12. Collaborate as a member of an interprofessional team
13. Practice effective personal management skills including time management, task prioritization, effective communication with others, selection and utilization of the most appropriate learning materials, resources and methods, accurate self-assessment and acceptance of feedback with subsequent implementation of changes based on this information
14. Demonstrate cost-effective patient care and select appropriate investigations and screening procedures
15. Perform the set of core practical and technical skills (patient encounters and procedure logs) specific to this block as outlined in the attached appendices, adhering to proper technique and all patient safety protocols, including appropriate informed consent

Surgical and Perioperative Care (SPC) Block Learning Outcomes

1. Collect a complete or focused patient history and perform a complete or focused physical examination, as appropriate
 - a. Perform a pre-operative evaluation of the patient coming for anesthesia, including conducting a pre-anesthetic medical history and a focused physical examination
 - b. Conduct an appropriately complete musculoskeletal history and physical examination, including a functional assessment
 - c. Describe the relevant clinical anatomy for common surgical and musculoskeletal conditions
 - d. Perform a focused assessment of a patient's airway and correlate this with the potential expected ease or difficulty of airway management
2. Document and verbally present key findings from history and physical exam, including a provisional and differential diagnosis
 - a. Propose a systematic and prioritized management plan for patients with musculoskeletal complaints
 - b. Identify patients and clinical scenarios where potential complications of airway management may develop, and demonstrate a team approach to management that includes the presence of an "airway expert"
3. Formulate an investigation plan based on the information gathered from history and physical examination, and correctly interpret the results based on the patient's condition
 - a. Discuss common and/or important conditions/diseases where surgical management may play a pivotal role
 - b. Identify common orthopaedic emergencies and discuss urgent management steps for these conditions
4. Identify patients with imminently or immediately life-threatening conditions and call for urgent assistance from supervisors and other health care team members
5. Diagnose and provide initial management of a patient presenting with:

- a. Breathing difficulties
 - b. Complications of fluid and blood component therapy
 - c. Shock
6. Create, in collaboration with a patient, his/her family, and health care providers, a prioritized management plan based on the differential diagnosis, problem list and prioritization and outline the approach for the appropriate biopsychosocial treatment and prevention plans using the principles of evidence-based medicine including indications, contraindications, side effects, and failure rate of management options as well as relief of pain and suffering
 7. In collaboration with senior members of the health care team
 - a. Choose anesthetic drugs and techniques
 - b. Provide intraoperative monitoring and care
 - c. Provide postoperative care
 - d. Order and initiate fluid and blood component therapy, including in the setting of a patient with signs and symptoms suggestive of shock
 8. Explain to patients and families the relevant aspects of their presenting condition, including the natural history, risk factors (biological, environmental, psychosocial), underlying pathology/pathophysiology and therapeutic options (including rationale, prognosis and other possible implications for the patient)
 9. Perform simple surgical tasks, adhering to all surgical safety protocols, under direct supervision where necessary from a supervising resident or attending surgeon
 10. Explain effective health promotion strategies to patients, families, community members, and/or colleagues
 11. Demonstrate effective communication (verbally and in writing) with patients, their families, and the health care team
 12. Contribute to a culture of safety and improvement
 13. Demonstrate integration of basic sciences in your clinical approach through application of a patient's genetic background, normal and abnormal molecular/cell/tissue/organ/system structure and function and any relevant infectious disease syndromes to determine the cause and mechanism of the patient's clinical presentation.
 14. Establish and maintain effective working relationships with colleagues, other health care professionals, and patients
 15. Practice effective personal management skills including time management, task prioritization, effective communication with others, selection and utilization of the most appropriate learning materials, resources and methods, accurate self-assessment and acceptance of feedback with subsequent implementation of changes based on this information
 16. Demonstrate cost-effective patient care and select appropriate investigations and screening procedures

17. Perform the set of core practical and technical skills (patient encounters and procedure logs) specific to this block as outlined in the attached appendices, adhering to proper technique and all patient safety protocols, including appropriate informed consent

