



A.C.E. PROGRAM

Ambassadors for Comprehensive Education

PRESENTS THE

TCP SURVIVAL GUIDE

BECAUSE WE WANT YOU TO ACE IT.

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DISCLAIMER

- This guide has been written by members of the A.C.E. Program, a standing committee of the MSS, and hence is not faculty-associated.
- This TCP survival guide was created by medical students for medical students. The purpose of this guide is to prepare you for TCP and the expectations of clinical practice.
- This guide is not meant to replace any information provided by the Faculty of Medicine. This guide has been updated based on TCP 2018. Changes are likely to have occurred since, and we strongly encourage you to please refer to the material available on myMDCM and from all official official sources.
- This guide was written based on students' personal experiences in TCP. Despite the fact that all efforts have been made for this guide to be as neutral and informative as possible, it will not be reflective of every possible TCP experience and rotation.
- Every student has a particular way of learning and studying; although this guide presents our general advice for students, do what works best for you.

THE ACE PROGRAM

The ACE Program is a standing committee of the MSS. One of its main objectives is to ease the transition to Medicine, as well as to help students overcome challenges that may be encountered in medical school. Initially, our mission began with the "Buddy Program", matching incoming medical students with upper year "buddies". Since 2015, we have been expanding our activities based on our mission to respond to student needs – today, we offer various academic projects for every academic year. We have reps from med-1 to med-4, who are constantly working to help you throughout medical school. We want you to ACE academically, but also to be well. If you want to learn more about the ACE Program, feel free to contact us at ace.mss@mail.mcgill.ca or visit our Facebook page. And always remember: you are not alone in this medical ride.

A message from Gabriel Souza and the A.C.E. team.

WELLNESS AND MISTREATMENT RESOURCES

WELLNESS

Starting in a new environment can be quite stressful. We want to reiterate that there are multiple resources available for us as medical students.

- The Well Office

o <http://www.mcgill.ca/medwell/student-and-resident-affairs>

- Quebec Physicians Health Program

o 514-397-0888: leave a message and a doctor on duty will call back) o

<http://www.pamq.org/index.asp?LANG=EN§ion=1>

- McGill Mental Health

o 514-398-6019 o mentalhealth.stuserv@mcgill.ca o

<https://www.mcgill.ca/counselling/getstarted/mental-health>

o 514-398-3601 o counselling.service@mcgill.ca o <http://www.mcgill.ca/counselling/contact>

- McGill Student Health *o 514-398-6017 o*

<http://www.mcgill.ca/studenthealth/see-doctor/appointments>

MISTREATMENT

The Faculty of Medicine at McGill has created resources to prevent mistreatment. As a medical student, you have the right to work in a safe environment, where you feel comfortable asking questions and learning from your clinical experiences and interactions on a daily basis. If you feel that you have been – or are – being mistreated during any of your clinical rotations / courses – either during FMD, TCP or Clerkship, there are various places where you can report it so that actions can be taken. On One45, you will be required to submit an evaluation for each course that you will complete during TCP – and clerkship. For each one, there is a section where you can report mistreatment. You can also report it through the “red apple” system, on the following website: <https://www.mcgill.ca/thewelloffice/mistreatment>. You can always contact The Well Office, either to speak with Dr. Gupta, or one of the Wellness consultants. Breaking the silence around mistreatment is how we will end up changing the system. You are not alone in this journey, and, together, we can - and will - make the difference as innovative medical students and future physicians.

TCP - AN INTRODUCTION

GENERAL DESCRIPTION

Some of you might be wondering what TCP is really about. It is a key transitional phase in your training, when you become exposed to clinical practice and patient care, without the formal clinical responsibilities of a clerk. In keeping with its name, TCP is a transition from the classroom to the clinical setting, in which you will be actively participating in a short while. Hence, your TCP courses will not only offer you the opportunity to learn important clinical concepts, but also to get a sense of how the hospital – and the health care system in general – really function. The various TCP courses will teach you invaluable lessons that are applicable regardless of your future career goals. We encourage you to take advantage of these 6 months to ask questions, practice, read and prepare yourself for the upcoming 2 years of clerkship!

GENERAL OBJECTIVES

There are specific objectives that need to be met by the end of TCP. They can be found on myMDCM, under the TCP section (it will only be available a few weeks before you start TCP). It is important to keep in mind that most of the TCP objectives focus on acquiring history taking and physical examination skills, as well as developing a comprehensive differential diagnosis for common conditions seen in various fields of medicine (e.g. internal medicine, surgery, family medicine). It focuses less on management (which you will learn much more in depth in clerkship); however, you should still start to have an idea of general treatment principles for important medical conditions. Furthermore, you should note that every TCP course (ex. Ophthalmology versus Radiology) has its own specific objectives. They can also be found on myMDCM, on the specific sections for each course. They are really important to consider when studying for the exams, since they essentially tell you what you have to know. At the end of this guide, you can also find appendices where we have included a study checklist covering most of the objectives for each course.

