

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: General and Subspecialty Surgery:

General and Subspecialty Surgery is a rotation within the Surgical and Peri-operative 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.

Surgical and Peri-operative Care (SPC) is a 12 week block within MEDD 431 which 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 preoperative patients, operating room protocols and surgical assisting, and the post-operative care and follow-up of surgical patients. Eight weeks within the 12 week SPC block are dedicated to Surgery (General Surgery and Subspecialty Surgery rotations), 2 weeks to Anesthesia, and 2 weeks to Orthopedic Surgery.

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

1. Collect a complete or focused patient history and perform a complete or focused physical examination, as appropriate. (*Mapped to WBA direct observation #1: "Obtain a history adapted to the patient's clinical situation" and WBA direct observation #2: "Perform a physical examination adapted to the patient's clinical situation"*)
2. Document and verbally present key findings from history and physical exam, including a provisional and differential diagnosis. (*Mapped to WBA direct observation #3: "Formulate and justify a prioritized differential diagnosis"*)
3. Formulate and justify an investigation plan based on the information gathered from history and physical examination, and correctly interpret the results based on the patient's condition; discuss common and/or important conditions/diseases where surgical management may play a pivotal role. (*Mapped to WBA direct observation #4: "Formulate an initial plan of investigation based on the diagnostic hypotheses" and direct observation #5: "Interpret results of common diagnostic and*

screening tests”)

4. Formulate and implement an appropriate care plan. (*Mapped to WBA direct observation #6: “Formulate and implement an appropriate care plan”*)
5. Identify patients with imminently or immediately life-threatening conditions and call for urgent assistance from supervisors and other health care team members.
6. Diagnose and provide initial management of a patient presenting with: a. Breathing difficulties b. Complications of fluid and blood component therapy c. Shock d. An acute abdomen
7. 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.
8. Perform simple surgical tasks, adhering to all surgical safety protocols, under direct supervision where necessary, from a supervising resident or attending surgeon.
9. Demonstrate effective communication (verbally and in writing) with patients, their families, and the health care team. (*Mapped to WBA direct observation #7: “Present oral and written reports that document a clinical encounter”*)
10. Demonstrate the integration of basic sciences in the clinical approach to determine the cause and mechanism of the patient’s clinical presentation (including, but not limited to, the patient’s genetic background, normal and abnormal molecular/cell/tissue/organ/system structure and function, and any relevant infectious disease syndromes).
11. Establish and maintain effective working relationships with colleagues, other health care professionals, and patients.
12. 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.
13. Demonstrate cost-effective patient care and select appropriate investigations and screening procedures.
14. 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.
15. Contribute to a culture of safety and improvement (*Mapped to WBA direct observation #12: “Contribute to a culture of safety and improvement”*).
16. Function as a reliable member of the health care 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.

All students have a rotation in General Surgery, but please note that not all students will do clinical rotations in the same Surgical Subspecialties. Key Learning Objectives for all Surgical Specialties will be covered in the Academic Sessions and/or Self-Study Modules provided. Note that the students will also be provided with more specific Study Guides that cover the Learning Objectives in greater detail.

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

1. Abnormal radiographic findings on abdominal plain films

2. Acute abdominal pain
3. Hematuria
4. Masses presenting in the neck / chest / abdomen / inguinal region
5. Perianal disorder
6. Peripheral vascular disease
7. Post – op fever
8. Post – op respiratory distress
9. Post – op wound assessment
10. Trauma (students should attempt to log an authentic experience; simulation accepted if necessary)
11. Urinary retention / obstruction

It is expected that the student will have the opportunity to participate in the following procedures (“must-dos”) – students are encouraged to seek out these experiences.

1. Assisting at major surgery
2. Incision and drainage of abscess (assist)
3. Nasogastric tube insertion (students should attempt to log an authentic experience; simulation accepted if necessary)
4. Rectal Exam, digital
5. Suturing and surgical knots (hand and instrument)
6. Urinary catheter insertion – female
7. Urinary catheter insertion – male