Brain and Body (BB) Block Learning Outcomes

1. Conduct an appropriately complete history and hypothesis-driven physical examination in a timely fashion
 - a. Demonstrate the ability to take a complete and accurate psychiatric history and perform a mental status examination (MSE)
2. Formulate and record differential diagnoses and problem lists, and set out a written plan to confirm or exclude the conditions under consideration
 - a. Propose and justify a preferred diagnosis (diagnoses) and differential diagnosis (diagnoses) using the DSM-5 based on the clinical interview and mental status examination (MSE)
3. Generate and concisely document an appropriate written assessment including relevant patient health information, problems, and plans under the supervision of residents and faculty
4. Propose orders for monitoring, treating, nursing, and comprehensive care of patients
 - a. Select and interpret laboratory investigations, drug screens and diagnostic imaging in the context of the medical workup of a psychiatric patient
5. Formulate appropriate biopsychosocial treatment, management, and prevention plans using the principles of evidence-based medicine and outline the pharmacologic properties and common side effects of selected medications for patients with medical or psychiatric conditions listed in the rotation objectives
6. Participate with allied health professionals to manage discharge planning for patients with difficult functional and social situations, as well as facilitate medical and/or psychiatric follow-up
7. Apply principles of evidence-based medicine in clinical practice
8. Demonstrate effective communication with patients, their families, and the health care team
9. Provide and receive handover in the transitions of care
10. Consult with generalist and specialist physicians and other health professionals in an appropriate and timely manner
11. Demonstrate integration of basic sciences in your clinical approach through application of a patient's genetic background, normal and abnormal molecular/cell/tissue/organ/system structure and function and any relevant infectious disease syndromes to determine the cause and mechanism of the patient's clinical presentation.
12. Establish and maintain effective working relationships with colleagues, other health care professionals, and patients incorporating the fundamental elements of ethical decision-making when making ethical decisions in clinical encounters
13. Practice effective personal management skills including time management, task prioritization, selection and utilization of the most appropriate learning materials, resources and methods,

accurate self-assessment and acceptance of feedback with subsequent improvement of performance

14. Demonstrate cost-effective patient care and select appropriate investigations and screening procedures
15. Perform the set of core practical and technical skills (patient encounters and procedure logs) specific to this block as outlined in the attached appendices, adhering to proper technique and all patient safety protocols, including appropriate informed consent

Ambulatory Care (AMB) Block Learning Outcomes

1. Collect a complete or focused patient history and perform a complete or focused physical examination, as appropriate
 - a. Perform a focused history and physical exam taking into consideration the time constraints of outpatient clinic appointments
 - b. Conduct an appropriately complete history and hypothesis-driven physical examination for a patient presenting with an eye/vision complaint
 - c. Conduct a focused history and physical examination based on the patient's cutaneous complaint and a relevant physical examination of other systems
 - d. Use appropriate morphologic terms to describe cutaneous findings
 - e. Perform an emergency-directed history taking and physical exam
 - f. List all medications that a patient is on and assess them for drug interactions and side effects appropriate to the patient
2. Use a patient's clinical findings to generate a differential diagnosis, problem list, and an appropriate investigation plan and be able to correctly interpret the results based on the patient's condition
 - a. Apply a clinical problem-solving framework when assessing patients in the internal medicine ambulatory setting
 - b. Perform sufficiently complete electronic literature searches on clinically relevant topics to inform effective, current and evidence-based care planning
3. Propose a management plan to confirm or refute the potential diagnoses
 - a. Develop categorizations and approaches to common clinical presentations encountered in the internal medicine ambulatory setting
 - b. Outline the approach for the appropriate biopsychosocial treatment, management, and prevention plans using the principles of evidence-based medicine
4. Recognize the urgency of unstable vital signs. Work alongside a senior colleague to participate in the stabilization of the patient. Seek help when needed.
5. Communicate clearly with written and dictated notes, moving beyond the "database" information with well-developed summaries, discussions, explanations, and plans

6. Describe the outpatient consultation process, including effective and timely communication between the referring physician and the consultant and outline key community resources to support the patient once out of hospital.
7. Summarize the physical layout of the site specific Emergency Department, safety procedures, patient flow and describe key features of the outpatient model of clinic care.
8. Demonstrate effective and timely communication with patients, their families, substitute decision-makers and other members of the health care team.
9. Demonstrate integration of basic sciences in your clinical approach through application of a patient's genetic background, normal and abnormal molecular/cell/tissue/organ/system structure and function and any relevant infectious disease syndromes to determine the cause and mechanism of the patient's clinical presentation.
10. Establish and maintain effective working relationships with medical office team, colleagues, other health care professionals, and patients.
11. Practice effective personal management skills including time management, task prioritization, effective communication with others, selection and utilization of the most appropriate learning materials, resources and methods, accurate self-assessment and acceptance of feedback with subsequent implementation of changes based on this information.
12. Demonstrate cost-effective patient care and select appropriate investigations and screening procedures.
13. Perform the set of core practical and technical skills (patient encounters and procedure logs) specific to this block as outlined in the attached appendices, adhering to proper technique and all patient safety protocols, including appropriate informed consent.

