

MEDD 431: Clerkship (48 credits)

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.

Clinical Learning Objectives: Family Practice

Family Practice is a rotation within the Ambulatory Care (AMB) Block.

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.

Family Practice consists of 4 weeks within the 12 week “Ambulatory Care (AMB)” Block.

By the end of their time in Family Practice, the student will be able to:

1. Perform a focused history adapted to the patient’s clinical situation, in a prioritized and organized manner, eliciting information and perspectives from patients and their families. The student will take into consideration the time constraints of outpatient clinic appointments. *(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. Outline the approach for the appropriate biopsychosocial investigations, management and prevention plans using the principles of evidence-based medicine. Demonstrate an awareness of the need for cost – effective investigations and screening tests.
5. Demonstrate effective and timely communication with patient, their families, substitute decision-makers and other members of the health care team

6. 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*)
7. Perform the set of core practical and technical skills specific to this block adhering to proper technique and patient safety protocols, including appropriate informed consent.
8. 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
9. Function as a reliable member of the healthcare team, abiding by UBC and Faculty of Medicine codes of professional conduct fulfilling a responsibility to patient and their families, and to colleagues and other health professionals. This includes establishing and maintaining effective working relationships with the medical office team, colleagues and patients.

It is expected that the student is likely to encounter the following clinical cases (“must-sees”):

1. Back Pain
2. Chronic Pain
3. Diabetes (outpatient management)
4. Dyslipidemia
5. Dysuria / UTI
6. Ear / upper respiratory tract infection
7. Falls in the elderly
8. Fatigue
9. Hearing disorders eg. tinnitus
10. Ischemic heart chronic disease
11. Medication Review
12. Obesity, adult
13. Palliative care
14. Smoking (or substance): counseling
15. Weakness

It is expected that the student is likely to encounter the following procedures (“must – dos”):

1. Adult female preventive care
2. Adult male preventive care
3. Baby / child preventive care
4. Injection administration eg. immunization, flu shot