NOW, THE ESSENCE OF IT ALL.

Now, enough talking. Let's get into what really matters: the TCP courses. Just a quick reminder: feel free to contact us for any questions through our main website. Enjoy the read!

REASONING, REFLECTION AND PRACTICE

INTERNAL MEDICINE

GENERAL DESCRIPTION

Internal Medicine is an 8-week block, during which you are based at one of McGill's teaching hospitals (may include, but not limited to: RVH, JGH, MGH, SMH, LGH). You will be a part of a small group of students (generally 4 to 6) with one or two clinical supervisors for your group. The main goal of this course is to develop your history taking and physical exam skills. You will be expected to see patients, most often as a group, to practice taking an appropriate medical history, performing a focused physical exam and elaborating a differential diagnosis under clinical supervision. Additionally, you will be expected to see patients individually in order to practice these skills independently.

This block is a great opportunity for you to familiarize yourself with common clinical presentations in Medicine, to practice writing admission notes and to build on your communication skills at the bedside.

GENERAL SCHEDULE

- Your weekly schedule will depend on the hospital at which you are placed at as well as on your supervisor(s). Try not to compare schedules with your peers--it is entirely possible that you may end up having very different schedules (morning vs afternoon tutoring; frequent small sessions vs longer, less frequent sessions; etc). Regardless, you will certainly get immersed in the world of Internal Medicine throughout your 8 weeks.
- You should expect to be in the hospital for at least 8-10 hours per week for teaching sessions. (Please note that this can vary depending on your tutor(s)' preferences!)
- In addition to the mandatory hours with your supervisor(s), you should expect to do 3-4 hours of personal work in the hospital per week (for instance, interviewing patients on your own, reviewing their charts, and working on their admission notes). The hospitals each have their own libraries, which you can also use to catch up on your readings. Doing as much as you can to study in Med-2 will be very helpful for Med-3, when you will have very few (if any) daytime hours to study.
- Besides your clinical activities, you will be expected to attend an Academic Half Day (AHD) weekly. Each AHD covers specific Internal Medicine topics that are considered to be "high- yield". These may or may not be mandatory, depending on the academic year. If they are not mandatory, a sign-in sheet may periodically be present for auditing purposes (i.e. to see how many students attend). Please await official confirmation of this from the Faculty.

WHAT TO EXPECT

- Clinical activities with your supervisor(s): During this course, you will be expected to have group meetings with your supervisor for an average of 8-10 hours per week. A meeting will often be split between patient- encounters and small group teaching (generally discussing the clinical presentations, differential diagnosis, investigations, management, etc of the patients seen.) Keep in mind that your clinical activities depend entirely on your supervisor(s), which explains why each

group will function differently.

- Academic half-days (AHD): You will be expected to attend an academic half-day every week. These are teaching sessions for the whole stream, covering “high-yield” topics in Internal Medicine. Everyone in your stream will travel to one designated site that should be indicated on one45 or myMDCM. The location may or may not change throughout the block, so be sure to check beforehand.

- Admission notes: You will be expected to write four mock admission notes during this course. Your supervisor(s) may help you choose the four patients that you will be seeing independently. If not, you will be expected to find them independently (ex: by asking clerks or head nurses on the internal medicine floor, or by asking the unit coordinators in ER). You will be expected to review the patient’s chart, take a complete history, as well as an appropriate physical exam, and to write an admission note for each patient. We suggest you to follow the admission note template that is available on myMDCM (under Internal Medicine learning resources). Your supervisor(s) will set the due dates for admission notes.

- Expert physician rounds: The format of this interactive exercise depends on the site (which may or may not include breakfast). Individually or in groups of 2-3 students, you will be expected to present a patient, including the history, physical examination findings, laboratory findings and imaging. The others students present at rounds will develop a differential diagnosis, possible diagnosis and management. This activity is supervised by an attending physician, but is not formally evaluated. It is meant to practice history taking skills as well as how to come up with a relevant differential diagnosis and plan.

- Clinical apprentice session: You will be expected to shadow a med-3 student on their evening call (typically until 8 to 10 PM), and to write a brief reflection on your experience. Take advantage of this opportunity to ask questions related to clerkship and the responsibilities of clerks during an Internal Medicine rotation. Depending on your site, you may receive contact information for clerks from your site coordinator, or you may be expected to seek them out on the ward. Be respectful in your communications, but don’t be too shy --they were in your shoes one short year ago and remember the exercise!

