

3rd YEAR CLERKSHIP PRECEPTOR MANUAL



uOttawa

Département de médecine familiale
Department of Family Medicine

**UNDERGRADUATE MEDICAL EDUCATION
DEPARTMENT OF FAMILY MEDICINE
FACULTY OF MEDICINE
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PREFACE

This manual is a guideline for preceptors who agree to have third year medical students in their clinics. Third year clerkship is a core (mandatory) rotation of six weeks duration. This manual contains a description of the clerkship Learning Objectives and Learning Modules. It is also a guide for the preceptor on how to proceed with the student and what is expected of them. In addition, this manual contains documentation that will help you, the preceptor, assess the medical student's behaviour and how to address any concerns.

Please take the time to familiarize yourself with it.

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MESSAGE FROM THE UNDERGRADUATE DIRECTOR

Dear Colleagues,

The Faculty of Medicine at the University of Ottawa offers a 6-week clerkship in Family Medicine. This rotation is completed in the third year of the curriculum and it is complementary to previous experiences in family medicine during the first and second year of medical school. It provides students with the opportunity to work in a community physician's office as part of an interdisciplinary team or in a variety of ambulatory settings such as nursing homes, ER, hospital work, palliative care, and home visits in order to increase their understanding of the discipline of family medicine.

Clinical Clerkships form the foundation of student education during third year as the student becomes a participant in patients' care. In order to structure this experience, clerkship goals and objectives must be clarified.

For this reason, the Department of Family Medicine created the Clerkship Preceptor's Manual. It is a comprehensive manual for clerkship preceptors as well as other members of the teaching team. It provides our preceptors with information about learning objectives, school policies, and evaluations. Our learning objectives are based on the national family medicine guidelines and include the most common conditions for patients presenting for acute, chronic, or preventive-care visits.

As teachers, experts, specialists, and mentors, you are providing learning experiences to medical students. On a daily basis, you allow the students to take a glimpse into the daily life of a family physician in multiple and varied settings. Our rotation would not be possible without your tireless efforts and we value your excellent and ongoing commitment to this role. The success of the undergraduate program requires effective communication between the department and our preceptors. Your feedback and comments are always welcome and appreciated in order to improve our mandate together.

We hope, as you continue to enrich the lives of our students, that we provide you with the opportunity to enrich your career as a family physician and as a preceptor.

Sincerely,

Dr. Lina Shoppoff, MD, CCMF
Director of Undergraduate Medical Education
Department of Family Medicine
University of Ottawa

MESSAGE FROM THE CLERKSHIP DIRECTOR, ANGLOPHONE

Dear colleagues and friends,

In my role as undergraduate clerkship director (Anglophone stream) I wish to thank you for your commitment to this important role as clerkship preceptors. Some of you are new to the role of preceptor while others have been involved for many years. Regardless of your experiences, this is a first for each of our medical students, an opportunity to introduce them to our role in health care and a potential recruiting strategy to the role we love as family doctors. This is a win-win situation for all involved.

The medical students are keen to get to see patients after all the years of studying, eager to make the early steps of applying theoretical knowledge to the real world of family medicine. They learn to appreciate the complexity of being family doctors. It has never been easy to be a good family doctor and your role includes exposing them to this reality.

I welcome feedback on every aspect of the program. I thank you in advance for completing the required forms to help keep our program running.

Dr. Rita Hafizi, MD, CCFP, FCFP

Director of Clerkship, Anglophone Stream

Department of Family Medicine

University of Ottawa

MESSAGE FROM THE CLERKSHIP DIRECTOR, FRANCOPHONE

Chers collègues,

C'est avec grand plaisir que je vous souhaite la bienvenue au stage d'externat en Médecine Familiale de l'Université d'Ottawa (volet francophone). Les six semaines du stage sont vite passées pour nos étudiants, mais il demeure l'un des stages les plus importants à la formation de médecins compétents ainsi qu'au recrutement de nos futurs collègues. C'est un stage riche en expériences cliniques dans lequel les étudiants ont l'opportunité d'être exposés à de populations, patients et contextes variés. C'est à travers ces expériences qu'ils pourront apprécier la richesse et la diversité possible en médecine de famille ainsi que les défis à relever.

Le stage ne pourrait pas fonctionner sans vous, les précepteurs, et nous vous félicitons de votre dévouement et travail envers la formation médicale. L'un de mes buts, en tant que directrice de stage, est de vous appuyer dans votre rôle de superviseur et d'enseignant, afin de maximiser non seulement l'apprentissage de nos étudiants mais aussi votre expérience.

Ce guide de préceptorat inclus des informations importantes qui vous aideront à encadrer vos étudiants. Vous trouverez ci-inclus: les objectifs d'apprentissage, le blueprint pour l'examen de fin de stage, l'information sur les modules d'apprentissage en ligne, comment gérer des problèmes avec le professionnalisme, et les formulaires d'évaluations.

Si vous avez des questions ou commentaires par rapports à un étudiant, ou plus généralement comment nous pouvons améliorer le stage, n'hésitez pas de communiquer avec moi.

Dr. Annabelle Pellerin, MD, CCPF

Assistant Professor

Director of Clerkship, Francophone Stream

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INTRODUCTION

The goal of the Department of Family Medicine's Undergraduate program at the University of Ottawa is to offer a third year clerkship rotation in which students learn the principles of Family Medicine in a community-based clinical context.

Canadian family physicians work in a variety of clinical settings. They usually see common problems, yet must frequently consider less common illnesses in their differential diagnosis. They are frequently the first physicians consulted and often see problems at an early stage. Because of this, they need to be prepared to deal with the uncertainty of undifferentiated symptoms and problems. To be effective in different settings, with common problems and illnesses presenting at various stages of development in all age groups, family physicians require a broad base of knowledge and experience.

The Department of Family Medicine has designed a clerkship which exposes students to the diversity of clinical settings; a clerkship which promotes respect for the Family Physician; a clerkship which helps students deal with uncertainty; and a clerkship in which students learn to diagnose and treat the kinds of problems we see most frequently in a humane and compassionate way.

Through the lottery (second year) students will be assigned to either a rural community in South Eastern Ontario, or a community practice in Ottawa. The rural rotations are organized through our closest rural network, the Eastern Regional Medical Education Program (ERMEP), who takes care of all the details including lodging. As well two students from each block can choose to work with a different rural network in Ontario (ROMP or NOSM) and one student can choose Moose Factory.

The Family Medicine Clerkship (Anglophone stream) is scheduled as follows for everyone, both

Week One: All students are in Ottawa attending learning modules and doing interprofessional team/allied health care provider visits. Details on exact schedules will be available closer to the beginning of the rotation. The Learning Modules are meant to expose medical students to different clinical scenarios that meet UGME Learning Objectives. They are described in more detail in this manual under LEARNING MODULES.

Weeks Two - Six: All students spend all of this time with their assigned preceptor. The expectation is that the student is to experience the full scope of their preceptor's practice including hospital call, nursing home care, Emergency Room shifts, deliveries, etc.

If your usual practice involves other areas of Family Medicine, such as visits to nursing homes, Emergency Room shifts or even the Labor and Delivery Unit, by all means bring the medical student along with you, as we are trying to feature Family Medicine as it truly exists within your weekly practice.

Evaluations are a crucial part of the clerkship rotation, as they are a tool to ensure that the rotation meets its objectives. University policy demands that all students receive both a mid rotation and

final evaluation. We strongly urge preceptors to meet with their students for these two sessions. Any student experiencing difficulties at the mid rotation evaluation needs clear documentation, and a remedial plan that we would ask you to discuss with us. In fact, any time you have concerns about a student, academic or otherwise, please feel free to pick up the phone or send us an E-mail.