Respectful Learning Environment Session Part 2 (RLE-2) Learning Objectives

By the end of this half-day session, students will be able to:

1. Identify situations which lead to a challenging clinical learning environment, including discrimination, public humiliation, learner neglect, patient or learner safety concerns, and microaggressions.
2. Describe possible strategies to respond to challenging situations, including how to advocate for self and others, by modelling an 'upstander' approach.
3. Explain the implications of reporting behaviours that negatively affect the learning environment (mistreatment response and protection from retaliation).
4. Discuss possible strategies for supporting wellness and resilience in the face of the demanding clinical learning environment.
5. Distinguish between 'mistreatment' and preceptor feedback that students may perceive as negative.
6. Explore and manage their reactions to challenging feedback and accept the feedback as they develop and improve their skills.

Clinical Logging

Students are expected to have logged into one45 their exposure to a pre-set list of clinical experiences. The logging of these items will be reviewed by their respective Regional Student Promotion Subcommittee (RSPS) throughout the year and **all** must be completed by the end of Clerkship.

Clinical Procedure Logging (Must – Do)

Each of the clinical procedures outlined in the table below must be logged at least once at the required level (perform, unless otherwise indicated) as identified below. Individual Departments are listed to indicate where the student is most likely to encounter the procedure, however, students may log a clinical procedure at any time during their Clerkship and should be looking for logging opportunities throughout their Clerkship.

#	Clinical Procedure – Must Do	Department
1	Adult female preventive care	Family Practice
2	Adult male preventive care	Family Practice
3	Acid – base and / or AGB gas interpretation	Internal Medicine CTU
4	Assessment of progression of labour	Obstetrics and Gynecology
5	Assisting at major surgery	Surgery
6	Baby / child preventive care	Family Practice
7	CAM (Confusion Assessment Method) score for delirium	Any department
8	Casting (Assisted)	Orthopedics
9	Chest X-ray interpretation	Emergency Medicine and Internal Medicine CTU
10	Cognitive assessment (eg MMSE, MOCA)	Psychiatry
11	Complete examination of a newborn	Pediatrics
12	Cryotherapy, KOH preparations (Observed)	Dermatology
13	Delivery of placenta	Obstetrics and Gynecology
14	Direct ophthalmoscopic exam	Ophthalmology
15	ECT (Entrada module accepted if not available)	Psychiatry
16	Endotracheal intubation (Assisted)	Anesthesiology
17	Excision of a small skin lesion and / or punch biopsy (Observed)	Dermatology
18	Extrapyramidal side effects physical exam	Psychiatry
19	EKG interpretation	Emergency Medicine and Internal Medicine CTU
20	General anesthesia (Observed)	Anesthesiology
21	Glucometer interpretation	Internal Medicine CTU
22	Incision and drainage of abscess (Assisted)	Emergency Medicine, Surgery
23	Injection administration (eg Immunization, flu shot)	Family Practice
24	Intravenous sedation (Observed)	Anesthesiology
25	Measure and plot newborn: head circumference, length, weight	Pediatrics
26	Measure and plot child: head circumference, length, weight	Pediatrics

#	Clinical Procedure – Must Do	Department
27	Mental health act certification	Psychiatry
28	Metered dose inhalation plus aerochamber inhalation (Assisted)	Emergency Medicine
29	Nasogastric tube insertion (Students are encouraged to log authentic procedure; Simulation accepted if necessary)	Surgery
30	Operating room surgical checklist (Participated)	Anesthesiology
31	Orthopedic surgical procedure (Assisted)	Orthopedics
32	Otoscope exam	Emergency Medicine
33	Pap smear and interpretation	Obstetrics and Gynecology
34	Participate in a care conference / family meeting, promoting shared decision making	Any department
35	Pediatric position oximeter attachment monitor	Pediatrics
36	Pediatric vital signs – child	Pediatrics
37	Pediatric vital signs – newborn	Pediatrics
38	Pelvic examination, including with a speculum	Obstetrics and Gynecology
39	Psychiatry interview, full, under supervision	Psychiatry
40	Rectal exam, digital	Surgery
41	Slit lamp examination	Ophthalmology
42	Spinal / epidural anesthesia (Observed)	Anesthesiology
43	Splint application (Assisted)	Orthopedics
44	Surgical knots, hand and instrument	Surgery
45	Suture laceration	Emergency Medicine
46	Tensor bandage application (Performed or Assisted)	Orthopedics
47	Urinary catheter insertion, female	Surgery
48	Urinary catheter insertion, male	Surgery
49	Urine dipstick	Emergency Medicine
50	Utilize virtual care in patient encounter (and have the opportunity to discuss its advantages and disadvantages with preceptor)	Any department
51	Vaginal delivery	Obstetrics and Gynecology

