

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: Orthopedic Surgery

Orthopedic Surgery is a rotation within the Surgical and Perioperative Care (SPC) Block.

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.

Orthopedic Surgery consists of 2 weeks within the 12 week “Surgical and Perioperative Care (SPC)” Block.

By the end of their time in Orthopedic Surgery, the student will be able to:

1. Collect a complete or focused patient 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. Conduct an appropriately complete musculoskeletal history and physical examination, including a functional assessment (*Mapped to WBA direct observation #2: “Perform a physical examination adapted to the patient’s clinical situation”*)
3. Describe the relevant clinical anatomy for common orthopedic surgical approaches and musculoskeletal conditions
4. Document and verbally present key findings from history and physical exam, including a provisional and differential diagnosis
5. Propose a systematic and prioritized management plan for patients with musculoskeletal complaints, including the use of appropriate imaging options and laboratory evaluations
6. Identify common orthopaedic emergencies and discuss urgent management steps for these conditions

7. 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
8. Explain effective health promotion strategies to patients, families, community members, and/or colleagues
9. Establish and maintain effective working relationships with colleagues, other health care professionals, and patients
10. 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
11. 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

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

1. Antalgic gait, approach to
2. Anterior cruciate ligament knee injury
3. Fracture due to a fall in an elderly patient
4. Fracture with findings on plain X-ray

It is expected that the student is likely to participate in the following procedures (must-dos”):

1. Casting, assist
2. Orthopedic surgical procedure, assist
3. Splint application, assist
4. Tensor bandage application, perform or assist