To encourage success, the UGME program offers annual awards for Undergraduate Community Teacher of the Year, presented during the Department of Family Medicine Annual Retreat, and for Outstanding Clinical Performance to medical students in their rotation.

LEARNING OBJECTIVES

Medical students doing a third year clerkship in Family Medicine should be familiar with all of the problems listed below. These problems were selected because of their high prevalence and importance in Family Medicine practice. Medical students should therefore make sure to familiarize themselves with these health problems during their family medicine clerkship.

Abdominal Pain - Acute (A01)

- Perform a patient-centered interview and focused physical exam, and list and interpret clinical findings.
- Identify the signs and symptoms of a surgical abdomen.
- Identify red flags of potential serious causes of abdominal including referred pain from the chest.
- Identify psychosocial factors associated with chronic and recurrent abdominal pain.
- Propose a relevant differential diagnosis that includes common causes of abdominal pain and less common but important causes of abdominal pain.
- For patients with acute abdominal pain, propose an initial management plan that includes appropriate and timely referral/investigation for potentially serious causes.
- For patients with chronic/recurrent abdominal pain, propose a management plan that highlights initial investigations and basic management.

Anxiety Disorders (A02)

- Elicit the common symptoms associated with anxiety (as per the most current DSM criteria e.g., tenseness, fatigued, reduced concentration, irritability).
- Elicit the contextual and other factors contributing to the anxiety symptoms and probe for/describe impact of anxiety on patient's function.
- Differentiate between situational anxiety and anxiety disorders: including general anxiety disorder (GAD), obsessive-compulsive disorder (OCD), phobias, and post-traumatic stress disorder (PTSD).
- Identify and describe other conditions that can present with anxiety, co-morbid or more serious conditions, e.g. substance abuse, dementia, delirium, hyperthyroidism, arrhythmias personality disorders.

- Describe blended conditions i.e.: anxiety-depression, dual diagnosis.
- Identify and describe high risk groups for anxiety disorder (e.g. post-trauma, bereavement, malignancy or other serious illness diagnosis (in self or family member), dysfunctional families (abuse, separation, etc.), family history)
- Propose non-pharmacologic and pharmacologic management options for patients with anxiety, including risks, benefits and limitations of the method(s) used.
- Identify locally available resources which can provide support or help with ongoing management of anxiety disorder.

Asthma (A03)

- Demonstrate how to accurately diagnose asthma through a focused history and physical exam, including family, occupational and environmental history.
- Identify the non-asthma causes of wheezing.
- Explain the underlying pathophysiology of asthma to patients and/or family members, including acute and recurrent episodes, prophylaxis principles, mechanism of action of relevant medications, and red flags of impending asthma crises.
- Demonstrate how to assess asthma control at follow-up visits and how to identify modifiable triggers for patients.
- Describe the different medication delivery methods (and relevant compliance / educational issues).
- Describe the major medication categories, including mechanism of drug action (particularly SABA and ICS), benefits, risks, limitations, use patterns, compliance, and device use.
- Propose a management plan for patients with acute exacerbations of asthma.

Chest Pain (A04)

- Conduct a rapid assessment of a patient with chest pain to identify whether the patient requires emergency care or not.
- Describe the family physician's role in the stabilization and initial management of patients identified to require emergent care.

- Conduct a focused history (including cardiac risk factors) and a relevant physical exam on a patient with chest pain.
- Develop a concise differential diagnosis for patients with chest pain including cardiac and non- cardiac causes.
- Describe the key clinical characteristics of the following chest pain etiologies: angina, embolism, gastroesophageal reflux, costochondritis, anxiety, and pneumonia.

Contraceptive Counseling (A05)

- Obtain an appropriate medical and sexual history on a patient requesting contraception (e.g. migraines, unprotected intercourse, smoking, depression, contraindications for common contraceptive methodologies)
- List and explain the absolute contraindications for hormonal contraception.
- Counsel a patient on contraceptive options including: patient preferences and values, risks and side effects, contraceptive methods and devices (both permanent and non-permanent), benefits and relative efficacy, barriers to access (e.g. cost), proper use including initiation, potential drug interactions, emergency contraception.
- Counsel a patient on Sexually Transmitted Infection (STI) prevention and screening.
- Describe the role of family physicians in caring for patients with unintended pregnancy.

Cough (A06)

- Conduct a patient interview and appropriate focused physical examination to identify the common and important causes of cough.
- Describe the causes of acute cough: infectious (viral/bacterial), exacerbation of asthma, exacerbation of COPD, post-viral cough and exacerbation of CHF.
- Describe the causes of chronic cough (including screening for red flags, e.g., weight loss, hemoptysis): post-nasal drip, GERD, asthma, COPD/Smoking, infection (e.g., tuberculosis), medication (e.g. ACE Inhibitor), congestive heart failure, and neoplasm.
- Demonstrate how to perform an appropriate environmental, occupational, and travel history as part of the interview in a patient with cough.
- Propose a relevant initial investigation plan (e.g. chest xray, spirometry) for a patient with cough.

- Recognize a patient with respiratory distress (e.g. hypoxia, tachypnea, etc.) and seek immediate help.
- Suggest a preliminary/initial management plan for patients with cough, particularly for the acute and chronic causes, avoiding unnecessary use of antibiotics.

Mental Diseases and Disorders (A07)

- Demonstrate how to screen for and diagnose depression including: using current criteria and other diagnostic and functional assessment tools, mental status exam (including assessment of suicide/homicidal risk and taking appropriate action where necessary).
- Identify high risk factors for depression and suicide.
- Describe variant presentations of depressed patients.
- Propose a differential diagnosis for patients with depressed mood to rule out important secondary causes and an initial plan for investigation & management.
- Describe non-pharmacologic (community resources, effect of/on family & social supports) and pharmacologic approaches (mechanism of action, medication classes & interactions) to management of depression, including: risks, benefits and limitations of the method(s) used.

Diabetes Mellitus (A08)

- List the risk factors for diabetes mellitus type 2 (DM2).
- List the criteria needed to diagnose diabetes mellitus type 2.
- Demonstrate the ability to perform an appropriate physical exam in the context of DM2 and its complications.
- Discuss the non-pharmacological approach to DM2 management.
- Discuss the mechanism of action of oral hypoglycemic medications and their use.
- Discuss insulin use and its mechanism of action.
- Discuss primary cardiovascular prevention for diabetics.
- Explain the importance of monitoring for complications of DM2.
- Discuss a multidisciplinary approach to the management of diabetes mellitus type 2.

- Perform and interpret glucometer testing.
- Perform and interpret monofilament testing.

Dizziness or Wooziness (A09)

- Conduct a history to distinguish true vertigo from other types of dizziness.
- Identify which medications are likely causes of vertigo and other types of dizziness.
- Conduct a relevant physical exam to rule out serious causes of dizziness, including assessment of orthostatic blood pressure, cerebellar & cranial nerve function, precordium, and cardiac rhythm.
- Identify patients with benign paroxysmal positional vertigo (BPPV) and be able to demonstrate the Epley maneuver for these patients.