Clinical Case List/Patient Encounters Logging (Must-See)

Each of the clinical case list/patient encounters outlined in the table below must be logged at least once at the required level of observing. Individual disciplines are listed to indicate where the student is most likely to encounter the experience, however, students may log a clinical case list/patient encounters procedure at any time during their Clerkship and should be looking for logging opportunities throughout their Clerkship.

#	Patient Encounter – Must See	Department
1	Abdominal pain, acute	Emergency Medicine, Surgery Perspectives

#	Patient Encounter – Must See	Department
2	Abdominal radiographic findings on plain film	Surgery
3	Abnormal CBC	Internal Medicine CTU
4	Acute dyspnea	Internal Medicine CTU and Emergency Medicine Perspectives
5	Acutely ill child	Pediatrics
6	Advanced care directives discussion	Any department
7	Agitation, aggression and abuse	Emergency Medicine
8	Alcohol use / abuse / withdrawal	Medical Perspective; Emergency Medicine
9	Alcohol use / abuse / withdrawal	Psychiatric Perspective; Psychiatry
10	Anemia	Internal Medicine Ambulatory
11	Antalgic gait, approach to	Orthopedics
12	Anterior cruciate ligament knee injury	Orthopedics
13	Ascites / liver failure / elevated liver enzymes	Internal Medicine CTU
14	Anxiety disorder	Psychiatry
15	Back pain	Family Practice
16	Bipolar / mania	Psychiatry
17	Caregiver stress	Any department
18	Cellulitis	Dermatology
19	Chest pain, acute	Emergency Medicine
20	Child behaviour and development problems	Psychiatry
21	Chronic pain	Family Practice
22	Constipation	Pediatrics
23	Contraception	Obstetrics and Gynecology
24	Cough	Family Practice
25	Cutaneous manifestation of systemic disease	Dermatology
26	Delirium / confusion	Emergency Medicine and Internal Medicine CTU Perspectives
27	Dehydration, child	Pediatrics
28	Dementia	Any department
29	Depressive episode	Psychiatry
30	Diabetes – outpatient management	Family Practice
31	Diabetic complications (eg DKA)	Internal Medicine CTU
32	Dizziness / vertigo	Emergency Medicine
33	Dyslipidemia	Family Practice
34	Dysphagia	Internal Medicine CTU
35	Dysuria / UTI	Family Practice
36	Ear / upper respiratory tract infection	Family Practice
37	Edema	Internal Medicine Ambulatory
38	Electrolyte abnormality	Internal Medicine CTU
39	Failure to thrive	Pediatrics
40	Falls in the elderly	Family Practice
41	Fatigue	Family Practice

#	Patient Encounter – Must See	Department
42	Febrile neonate /child	Pediatrics
43	Fractures / sprains	Emergency Medicine
44	Fracture due to a fall in an elderly patient	Orthopedics
45	Fracture with findings on plain X-ray	Orthopedics
46	Gynecologic malignancies including pelvic mass / ovarian cancer	Obstetrics and Gynecology
47	Headache	Emergency Medicine
48	Hearing disorders (including tinnitus)	Family Practice
49	Hematuria	Surgery
50	Hypertension	Internal Medicine Ambulatory
51	Impaired visual acuity or other important eye abnormalities	Ophthalmology
52	Injured / red eye	Ophthalmology
53	Infection / fever outpatient focus	Internal Medicine Ambulatory
54	Infections (including choice of antimicrobials)	Internal Medicine CTU
55	Infertility	Obstetrics and Gynecology
56	Ischemic heart chronic disease	Family Practice
57	Malignancy	Internal Medicine CTU
58	Masses presenting in the neck / chest / abdomen / inguinal region	Surgery
59	Medical / surgical causes of vomiting	Pediatrics
60	Medication review	Family Practice
61	Menopause	Obstetrics and Gynecology
62	Nasogastric tube insertion (students should attempt to log an authentic experience; simulation accepted if necessary)	
63	Neonatal jaundice	Pediatrics
64	Neurocognitive disorder eg. dementia	Psychiatry
65	Obesity, adult	Family Practice
66	Obesity, child	Pediatrics
67	Palliative care	Family Practice
68	Pelvic pain	Obstetrics and Gynecology
69	Perianal disorder	Surgery
70	Peripheral vascular disease	Surgery
71	Personality disorder	Psychiatry
72	Post – op fever	Surgery
73	Post – op respiratory distress	Surgery
74	Post – op wound assessment	Surgery
75	Pregnancy: complicated delivery	Obstetrics and Gynecology
76	Pregnancy loss	Obstetrics and Gynecology
77	Pregnancy: systemic disease during	Obstetrics and Gynecology
78	Pregnancy: vaginal bleeding and preterm labour	Obstetrics and Gynecology
79	Psychosis	Psychiatry