Sleep Apnea/Insomnia/Fatigue (A10)

- Define what the patient means by “fatigue” and distinguish from other concerns e.g. mood concerns, muscle weakness, decreased exercise tolerance +/- shortness of breath (SOB).
- Identify clinical symptoms/red flags that suggest a secondary etiology, e.g. depression, anemia, hypothyroidism, malignancy, sleep apnea, cardiac disease
- Recognize the signs and symptoms of sleep apnea.
- Recognize the medico-legal implications of sleep apnea.
- Identify contextual red flags that may suggest psychosocial concerns and impact differential diagnosis and/or management, e.g. homelessness, isolation, single parent, addiction, recent losses, sleep quality/shift work.
- Conduct a relevant physical exam to refine the differential diagnosis of fatigue.
- Propose an initial investigation approach based upon the differential diagnosis for fatigue.
- List the common etiologies for insomnia.
- Describe pharmacological options for the treatment of insomnia to the patient, including hypnotics and sedatives.

Fever (A11)

- Perform a focused history and physical exam to determine the presence of fever, including acute vs chronic.
- List the causes of fever.
- Identify patients with fever causing serious illness, such as: Infection, malignancy, drugs, environment (sun, heat), endocarditis, meningitis, septicemia.
- Recognize the significance or impact fever has on the following: neonates, elderly patients, travelers, immigrants, under-immunized groups, inadequate living conditions, cultural/religious groups, and immune-compromised individuals.
- Propose a plan for appropriate investigation of possible causes of fever, based on the local context.
- Propose a basic plan of management for fever that includes: simple at home measures including antipyretics, guidance for patients/caregivers on how to access care depending on the evolution of illness.
- Propose empiric therapy for treating fever in patients with the following conditions: AOM / otitis externa, UTI / pyelonephritis and cellulitis.

Headache (A12)

- Perform a patient-centered interview that identifies: secondary headache symptoms, including red flags for potentially serious causes (e.g. intracranial bleed, meningitis etc.)
- Identify features that may differentiate types of headache that commonly present in primary care e.g. migraine, tension, cervicogenic, and medication over-use headaches.
- Perform a focused physical exam that identifies signs of secondary headache causes.
- Use diagnostic criteria to diagnose a patient with migraine headaches.
- Propose a management plan for headaches that includes: appropriate and timely investigation and disposition if a potentially serious secondary cause is suspected, appropriate evidence-informed pharmacological and non-pharmacological modalities, and a response to patient fears and expectations providing reassurance when appropriate.

Hypertension (A13)

- Describe and demonstrate the appropriate technique for blood pressure assessment.
- Describe the operator and patient factors that can artificially raise and lower blood pressure.
- Define how to diagnose hypertension (HTN) in a family practice setting for different patient groups, and identify the blood pressure targets for these groups.
- Describe the role of patient determined blood pressure and 24 hour ambulatory blood pressure assessment in the diagnosis and monitoring of HTN.
- Describe the effects of hypertension on end-organs and how to assess a patient for these.
- Propose an initial diagnostic workup for a patient with a new diagnosis of high blood pressure to determine if there is a secondary cause for hypertension (versus essential hypertension)
- Define the diagnostic and treatment targets for various groups of patients with high blood pressure.
- Propose a treatment plan (incorporating non-pharmacologic and pharmacologic options) for a patient with a new diagnosis of high blood pressure
- Recognize and act on a hypertensive crisis.
- Describe the various drug classes used to treat high blood pressure and their mechanisms of action, side effects, relative cost, and pharmacokinetics

Ischemic Heart Disease / Hyperlipidemia (A14)

- Identify patients at elevated risk for ischemic heart disease (IHD) and calculate their 10-year cardiovascular risk using the Framingham Risk Score.
- Interpret the results of a fasting cholesterol profile based on risk factors for heart disease.
- Discuss the major features of the most recent Canadian Consensus Guidelines on Hyperlipidemia.
- Propose a patient-centered initial management plan for primary prevention of IHD.

- Identify which patients require further investigation to confirm a diagnosis of IHD.
- Describe an early post-ischemic event management plan for a patient with IHD including lifestyle changes, medications, psychosocial support, cardiac rehabilitation, etc.
- Propose a surveillance and management plan for secondary prevention of cardiovascular events in patients with IHD.

Low Back Pain - Acute (A15)

- Perform a patient-centered interview that includes exploration of different causes of mechanical low back pain, potential psychosocial risk factors for chronic disability (i.e. “yellow flags”), and probing for red flags for potentially serious causes.
- Perform a focused physical exam that distinguishes different causes of mechanical low back pain and identifies signs of potentially serious secondary causes e.g. infection, pathological fracture, non-MSK referred pain
- Propose an initial management plan for a patient with back pain that includes: appropriate and timely investigation of urgent potentially serious secondary causes, appropriate evidence-informed management of mechanical LBP (including pharmacological and non-pharmacological modalities), return to work, and secondary prevention.

Palliative and End-of-Life Care (A16)

- Explain the definition of the following terms and their application in palliative care settings and/or advanced care planning: code status, personal care directives, substitute decision-makers, and power of attorney.
- Propose a management plan for patients receiving palliative care with pain, nausea, constipation and dyspnea.
- Identify local resources to support palliative patients & their families.
- Recognize and seek assistance for the following palliative emergencies: opioid neurotoxicity, spinal cord compression, seizures, acute hemorrhage, and acute confusion/delirium.

Prenatal Screening (A17)

- Discuss key pre-conception considerations in healthy women of childbearing age. (e.g. folic acid supplementation, smoking, rubella immunity, etc.)

- Date a pregnancy accurately.
- Explore the patient's feelings and concerns about her pregnancy (e.g. supports, stressors, etc.).
- Perform an adequate first prenatal visit including taking a history and performing an appropriate focused physical exam with the assistance of available antenatal tracking tools.
- Screen for and identify pregnancies at risk (e.g. due to domestic violence, multiple gestation, maternal age, substance use, etc.).
- Conduct a basic follow up visit, including BP measurement, weight, fetal heart rate (starting at 12 weeks), symphysis-fundal height (20wks and beyond), screening for concerns and complications.
- Provide basic education and counseling regarding lifestyle, breastfeeding, and delivery planning.

Women's Health (A18)

- Conduct a patient interview in a well adult female so as to identify any significant age-, sex-, context-specific risk factors for health conditions including exercise, diet, substance use, immunizations, and falls.
- Conduct an age-, sex-, and context-specific evidence-informed physical exam in a well adult female including blood pressure, weight, and waist circumference.
- Discuss pertinent screening tests pertinent to well adult females and explain their purposes & limitations including Pap testing, mammography, colorectal cancer screening, bone mineral density, diabetes mellitus type 2 and hyperlipidemia screening.
- Counsel well adult females on relevant health promotion/ disease prevention strategies including immunizations, exercise, diet, calcium/Vitamin D, and smoking cessation.
- Describe the cycle of change involved in changing health behaviours in a well adult female.

Men's Health (A19)

- Conduct a patient interview in a well adult male so as to identify any significant age-, sex-, context-specific risk factors for health conditions including exercise, diet, substance use, immunizations, and falls.

- Conduct an age-, sex-, and context-specific evidence-informed physical exam in a well adult male including blood pressure, weight, waist circumference.
- Discuss pertinent screening tests in a well adult male and explain their purposes & limitations including colorectal cancer screening, bone mineral density, PSA testing, diabetes mellitus type 2 and hyperlipidemia screening.
- Counsel well adult males on relevant health promotion/ disease prevention strategies including immunizations, exercise, diet, calcium/Vitamin D, and smoking cessation.
- Describe the cycle of change involved in changing health behaviours in a well adult male.

Child Health (A20)

- Conduct an age-appropriate well child visit that includes physical exam, growth, nutrition and development.
- At a well baby/child visit, address parental concerns, social context, and safety and provide relevant anticipatory guidance (e.g. dental caries, family adjustment and sleeping position).
- At a well baby/child visit, assess vaccination status and counsel parents on the risks and benefits of vaccinations.
- Use an evidence-based tool to help guide a well baby/child visit.
- At a well baby/child visit, identify patients who require further assessment.
- At a well baby/child visit, inform caregivers of appropriate routine follow up intervals.

Alcohol Addiction and Abuse (A21)

- Identify the circumstances in which it is appropriate to use the CAGE questionnaire.
- Use the CAGE questionnaire to identify alcohol abuse.
- Describe the advice that can be given in private practice in cases of slight to moderate alcohol dependency.
- Demonstrate how to maintain dignity of the patient in the context of alcoholism, drug abuse, sexually transmitted diseases and low socio-economic grounds.

Constipation (A22)

- List the causes of constipation.
- Determine when further investigation is required in the management of constipation.
- Describe the lifestyle changes required for the treatment and prevention of constipation.
- Describe appropriate pharmacological management of constipation and diarrhea.
- Describe the pharmacological approach to irritable bowel syndrome.

Dementia (A23)

- Demonstrate the ability to properly administer the Montreal Cognitive Assessment (MoCA) and Folstein exams and explain the significance of deficits in any of the domains tested.
- Conduct an interview to elicit a possible diagnosis of Alzheimer's disease and screen for features of Lewy body Dementia, vascular dementia and frontotemporal dementia and demonstrate an understanding of the importance of collateral sources of information.
- Demonstrate an understanding of the unique stressors and demands placed on the family and caregivers of dementia patients and counsel caregivers and patients on sources of support and information on dementia.

Dyspepsia – Heartburn - Indigestion (A24)

- Describe the signs and symptoms of a patient suffering from dyspepsia.
- Establish a differential diagnosis for dyspepsia.
- Prepare a plan of investigation for dyspepsia.
- Establish a plan for *Helicobacter pylori* eradication.
- Describe the complications of dyspeptic disease.
- Discuss the various treatments available to control dyspepsia.

Joint Disease (A25)

- List the most frequent causes (acute and chronic) of monoarthritis and polyarthritis.

- Discuss the management of degenerative arthritis.
- List the various indications, contraindications and side effects of medication used to treat arthritis.
- Distinguish between osteoarthritis (OA), rheumatoid arthritis (RA), septic arthritis and gout from the physical exam.
- List the indications for joint injections.
- Observe and/or perform joint injections.

Skin disease (A26)

- Describe a cutaneous lesion using appropriate terms.
- Identify common cutaneous lesions such as: acne, eczema, psoriasis, contact dermatitis, cellulitis and angioedema.
- Discuss appropriate treatment of acne according to presenting clinical stage.
- Describe the treatment of eczema.
- List pharmacological treatments for psoriasis.
- Identify patients with a dermatological condition that need dermatological consultation.
- List the types of viral exanthema in order of frequency of occurrence.
- Describe antibiotic management of common skin infections.
- List indications for cryotherapy and demonstrate the ability to perform the procedure.
- List indications for wound care and dressing changes.
- Describe an approach to the assessment and management of alopecia.
- Describe an approach to nail health and care.

FAMILY MEDICINE CLERKSHIP EXAM BLUEPRINT

Codes	Topic	Percentage of Questions
A01	Abdominal Pain - Acute	4%
A02	Anxiety Disorders	4%
A03	Asthma	6%
A04	Chest Pain	4%
A05	Contraceptive Counselling	3%
A06	Cough	4%
A07	Mental Diseases and Disorders	6%
A08	Diabetes Mellitus	6%
A09	Dizziness or Wooziness	1%
A10	Sleep Apnea/Insomnia/Fatigue	3%
A11	Fever	4%
A12	Headache	4%
A13	Hypertension	6%
A14	Ischemic Heart Disease / Hyperlipidemia	6%
A15	Low Back Pain - Acute	4%
A16	Palliative and End-of-Life Care	2%

Codes	Topic	Percentage of Questions
A17	Prenatal Screening	3%
A18	Women's Health	4%
A19	Men's Health	4%
A20	Child Health	6%
A21	Alcohol Addiction and Abuse	2%
A22	Constipation	3%
A23	Dementia	4%
A24	Dyspepsia – Heartburn - Indigestion	3%
A25	Joint Disease	3%
A26	Skin disease	1%

LEARNING MODULES

The Undergraduate Medical Education Program at the Department of Family Medicine has dedicated five full days, usually in the afternoon, of the last week of each group rotation for Learning Modules. The Learning Modules are meant to expose the students to different clinical settings in a Problem Assisted Learning (PAL) format.

There are currently nine PALs:

1. Abdominal Pain
2. Diabetes Mellitus
3. Dyspnea
4. Fatigue
5. Headache
6. Diseases/Disorders of the Joint
7. Health Behaviour Modification: Smoking Cessation
8. Dementia
9. Hypertension

[The PALs are available online](#)

SLM – Self Learning Modules (on line)

The Department has created a Diabetes & Hypertension Online SLM. These SLM's are a mandatory component of the student's family medicine rotation. Please follow the links below if you wish to view our SLM's:

Diabetes - https://curriculum.med.uottawa.ca/eng/year3/clerkship/diabetes_mellitus_type2/

Headache -

<https://curriculum.med.uottawa.ca/eng/year3/clerkship/headache/assets/documents/Headache.pdf>

Hypertension - <https://curriculum.med.uottawa.ca/eng/year3/clerkship/hypertension/>

Please use eCurriculumCPP as your user name and PSD-content as your password.

MEDICAL STUDENT INTERPROFESSIONAL TEAM /ALLIED HEALTHCARE PROVIDER VISITS

As part of this rotation, students are expected to take the opportunity to visit places in the community where clients receive services, which are important for their healthcare and well-being. It is the student's responsibility to set up their own visits (see the attached list for contact information). You are required to complete two visits during your Academic Week (see attached schedule for allocated time; the visits can also be done during the evening or on the weekend of week 1). Please have the attached Interprofessional Team/Allied Healthcare Provider Visit form signed by the supervisor you did your visit with and email the forms to ugfmclerk@uottawa.ca by 8 am on the Monday of week 2. Please make sure that the forms are legible before return them to us, if they are not, they will be returned to you to correct. Have the supervisor sign, print their name, and add their email address. The sessions cannot be the same type of visit and must be done within the first week of your Family Medicine.

POLICIES

The following are documents that are either Provincial Standards or Faculty of Medicine Policies. They are listed here for your information and convenience. When possible, links are included to the original source.

PROFESSIONAL RESPONSIBILITIES IN UNDERGRADUATE MEDICAL EDUCATION COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO) POLICY

[Click for the online version of the document](#)

Please note this document is only available in English.



**COLLEGE OF PHYSICIANS
AND SURGEONS OF ONTARIO**

CPSO POLICY STATEMENT

POLICY #2-03

Approved by Council: September 2003

Publication Date: November/December 2003

To be Reviewed By: September 2006

Key Words: Most responsible physician, medical students, supervision, training, professional behavior, consent

Related Topics: Delegation of Controlled Acts, Consent to Medical Treatment, Mandatory Reporting

Legislative Reference: *Regulated Health Professions Act, 1991; Health Care Consent Act, 1996*

College Contact: Quality Management Division

Purpose

The purpose of this policy is to clarify the roles and responsibilities of most responsible physicians and supervisors engaged in undergraduate medical education programs, thereby ensuring the safety and proper care of patients in situations where undergraduate medical students are being educated.

Scope

This policy applies to all physicians who are involved in the education, observation, assessment, and supervision of undergraduate medical students.