#	Patient Encounter – Must See	Department
80	Renal disease (eg AKI, CKD)	Internal Medicine CTU
81	Repair of uncomplicated episiotomy / tear (observe)	Obstetrics and Gynecology
82	Respiratory emergency / pneumonia / cough	Pediatrics
83	Rheumatologic conditions eg. arthritis, connective tissue disease	Internal Medicine Ambulatory
84	Seizure (eg febrile)	Pediatrics
85	Sexually transmitted infection testing	Obstetrics and Gynecology
86	Shock / hypotension (eg GI bleed, sepsis)	Anesthesiology, Emergency Medicine
87	Skin lesion, including cancer	Dermatology
88	Sleep disorder	Psychiatry
89	Smoking (or substance) counselling	Family Practice
90	Stroke / TIA	Emergency Medicine
91	Substance use / abuse / withdrawal	Medical perspective; Emergency Medicine
92	Substance use / abuse / withdrawal	Psychiatric perspective; Psychiatry
93	Syncope	Emergency Medicine
94	Transfusion: product ordering, transfusion reactions	Anesthesiology
95	Trauma diagnosis and management (students should attempt to log an authentic experience; simulation accepted if necessary)	Anesthesiology, Surgery
96	Urinary incontinence	Obstetrics and Gynecology
97	Urinary retention / obstruction	Surgery
98	Vaginal bleeding	Emergency Medicine, Obstetrics and Gynecology
99	Weakness	Family Practice
100	Venous thromboembolic disease	Internal Medicine CTU

Course Format

During the course of MEDD 431, students will have variable schedules, which may include evening, overnight, weekend and holiday call, providing them with clinical experiences in a variety of health care delivery contexts including hospitals and primary care offices. For details on the requirements of scheduling students in clinical activities, including on-call, please refer to the [Scheduling Policy for Medical Students While Completing Clinical Rotations](#).

In addition, students will participate in academic sessions that cover relevant academic and clinical topics (including Year 3 clinical case/patient encounter logging items) with themes integrated throughout the Clerkship. Students will experience these academic sessions in a variety of sequences and formats based on rotation schedules and preceptor availability.

Course Requirements

The requirements for this course are the successful completion of Years 1 and 2, and subsequent enrolment in Year 3 of the UBC Faculty of Medicine MDUP.

In order to complete the required learning outcomes for this course, students may be required to travel to various hospitals, clinics, and rural clinical locations.

Assessment, Evaluation, and Grading

[For further details on assessment in Year 3, please reference the Year 3 Assessment Package]

The assessment framework is a system of integrated components. Each assessment component is suited to assessing certain types of content and competencies. These components are combined into a programmatic assessment framework that ensures learners have achieved the Year 3 milestones.

All students within the MDUP are graded on a pass/fail basis. All assessments are designed to measure achievement of specific objectives in fulfilment and overall successful completion of the program. Therefore, students must pass each summative assessment component with the understanding that passing one assessment component cannot offset failure in another.

The details of pass/fail criteria and supplemental exams are laid out below. A supplemental exam /assignment will normally be the same type as the one failed. The student will be notified of a failure at the end of the course. If a student fails MEDD 431, they must repeat the course in its entirety.

Students are expected to attend all learning activities and are responsible for completing all mandatory assessment and curricular components.

MEDD 431 will also have assessment time built into the schedule including a dedicated Assessment Week at the end of the course in order to prepare for the Summative OSCE exam.