Definitions

Undergraduate Medical Students¹ ("medical students") are university students enrolled in an undergraduate medical education program. They do not hold any special status or membership with the College of Physicians and Surgeons of Ontario.

Most Responsible Physician is the physician who has final responsibility and is accountable for the medical care of the patient.

Supervisors are clinical teachers who are delegated by their respective training programs to educate, observe, assess, and supervise the educational activities of medical students. They may also be the most responsible physicians for the patients receiving care in the educational setting².

Principles

The College policy is based on the following principles:

1. Appropriate care of the patient is central to the educational endeavor.
2. Proper education, which respects the autonomy and personal dignity of both patient and medical student, optimizes patient care as well as the educational experience.
3. In order to obtain the best results from the educational experience, there should be joint decision-making and exchange of information between supervisor and medical student.
4. In order for medical students to prepare for future practice, they must have the opportunity to participate actively in the provision of health care; that is, they must have hands-on experience in a system of delegated and graded responsibility. By doing, as well as observing, medical students learn how to question, examine, diagnose, manage, and treat patients, and adopt the necessary attitudes towards patients and their relatives, colleagues and other members of the health care team.

College policy

This policy focuses on professional and supervisory responsibilities in the following aspects of the education of medical students:

1. Identification Of Medical Students

Medical students will be involved in observation and interaction with patients from the start of their medical education. It is the responsibility of the supervisor/most responsible physician to ensure that the status of medical students is clear, and that they are introduced to patients and hospital staff as medical students and not as physicians.

2. Observation Of Medical Students

Initially, supervisors should closely observe interactions between medical students and patients. When the supervisor is satisfied with the level of education and demonstrated expertise of the medical student, the medical student may be permitted to see patients alone.

3. Designation Of Most Responsible Physician

One physician must always be designated the most responsible physician for the patient's care. In a teaching environment, the most responsible physician may or may not also be the supervisor of the medical student.

4. Supervision of Medical Students

When a medical student becomes a member of a health care team or is in a rotation where he or she is expected to participate in the delivery of health care, the supervisor and/or most responsible physician must provide appropriate supervision. This includes:

- a. evaluating the medical student's level of expertise through direct observation, and ensuring ongoing evaluation to determine the medical student's clinical competence and educational requirements;
- b. ensuring that the medical student to whom they are delegating has the appropriate knowledge, skills and judgment to perform the delegated act such that the patient is not put in jeopardy³;
- c. meeting regularly with the medical student to discuss his or her assessment, management and documentation of patient care.
- d. providing direct or remote supervision to medical students while they engage in clinical activities. According to the *RHPA* and guided by the principles of graded responsibility, students may carry out controlled acts, under direct or remote supervision, depending on their level of competence. In cases of remote supervision, these acts should be restricted to previously agreed-upon arrangements with the most responsible physician.
- e. reviewing and countersigning documentation by a medical student of a patient's history, physical examination, and diagnosis, within a fixed time period, as well as progress notes.
- f. countersigning all orders concerning investigation or treatment of a patient, written under the supervision or direction of a physician. Prescriptions, telephone or other transmitted orders of a physician may be transcribed by the medical student, but must be countersigned at a later date.

Educational institutions are expected to ensure that medical students engaged in clinical activities are covered by liability insurance carried by the hospital, the university, or the student.

5. Professional Relationships

It is expected that physicians involved in the education of medical students will:

1. provide a model of appropriate and compassionate care;
2. maintain an ethical approach to the care of patients;
3. maintain a professional relationship with medical students at all times, which includes:
 - not exploiting the power differential that is inherent in the relationship;
 - not becoming involved in situations involving potential conflicts of interest;
 - not intimidating or harassing medical students emotionally, physically or sexually;
4. maintain a professional relationship with all other colleagues, which includes not intimidating or harassing them emotionally, physically or sexually.

6. Reporting Responsibilities

It is expected that physicians involved in the education of medical students will report to the educational institution when a medical student exhibits behaviors that would suggest incompetence or incapacity, fails to behave professionally and ethically in interactions with patients, supervisors, and/or colleagues, or otherwise engages in inappropriate behavior.

Similarly, educational institutions are expected to provide a supportive environment that allows medical students to make a report if they believe their supervisor and/or the most responsible physician exhibits behaviors that would suggest incompetence or incapacity, is engaging in or has engaged in sexual abuse of patients or colleagues, or is engaging in or has engaged in harassment of patients or colleagues.

7. Respecting Patient Rights and Consent To Treatment

Patients have the right to be fully informed about, and to refuse to participate in, medical education; however, alternative care arrangements may be required if a patient refuses treatment in a clinical teaching setting. The most responsible physician and/or supervisor is responsible for trying to ensure that patients are aware of their rights in this context, and that such rights are respected.

Consent:

Patients must consent to treatment⁴. It is understood that patients entering teaching facilities will be notified of the educational nature of the patient care to be provided and will give informed consent.

Special Situations

Incapable Patients:

When the patient is incapable of consenting to treatment (e.g., due to age or other reason), consent should be obtained from the appropriate substitute decision-maker.

Significant Component of Procedure Performed Independently by Medical Student:

When a significant component of a diagnostic or therapeutic procedure is to be performed independently by a medical student without direct supervision by the most responsible physician/supervisor, a patient must be specifically informed.

Examination and Clinical Demonstration Solely for Educational Purposes:

When patient participation is purely for educational reasons, the patient must be notified and must provide consent. The most responsible physician and/or supervisor should ensure that the proposed examination or clinical demonstration is not detrimental to the patient, either physically or psychologically. An explanation of the educational purpose behind the proposed examination or clinical demonstration must be provided to the patient when obtaining the patient's informed consent.

¹ Students are able to participate in the delivery of health care through a provision in the *Regulated Health Professions Act*, which permits them to carry out controlled acts "under the supervision or direction of a member of the profession," i.e., a clinical teacher or supervisor. Medical students are not independent practitioners or specialists. They are pursuing both

program and individual objectives in a graded fashion under the supervision of the undergraduate medical education program.

² Supervisors, however, may be senior residents or fellows (sometimes holding certificates of registration authorizing independent practice) who are acting as clinical teachers, but are not ultimately responsible for the patient's care in the educational setting.

³ For more information, please refer to the CPSO Policy, The Delegation of Controlled Acts.

⁴ For more information, please refer to CPSO Policy, Consent to Medical Treatment and also the *Health Care Consent Act*.

http://www.med.uottawa.ca/Organisation/ProfessionalAffairs/eng/policies_procedures_fom_industry_relations_policy.html

http://www.med.uottawa.ca/Organisation/ProfessionalAffairs/eng/confidential_disclosure_conflict_interest.html

ACCIDENTS IN THE CLINICAL SETTING

When must the accident or incident report be completed?

Regardless of the preceptor recommendation, every student has the obligation and the responsibility to:

- Complete the report each time:
 - a) he or she suffers an injury (i.e. scalpel cut, needle prick, etc.) in the clinical setting or when the incident could have resulted into being injured because of a violation of the occupational health and safety standards;
 - b) when the injury results in an absence from the clinical setting.
- Use the report to detail accidents or incidents involving physical agents or chemical, biological or radioactive substances, including spills or accidental emissions in the workplace;
- Use the report to declare any disease caused during a clinical rotation or when an exposure or possible exposure is likely or suspected to have been caused during a clinical rotation;
- Have the preceptor sign the report or have it signed in the Medical Education Office, room 2046, Roger Guindon Hall;
- Fax the report to the Occupational Health, Disability and Leave Sector of the Human Resources Service at the University of Ottawa within 24 hours after the accident or incident or the onset of the occupational disease.

Exception

You do not have to complete a form for minor injuries (paper cuts, fingers caught in a drawer, etc.) if the treatment required is limited to first aid given on the spot.

If you are not sure whether or not to complete a report, simply contact the Occupational Health, Disability and Leave Sector of the Human Resources Service at the University of Ottawa at 562-5800, extension 1474 or 1472.

For further information, consult the [Web site of the Occupational Health, Disability and Leave Sector, Human Resources Service](#), University of Ottawa at.

Forms to be completed

1. [Accident, Incident or Occupational Disease Report](#), along with the instructions for completing the report. If need be, consult an [example of a duly completed accident](#) report form.
2. [Work/Education Placement Agreement](#) (Post-Secondary). If need be, consult an [example of a duly completed placement agreement](#) form.

The Workplace Safety and Insurance Board (WSIB) requires that a report be submitted following a [needle stick injury and body fluid splash](#). Students who have such an accident must fill the following form and return it with all the required documents.

If a student gets injured and needs medication, there is a mechanism in place to have it fully reimbursed by the WSIB. [Medication Reimbursement Form](#)

For additional information, consult “[The Accident Insurance Plan Supporting Training Participants](#)” pamphlet. Coverage may be available, depending on circumstances.

The above information originates in major part from the Web site of the Occupational Health, Disability and Leave Sector of the Human Resources Service, University of Ottawa.

APPROPRIATE APPEARANCE AT CLINICAL ENCOUNTERS

Please Note:

These guidelines were developed by students and faculty in conjunction with community members in order to provide recommendations to students, residents and faculty - both male and female - regarding their appearance while encountering patients. In addition to being appropriately dressed, there are other issues concerning appearance as well as health and safety regulations. The precise details will vary with each situation and often depend on the clinical setting -- the key word is appropriate.

Please be informed of the specific policies of each institution.

DRESS CODE POLICY (Short form)

It is a policy to present an image to patients, visitors and the general public that is professional and inspires confidence. It is therefore essential that all students recognize the importance of dress in relation to the interaction they have with the public.

Dress and grooming must be consistent with the work environment, health and safety regulations and infection control guidelines.

Hospital and/or University identification must be worn at all times.

[The Dress code policy is also available online](#)

“Dress is the external reflection of your professional attitude toward your patient.”

A professional demeanor contributes to patient trust and enhances confidence. It is an important factor in enhancing patient compliance with medical recommendations.

Remember that being hospitalized is a stressful event for a patient and family and that a health professional’s appearance and demeanor should be comforting and reassuring.

Suggestions

Be well groomed and clean. Body odor should be well controlled. Do not expose your shoulders, midriff, cleavage, and upper thighs. Avoid provocative attire and any clothing with obvious commercial logos. Keep jewelry to a minimum, especially when it comes to visible piercing.

Long hair should be tied back during patient examinations. In addition, although pediatric patients may appreciate colored hair, some adults may have a different view.

It is suggested that males wear a shirt with a **collar** and be prepared to **wear a necktie**. Women should use their judgment when choosing a **skirt** so that its length complements their professional image. **Baseball caps** are not considered suitable head gear in a clinical milieu.

You should be prepared to wear your **white coat**. You should always wear your **identification badge**.

When in doubt, look to your preceptor as a guide. Seek advice, accept positive and constructive feedback, and modify your behavior accordingly. Respect and consideration for the patient should be your concern.

Health and Safety Regulations in the hospital setting currently dictate that:

- **Perfumes and strong scents (from shampoo, hand creams, deodorants, etc.) are not permitted** due to the possible sensitivity of patients and coworkers.
- **Shoes - not sandals - must be worn** in clinical settings **where exposure to body fluids is likely** (surgical, obstetrics/gynecology, intensive care and emergency rotations, for example). Shoes which are open in the back are acceptable, in most situations. For O.R. duties, check with each institution regarding appropriate footwear.
- **It's important to trim fingernails, as long or artificial nails can cause harm to patients** and have been demonstrated to transmit infection.
- **Scrub suits (i.e., "greens")** are not to be worn outside of the hospital.

Expectations regarding appearance should be widely distributed to faculty, staff, residents and students. This information should be clearly stated at the outset of any new clinical situation. Hospital policy on this matter will prevail.

The onus, however, is on you to ascertain that your appearance is acceptable in any particular setting. In other words, ask ahead of time and/or think about what is "appropriate" -- and professional -- wherever you go, and you can't go wrong!

ATTENDANCE POLICY

ATTENDANCE POLICY (Short Form)

Regular and uninterrupted attendance during clinical rotations and clinical teaching activities is a mandatory requirement to pass a clerkship rotation. Unjustified absences will constitute grounds for failure of the rotation.

1. Absence due to illness must be reported to the program coordinator/clinical supervisor, who will notify the Office of the Assistant Dean, Undergraduate Studies/Student Affairs.
2. Absences longer than two days must be documented with a medical certificate.
3. Absence due to any special circumstances must be reported in advance to the program coordinator/clinical supervisor.

Please note that the Office of the Assistant Dean, Undergraduate Studies/Student Affairs, maintains a central registry of students' cumulative absences.

Students are not expected to notify their preceptors directly if absent, although it is encouraged. Our program coordinator will notify your office if a student will be absent. If students contact you directly please ensure they notify their program coordinator.

[The Attendance policy is also available online](#)

General Principles

- All absences from mandatory activities must be excused. An unexcused absence will be considered a lack of professionalism and will be brought to the attention of the Associate Dean of the Undergraduate Medical Education Office or a delegate and could be grounds for failure.
- Students absent for reasons of illness or **unexpected** exceptional circumstances must inform the liaison officer/clerkship coordinator as soon as possible. Daily updates are required. Three or more consecutive days of absence because of illness require written documentation from the treating physician.
- In all other instances, students must request an **advanced** approved absence from the pre-clerkship/clerkship director. Such requests are to be submitted at least two months in advance. Examples include religious holidays, legal proceedings, acting as a representative of the Faculty of Medicine or presentation at a scientific meeting.
- **For religious holidays:** Pre-clerkship students must comply with the [University of Ottawa regulations, section 15](#). Clerkship students must seek approval from the rotation director at least two months in advance to Facilitate the planning of clinical duties.
- The **cumulative maximum** number of days of excused absences per year is **ten**. When students exceed ten absences, this will be brought to the attention of the pre-clerkship or clerkship director and will be considered on a case by case basis. Any staff or faculty

member concerned about any student with fewer than ten absences may bring this to the attention of the pre-clerkship or clerkship director.

- Approval of deferral of an examination may only be granted by the Associate Dean of the Undergraduate Medical Education Office.
- To be eligible for academic credit, excused absences cannot exceed 50 percent for a block, course or clinical rotation. Absence for more than 50 percent of a block will require repetition of that block during an additional academic year. Absence for more than 50 percent of a clinical rotation will require repetition of that rotation during elective time. An excused absence for more than 50 percent of two clinical rotations will require repetition during an additional academic year.

Pre-Clerkship

- Attendance is mandatory in interactive small group or clinical sessions including but not restricted to Problem Based Learning, Physician Skill Development, Evidence Based Medicine, Professionalism, Rural Week, “Séances cliniques simulées,” and Year 2 Mandatory Clinical Elective Week. Every absence must be excused and make-up work may be required at the discretion of the pre-clerkship director.
- In addition, some key large group sessions are mandatory, as indicated in the one45 evaluation system.
- Any unexcused absence will be considered a lack of professionalism and will be brought to the attention of the vice-dean of the Undergraduate Medical Education Office or a delegate and could be grounds for failure.
- The complete attendance procedure is available in the *Pre-clerkship Guide*.