There are four assessment components within MEDD 431:

1. **Objective Structured Clinical Examination (OSCEs):** Students will be required to take two OSCEs (one formative & one summative) during the year to allow assessment of students' clinical competence through standardized simulated clinical scenarios. Students will perform specific tasks such as history-taking or physical examination and demonstrate appropriate clinical decision making. In the summative OSCE, the passing mark for individual stations is 60%, but the number of stations required to pass any OSCE is determined by the Faculty and communicated before each OSCE.
2. **Written Exams:** Students take scheduled summative written exams during the course, consisting of multiple choice questions to assess their application of knowledge. Students in the Rotational Program will sit an exam at the end of each Block where students in the ICC program will sit two comprehensive written exams through out the year. Questions in this exam are mapped to both the Academic Session Objectives and the Clinical Objectives. Students must achieve a cumulative score of 60% or above across all exams in this component to pass. Students are also required to take two scheduled multiple choice-based progress tests in MEDD 431. This exam is mapped to graduation

level competencies. The results of progress tests allow students to track their learning trajectory and identify areas for improvement and emphasis. Students must complete the two formative Progress Tests.

3. **Portfolio:** Students are required to attend scheduled Portfolio group sessions and submit a variety of portfolio artifacts. Artifacts may include narrative assignments, reflections, critiques, etc. Assignments are considered complete if they meet the minimum standard set in the Portfolio rubric. Assignments must be submitted by deadline.
4. **Workplace Based Assessments (WBA):** The Workplace Based Assessments (ie. Mid and End of Rotation Assessments and Direct Observations) are based on information gathered about the student's observed knowledge, skills and behaviour in the workplace from a variety of sources in departmental rotations, supplemented by multiple direct observations linked to Year 3 clinical milestones. Students who achieve observable Year 3 clinical milestones and complete the mandatory direct observations will pass the WBA component of MEDD 431.

The following table outlines the pass/fail criteria for each assessment modality in the course along with any supplemental activities or exams offered.

Assessment Component	Pass/fail Assessment	Supplemental exam or activity after course failure
Written Exams	<p>P: Cumulative score of all Written exams is 60% or above.</p> <p>F: Cumulative score of all Written exams is below 60%. The Regional Student Promotions Subcommittee (RSPS) offers a supplemental exam.</p>	<p>Student must pass the supplemental exam which will be representative of all exams to progress on to Year 4.</p> <p>Failure of the supplemental exam results in failure of Year 3 and a student must restart the year from the beginning.</p>
OSCE	<p>P: Score of 60% or above in pre-set number of summative OSCE stations.</p> <p>F: Not achieved score of 60% in pre-set number of stations required to pass the summative OSCE. The Regional Student Promotions Subcommittee (RSPS) offers a supplemental exam.</p>	<p>Student must pass the supplemental OSCE to progress on to Year 4.</p> <p>Failure of the supplemental exam results in failure of Year 3 and a student must restart the year from the beginning.</p>

WBA	<p>P: Students who achieve the Course Learning Outcomes based on End of Rotation Assessments and have completed all mandatory Direct Observations, will pass the WBA.</p> <p>F: Student who is judged by the RSPS to not meet the Course Learning Outcomes, have behaved in an egregious manner or have incomplete elements which cannot be completed in 4 weeks.</p>	<p>No formal supplemental assessment is offered</p> <p>Remediation is built-in throughout the length of the course with active feedback to the student.</p> <p>If the Student Promotions Review Board (SPRB) accepts recommendation from RSPS to fail the student, no further supplemental activities will be offered and the student must restart the year from the beginning.</p>
Portfolio	<p>P: Completion of all Portfolio assignments to meet minimal criteria set in the Portfolio rubric by deadline.</p> <p>F: Incomplete Portfolio assignments by deadline and recommendation for failure by the RSPS to the SPRB, if mitigating circumstances are found, a Supplementary Assignment may be offered.</p>	<p>The RSPS may offer a supplementary assignment by a new deadline. Failure to submit the supplementary assignment by deadline or to meet the minimum criteria will result in failure of Year 3 and the student must restart the year from the beginning.</p>

Transcript

Due to the length of MEDD 431, UBC Enrolment Services requires a notation to indicate a student has completed the 'Summer session' (June to late August) portion of their Clerkship. As such, a 'T' notation will be placed on the transcript for the Summer session and will remain permanently on the transcript. Once the Winter session (September to end of May) has been completed, and the student has successfully been promoted to Year 4, the final grade for MEDD 431 will show in the Winter Term as either a "P" or "F".