Clerkship

- Attendance is mandatory for all clinical placements (e.g. core rotations, electives, selectives) during Year 3 and 4, including orientation and didactic teaching (Problem Assisted Learning, Academic Days, Skills Sessions). Every absence must be excused and may require equivalent make-up work at the discretion of the rotation director.
- Any unexcused absences will be considered a lack of professionalism and will be brought to the attention of the vice-dean of the Undergraduate Medical Education (UGME) Office or a delegate and could be grounds for failure.
- The complete attendance procedure is available in the *Clerkship Guide*.

Date of Approval:

Undergraduate Curriculum Committee April 12, 2007

Faculty Advisory Board April 17, 2007

Faculty Council May 2, 2007

Council on Undergraduate Studies May 17, 2007

Executive Committee-Senate, University of Ottawa August 27, 2007

HARASSMENT AND DISCRIMINATION

The Faculty of Medicine is committed to providing a safe and positive learning environment for all learners, faculty and staff. To that end, the faculty has zero tolerance for any instance of harassment, discrimination and / or mistreatment. Individuals who have experienced or witnessed any kind of these instances are strongly encouraged to report to a faculty member or a staff member in a position of authority to resolve the situation and to provide appropriate support. The faculty is committed to treating all cases with respect and confidentiality as far as the law permits; apply appropriate disciplinary measures; and to follow up with the reporter as appropriate.

Approvals:

UCC: September 19, 2013

For personal support and advocacy regarding reporting an incident follow the links:

- [Student Affairs Office](#)

For reporting an incident:

- [Incident Report](#)
- [Office for the Prevention of Harassment and Discrimination](#)
- [Office of Equity, Diversity and Gender Issues of the Faculty of Medicine](#)
- [Centre for Equity and Human Rights \(CEHR\)](#)
- [University of Ottawa Office of the Ombudsperson](#)

As members of the University, the Faculty adheres to [policy 67 on harassment and discrimination](#).

MEDICAL STUDENT DECLARATION OF PROFESSIONALISM

[The online version of the Declaration of Professionalism](#)

HOW TO ADDRESS PROFESSIONAL BEHAVIOUR CONCERNS

The Faculty of Medicine has developed a Professionalism Concern Form to allow anyone dealing with our students professionally to have the ability to voice concerns about possible breaches of professionalism. For concerns regarding medical students' professional behaviour, you can either contact the third year clerkship Director or complete and send the Professionalism Concern Form below. This form can be completed by any individual that is in contact with our students. All reports will be taken seriously and you should expect to be contacted by the Associate Dean, Undergraduate Medical Education.

[The web link to the document.](#)



Université d'Ottawa
Faculté de médecine

University of Ottawa
Faculty of Medicine

University of Ottawa Faculty of Medicine

Professionalism Concern Form

This form can be completed by any person in contact with a medical student in any official capacity including faculty, staff, allied health, patients, students and community members.

The purpose of this form is to initiate a meeting between a medical student and the Associate Dean, Undergraduate Medical Education.

Student name (please print): _____

Date event occurred: _____

A medical student of the University of Ottawa Faculty of Medicine is expected to live by the tenets of the Declaration of Professionalism and demonstrate in her/his behaviors as a medical student

- **Honesty and Integrity**
- **Altruism and Respect**
- **Responsibility and Accountability**
- **Compassion and Empathy**
- **Dedication and Self-Improvement**

In my opinion, the student named above has demonstrated behaviors(s) that fall below the expected standards of professionalism of our Faculty of Medicine, as indicated during the event described below:

Details of unprofessional behavior:

This event was discussed with the student: **YES** ☐ **NO** ☐

Form completed by (please print) _____

Title (if applicable) _____

Contact information (if further details required) _____

THIS FORM SHOULD BE SENT (marked confidential) TO:

Dr. M. Forgie, Vice Dean, Undergraduate Medical Education, Faculty of Medicine,
University of Ottawa, 451 Smyth Road room 2038A, Ottawa, ON, K1H 8M5
PHONE: 613-562-5800 ext. 8561

451 Smyth
Ottawa ON K1H 8M5 Canada
www.uOttawa.ca

REQUIREMENT FOR LOGGING OF CLINICAL ACTIVITIES ON ONE45

Each clerkship rotation has a list of clinical activities that the medical students have to experience. The list of clinical activities is based on the clerkship learning objectives. Clerkship students are asked to log in their clinical activities electronically using One45 software. Clerkship preceptors do not have to do anything with logging the clinical activities on One45, but your students may ask your help in completing tasks or trying to see certain types of patients.

Below is the Family Medicine clerkship clinical activities list.

[The web link for the full document](#)

FAMILY MEDICINE

STUDENT NAME:

STUDENT NO.

Shaded columns: Expectations for Role of student, minimum No. of patients seen and whether Type must be a real patient.

PATIENT ENCOUNTER														
Experience	Role	No.	Real?	Role	Type	Role	Type	Role	Type	Role	Type	Role	Type	Role
Allied health care visit	2	2	y											
Cardiovasc risk factor mgt	3	1	y											
Diabetes	3	1	y											
Mental health (depression, anxiety, subs abuse, etc)	3	1	y											
Pain Acute (MSK, chest, abdo etc.)	3	1	y											
Pain Chronic (arthritis, palliative, cancer, etc)	3	1	y											
Periodic health exam/annual rev/phys exam	3	1	y											
Physical exam, infant or child	3	1	y											
Rash	3	1	y											
PROCEDURE														
Experience	Role	No.	Real?	Role	Type	Role	Type	Role	Type	Role	Type	Role	Type	Role
Immunizations	2	1	y											
Pap Test	2	1	y											

KEY: FOR EACH PATIENT SEEN, FILL IN THE CODE NUMBER FOR:

Type of patient
1. Real
2. Actor/Simulator
3. Virtual
4. Lecture/PAL
5. Rounds
6. Other

Role of student	
For Patient Encounters:	For Procedures:
1. Observe encounter	1. Observe procedure
2. Perform hist/exam	2. Assist or perform w ith help
3. Perform and present hist/exam or propose management	3. Perform independently

SHEET HAS SPACE FOR FIVE PATIENTS, USE ADDITIONAL SHEETS AS REQD

UNDERGRADUATE COMPETENCIES FROM A FAMILY MEDICINE PERSPECTIVE

We hope that, within the four years of medical school, the learners will become familiar with and demonstrate an appropriate level of understanding of this information. [The web link for the document](#)

EVALUATIONS

University of Ottawa/Université d'Ottawa Yr3 Family Medicine	Evaluated By : evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date	
--	--	--

* indicates a mandatory response

Evaluation of Student by Clinical Preceptor

This evaluation is a:

- ☐ Mid
☐ Final

DESCRIPTORS

1. RARELY MEETS EXPECTATIONS

The student has been noted to deal poorly in the skill or behaviour on a consistent basis, even after receiving appropriate feedback. The student is unclear, disorganized, unable to elicit appropriate information, and cannot assess the value of the information as related to specific cases.

2. INCONSISTENTLY MEETS EXPECTATIONS

The student has been noted to perform the given tasks in an inconsistent manner, displaying lapses in organizational and other skills and attitudes. These behaviours have improved following formal feedback.

3. CONSISTENTLY MEETS EXPECTATIONS

The student has been noted to perform all the required tasks in an organized manner, maintains disciplined behaviour, displays insight into own abilities, and self-corrects in a professional manner on a consistent basis.