Required and Recommended Readings

The table below outlines the list of required and recommended readings from each Department for the MEDD 431 course:

Department	Recommended Readings
Women's and Children's Health (WCH) Block	
Obstetrics & Gynecology	<p>Recommended Textbooks:</p> <ul style="list-style-type: none"> • Beckman, Ling, Herbert, Lauke, Smith, Bazansky, William, Wilkins <i>Obstetrics and Gynecology</i> (most recent edition) • Hacker and Moore (most recent edition) <i>Essentials of Obstetrics and Gynecology</i>. W.B. Saunders <p>Reference Libraries:</p> <ul style="list-style-type: none"> • UBC Library: Extensive collection of Obstetrical and Gynecological journals/textbooks/etc
Pediatrics	<ul style="list-style-type: none"> • Nelson Essentials of Pediatrics – Richard Behrman / Robert M. Kliegman (most recent edition) – Reference Book • The 5-Minute Pediatric Consult • Zitelli and Davis' Atlas of Pediatric Physical Diagnosis • Blue prints pediatrics – Bradley Marion /Katie Fine / Julia Mcmillan • Pediatric Clerkship Guide – Jerold C. Woodhead • NMS series – Pediatrics – Paul H. Dworkin / Paula Algranati • CLIPP cases
Surgical and Perioperative Care (SPC) Block	
Anesthesiology	<ul style="list-style-type: none"> • Sullivan, P. <i>Ottawa Anesthesia Primer</i>. Echo Book Publishing, 2012. ISBN: 978-0-9918009-0-2. • Anesthesiology online module (link provided in AQUIFER)
Surgery	<ul style="list-style-type: none"> • Churchill's Pocketbooks- Surgery 2017 Elsevier publishing • Doherty, Gerard M. <i>Current Diagnosis & Treatment SURGERY</i>. McGraw-Hill
Orthopedics	<ul style="list-style-type: none"> • Essentials of Musculoskeletal Care 4th Ed • Bates' Guide to Physical Examination and History Taking, 10th Edition (Chap. 16, pp.571-639 "The Musculoskeletal System")
Brain and Body (BB) Block	
Internal Medicine	<p>For learning approaches to medical presentations, consider one of:</p> <ul style="list-style-type: none"> • Blueprints Medicine by Vincent B. Young, William A. Kormos, Davoren A. Chick, Allan H Goroll • Step-Up to Medicine by Steven S. Agabegi, Elizabeth D. Agabegi Case-Based (For consolidation and self-assessment): • Case Files Internal Medicine, Third Edition by Eugene C. Toy, John T. Patlan • Aquifer Internal Medicine virtual cases • UBC Radiology App <p>Practice questions, in a form similar to NBME – long case vignettes, followed by single best-answer multiple choice options:</p> <ul style="list-style-type: none"> • MKSAP for Students 5 by American College of Physicians, ACP

Department	Recommended Readings
	<ul style="list-style-type: none"> • NMS Medicine by Allen R Myers, 2012 7th ed. Philadelphia; London: Lippincott Williams & Wilkins; ISBN: 0781769752 <p>Pocket References for the Ward, One of:</p> <ul style="list-style-type: none"> • Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (Pocket Notebook Series) by Marc S Sabatine, Lippincott Williams & Wilkins; Fifth Edition (2013) • Approach to Internal Medicine (2nd Ed.) by Dr. David Hui, Available at a discount from CFMS <p>Comprehensive Resources:</p> <ul style="list-style-type: none"> • Harrison’s Principles of Internal Medicine • Adams and Victor's Principles of Neurology <p><u>ACCESS TO IM VIRTUAL PATIENT CASES – AQUIFER INTERNAL MEDICINE:</u></p> <p>To register, please go to https://www.meduapp.com/users/sign_in. You can also find a direct link on AQUIFER https://aquifer.org/. You are an institutional registrant. Please use your student.ubc.ca email address as your username and use your last name in the “Name” field and your first name in the “First Name” field.</p>
Psychiatry	<p>Required:</p> <ul style="list-style-type: none"> • Benjamin J. Sadock and Virginia A. Sadock. Kaplan & Sadock’s Concise Textbook of Clinical Psychiatry, 4th edition. Philadelphia: Lippincott Williams & Wilkins, 2017. (https://tinyurl.com/yf2dgyfe - available online through UBC library) • Psychiatry Survival Manual (On Entrada) • Virtual patient modules (On Entrada) • Teaching session summary sheets (On Entrada) • American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5. Washington, DC: American Psychiatric Association, 2013. (https://tinyurl.com/y34xbr8j - available online through UBC library) • Child and adolescent psychiatry modules on Learning Links https://learninglinksbc.ca/new_to_site.html <p>Optional:</p> <ul style="list-style-type: none"> • Procyshyn, R.M. et al. Clinical Handbook of Psychotropic Drugs, 23rd ed. Hogrefe & Huber Pub., 2019. (https://tinyurl.com/yhsh3nos - available online through UBC library) • American Psychiatric Association. DSM-5® Handbook of Differential Diagnosis (https://tinyurl.com/ye65kpzk - available online through UBC library) • American Psychiatric Association. DSM-5® Clinical Cases (https://tinyurl.com/yg2s63lx - available online through UBC library)