4. EXCEEDS EXPECTATIONS

The student has been observed to display well organized, logical, insightful clinical and basic science skills in a consistent manner. The student performs clearly, competently and concisely in all aspects of clinical and non-clinical care. The student displays mature anticipatory and pro-active team-building and professional skills

COULD NOT EVALUATE = NOT APPLICABLE

CLINICAL EXPERTISE: The student can independently gather the necessary information through history taking, physical examination and laboratory investigations to make an accurate diagnosis and treatment plan. **Specifically, the student:**

CLINICAL EXPERTISE/CRITERIA:

	Could not evaluate	1 Rarely meets expectations	2 Inconsistently meets expectations	3 Consistently meets expectations	4 Often exceeds expectations
*1. Can take a complete and accurate medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*2. Can complete a thorough and accurate physical exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*3. Demonstrates understanding of relevant investigations needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*4. Develops a reasonable differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*5. Develops an appropriate management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*6. Identifies strategies for the prevention of injury/illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*7. Identifies psychological, economical, environmental, political and gender related factors influencing the patient's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*8. Displays mature clinical judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNICATION: The student utilizes a patient-centred approach in their medical interviews. Communicates effectively with other members of the health care team and demonstrates a self-awareness of communication skills. **Specifically, the student**

COMMUNICATION /CRITERIA:

	Could not evaluate	1 Rarely meets expectations	2 Inconsistently meets expectations	3 Consistently meets expectations	4 Often exceeds expectations
*1. Acknowledges patients' concerns in a sensitive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*2. Actively involves the patient in the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*3. Listens attentively and verifies for understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*4. Keeps accurate notes and/or records, signs as required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*5. Utilizes feedback to improve skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*6. Communicates well with other health care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCIENTIST/SCHOLAR: The student utilizes sound scientific and/or scholarly principles in their studies and interactions with patients. **Specifically, the student**

SCIENTIST/SCHOLAR/CRITERIA:

	Could not evaluate	1 Rarely meets expectations	2 Inconsistently meets expectations	3 Consistently meets expectations	4 Often exceeds expectations
*1. Engages in ongoing learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*2. Can find reliable /accurate information relevant to the clinical question	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*3. Critically appraises information, asks questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*4. Applies science and knowledge appropriate to clerkship level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROFESSIONAL: The student behaves in an ethical and professional manner at all times **Specifically, the student**

PROFESSIONAL /CRITERIA:

	Could not evaluate	1 Rarely meets expectations	2 Inconsistently meets expectations	3 Consistently meets expectations	4 Often exceeds expectations
*1. Demonstrates integrity, honesty and respect for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*2. Demonstrates reliability, responsibility and commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*3. Understands own limitations and asks for appropriate assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*4. Works harmoniously within clinical team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*5. Is attentive to patient and family needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*6. Communicates well with members of other cultures / backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROCEDURES/TECHNICAL/OBSERVED SKILLS
(Specific to rotation)

1.

Performance of Procedures/Skill

2.

Performance of Procedures/Skill

3.

Performance of Procedures/Skill

FEEDBACK COMMENTS to STUDENT for PERSONAL IMPROVEMENT:
These will NOT be included in the MEDICAL STUDENT PERFORMANCE RECORD

A) STRENGTHS and AREAS of EXCELLENCE:

Identified by PRECEPTOR:

B) AREAS IN NEED OF ATTENTION/LEARNING OBJECTIVES with proposed action

(Please consider all domains, and specifically address those with a score of 2 or less).

Area(s):

Action(s):

***OVERALL EVALUATION and COMMENTS**

Final Standing:

***Clinical Performance:**

☐ Fail

☐ Pass**

*****If pass, please select:**

☐ Needs to Address Deficiencies*

☐ Good Performance

☐ Very Good Performance

☐ Nominated for Outstanding Performance Award

The box marked Nominated for Outstanding Performance Award should be ticked by preceptor if:

Student is in the top 15th percentile of all the students with whom the preceptor has worked.

*if needs to address deficiencies, please explain:

COMPLETING THE FORM

For 1 week rotations: (IF THIS FORM IS USED)

1. Please attempt to complete as many of the assessment criteria as you are comfortable with. Please complete these same agreed upon criteria for all students who complete this rotation.

2. PLEASE COMPLETE PRECEPTOR COMPONENTS in FULL.

3. Discuss with Student, incorporate feedback suggestions

4. Complete form within 1 week of completion of rotation.

For all other rotations: (IF THIS FORM IS USED)

1. Complete assessment criteria in FULL.

2. Complete preceptor components in FULL.

3. Discuss with Student, incorporate feedback suggestions

4. Complete form within 1 week of completion of rotation.

FINAL STANDING: Please assign only one grade (PASS, FAIL or INCOMPLETE ROTATION)

For FAIL Grade: Please ensure adequate documentation of mid-rotation assessment, feedback and remediation measures undertaken, as well as subsequent performance **ON A SEPARATE SHEET.**

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Avez-vous eu l'occasion de rencontrer le stagiaire pour discuter de son rendement? / Did you have an opportunity to meet with this trainee to discuss their performance?

☐ Oui/Yes

☐ Non/No

(for the evaluatee to answer...)

*Avez-vous eu l'occasion de discuter de votre rendement avec votre précepteur / superviseur? / Did you have an opportunity to discuss your performance with your preceptor/supervisor?

☐ Oui/Yes

☐ Non/No

*Êtes-vous d'accord avec cette évaluation? / Are you in agreement with this assessment?

☐ Oui/Yes

☐ Non/No

Veillez fournir des commentaires au sujet de cette évaluation, s'il y a lieu. / Please enter any comments you have(if any) on this evaluation.

Evaluation of Clinical Preceptor by Student

University of Ottawa/Université d'Ottawa Yr3 Family Medicine	Evaluated By: evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date	
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* indicates a mandatory response

Evaluation of Clinical Preceptor by student

*Rotation Length:

- ☐ Half Day
☐ Whole Day
☐ Other

If "Other", please specify:

*Session Type:

- ☐ Ward
☐ Hosp/clinic
☐ OR
☐ ER
☐ Private Office
☐ Other

If "Other", please specify:

Please rate your Clinical Preceptor

	N/A (Non applicable)	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Outstanding 6
Orientation or established expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization of the teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displayed Enthusiasm for Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching of clinical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observation of my clinical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpful Feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to learn Clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of my knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Rating of the Preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would nominate for teaching award

- ☐ No
☐ Yes

The box marked "Nominate for teaching award" should be completed by students if:

- ☐ No
☐ Yes

The box marked "Nominate for teaching award" should be completed by students if:
Preceptor (enthusiasm, teaching ability, dedication) is in the top 15th percentile of all the Preceptors with whom the student has worked

If you have concerns about a lack of professionalism by your lecturers/tutors/preceptors, you can complete the [Professionalism Concern Form](#).

At your request, your concerns will be kept completely confidential unless there is an immediate threat to the safety and or health of patients or others.

Please add any other comments below:

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Avez-vous eu l'occasion de rencontrer le stagiaire pour discuter de son rendement? / Did you have an opportunity to meet with this trainee to discuss their performance?

- ☐ Oui/Yes
☐ Non/No

(for the evaluatee to answer...)

*Avez-vous eu l'occasion de discuter de votre rendement avec votre précepteur / superviseur? / Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- ☐ Oui/Yes
☐ Non/No

*Êtes-vous d'accord avec cette évaluation? / Are you in agreement with this assessment?

- ☐ Oui/Yes
☐ Non/No

Veillez fournir des commentaires au sujet de cette évaluation, s'il y a lieu. / Please enter any comments you have(if any) on this evaluation.