Department	Recommended Readings
	<ul style="list-style-type: none"> Black, Donald W. and Nancy C. Andreasen. Introductory textbook of psychiatry, 6th ed. Arlington, VA: American Psychiatric Pub., 2014. (https://tinyurl.com/yhv3edl9 - available online through UBC library)
Ambulatory Care (AMB) Block	
Emergency Medicine	<ul style="list-style-type: none"> Students are required to read the entire UBC EM Core Content Manual, posted on the UBC AQUIFER Website. It consists of 26 chapters of symptom-based and diagnosis-based emergency medicine problems. Recommended: Emergency Medicine: A Comprehensive Study Guide 9th Edition, Tintalli JE et al, McGraw-Hill Professional, 2019 Recommended for reference only: Rosen's Emergency Medicine: Concepts and Clinical Practice, 9th Edition. Walls R, Hockberger R & Gausche-Hill M. Elsevier, 2018. Recommended for reference: Simon's Emergency Orthopedics 8th Edition, Sherman S, McGraw-Hill Educ/Med, 2018.
Family Medicine	<ul style="list-style-type: none"> Rural Practice Student Guide SHARC-FM cases DynaMed (via the CMA website) Netter's Atlas of Human Anatomy Family Practice Self-Study Modules - AQUIFER <p>General:</p> <ul style="list-style-type: none"> Up-to-Date BC Practice Guidelines <p>Medications:</p> <ul style="list-style-type: none"> Drugs.com Up-to-Date <p>Patient information (print and give to the patient):</p> <ul style="list-style-type: none"> Mayo Clinic BC Health Guide

Department	Recommended Readings
Ambulatory	<p>AMB EXP Ophthalmology:</p> <ul style="list-style-type: none"> • Harper, Richard A. <i>Basic ophthalmology</i>, 9th ed. San Francisco, CA: American Academy of Ophthalmology, 2010. ISBN: 9781615251230 - Mandatory • Trobe, Jonathan D. <i>The physician's guide to eye care</i>, 3rd ed. San Francisco: American Academy of Ophthalmology, 2006. ISBN: 9781560556268 – Optional • Ophthalmology Virtual Patient/Interactive Online Eye Modules – See Entrada MEDD 431 <p>AMB EXP Dermatology:</p> <ul style="list-style-type: none"> • Color Atlas and Synopsis of Clinical Dermatology by Fitzpatrick et al., McGraw-Hill <p>Internal Medicine - AMB</p> <ul style="list-style-type: none"> • De Fer, T. The Washington manual of outpatient internal medicine. 2015 (available online through: library.ubc.ca). • IM Self-Study Modules – See AQUIFER • Aquifer Internal Medicine cases – See AQUIFER for registration instructions <p><u>ACCESS TO IM VIRTUAL PATIENT CASES – AQUIFER INTERNAL MEDICINE:</u></p> <p>To register, please go to https://www.meduapp.com/users/sign_in. You can also find a direct link on AQUIFER https://aquifer.org/. You are an institutional registrant. Please use your student.ubc.ca email address as your username and use your last name in the “Name” field and your first name in the “First Name” field.</p>

Academic Integrity

The academic enterprise is founded on honesty, civility, and integrity. As members of this enterprise, all students are expected to know, understand, and follow the codes of conduct regarding academic integrity. At the most basic level, this means submitting only original work done by you and acknowledging all sources of information or ideas and attributing them to others as required. This also means you will not cheat, copy, or mislead others about what is your work. Violations of academic integrity (i.e., misconduct) lead to the breakdown of the academic enterprise, and therefore serious consequences arise and harsh sanctions are imposed. Careful records are kept in order to monitor and prevent recurrences. A more detailed description of academic integrity, including the University’s policies and procedures, may be found in the UBC [Academic Calendar](#).