- MSK sessions: You will be expected to attend 2 MSK exam sessions during this course. These are organized by patients who are living with rheumatic disease. They are trained on how to teach medical students to perform a proper MSK exam. The first session will be focusing on the upper body/extremities, whereas the second on the lower body/extremities. Only attendance is taken; the sessions are not evaluated. You will be working in pairs; do not forget your t-shirts and shorts!

EVALUATION

Written exam

- **The written exam is divided into MCQs and short-answer questions. Please refer to the E-digest for specifics.**

- All of the questions should come from material covered in the mandatory book(s) (see course objectives; refer to the Course Outline, available on myMDCM). That being said, the goal is for you to learn Internal Medicine as a discipline, rather than any one book, so you may be encouraged to

consult additional resources in preparing for your exam. On a related note--and this advice extends into Clerkship--if one particular learning resource does not work for you, try another one! Again, the idea is to learn the material rather than memorize any one source. Favorites include Blueprints, Step Up to Medicine, UpToDate, Osmosis, QBank, and many many more. Take TCP to discover different ways of studying, and what works best for you!

- The written exam takes place on the last day of the Core and Consultative Medicine block.

Observed clinical encounter

- For this exercise, you will be assigned to an attending other than your supervisor who will observe you during a clinical encounter. The evaluating physician will choose the patient that you will interview and examine. At the end of the encounter, they will ask you to come up with a differential diagnosis, possible diagnosis and management. This observed encounter is usually done toward the end of the course, though this can vary greatly between sites. Keep in mind that the goal is not for you to have the right diagnosis, but rather to show a logical clinical reasoning and a respectful patient interaction. Traditionally, this activity has been formative (i.e. for feedback rather than evaluation), but look out for details from your course administrators.

Final clinical assessment

- This is your final clinical assessment, completed by your supervisor(s) at the end of the rotation.

LEARNING RESOURCES

- Mandatory book:

o See myMDCM. In the past, has included Blueprints Medicine as well as Step Up to Medicine

- Common calculations in Internal Med

<https://www.mdcalc.com/>

ACE IT!

- Start reading around cases and course objectives at the beginning of the course; it will really help you during your patient encounters and teaching sessions with your supervisor(s). Internal Medicine attendings really like to know that you are keeping up with your readings, and reading up around cases.
- You actually have a lot of time to read compared to other courses. Take advantage of it now, as you will certainly have less time during Clerkship.
- You should focus on typical presentations, expected physical examination findings and differential diagnosis for common diseases (refer to the student checklist).
- For TCP, treatment is not yet of high priority for exam studying purposes; however, you should still have an idea of general management for common diseases seen in Internal Medicine. Think of R&E exams to guide your studying (ex. As a general rule, know treatment modalities versus names of specific drugs)
- Think about your differential diagnosis for each clinical problem, and base it on common conditions versus life threatening conditions.
- We would suggest you to read about topics more than once, since questions on the written exam can be quite specific. The first time can be rather dense, and may be difficult to absorb as you first adjust to the clinical life, so reviewing can often do wonders in terms of consolidation
- Writing a summary for each chapter can be helpful for some students but is also quite time-consuming. Do what works best for you, and try not to compare yourself to your peers.
- The goal is not to know every detail by heart, but rather to learn as much as you can about each disease and, most importantly, their presentation, physical exam findings, and differential diagnosis.
- Participate in group discussions, and give your clinical impression when asked to. The point is not to be right, but rather to formulate a logical clinical reasoning and start thinking about the differential diagnosis of important clinical presentations.

MEDICAL ETHICS AND HEALTH LAW

GENERAL DESCRIPTION

During this course, you will attend 8 lectures (1 half day per week) covering various ethical and legal concepts that can arise in clinical medicine. Your goal is not to learn any laws by heart, but rather to develop a logical reasoning when confronted with ethical dilemmas during your clerkship and future clinical practice. This is an important introductory course since it will allow you to develop the skills to identify difficult situations from an ethical point of view and come up with possible solutions.

GENERAL SCHEDULE

- You will be expected to attend 8 lectures for this course (3h/ lecture). See myMDCM for how many you can miss as per the Absences and Leaves policy.
- Each lecture will cover a specific ethical/legal concept (e.g. confidentiality, end-of-life care, etc.)

WHAT TO EXPECT

- Lectures: During this course, you will be attending lectures on different ethical and legal concepts that are important to understand in clinical medicine. Themes that are likely going to be discussed include an introduction to health law, the doctor-patient relationship and the law, health privacy, consent, truth telling and liability, conflicts of interest and boundaries as well as approaches to end-of-life care.
- Modules: During this course, you will also be required to complete a few modules online. Each module will be covering a specific theme (e.g. confidentiality), and will have a specific deadline. After completing the module, you will have to print a certificate, sign it, and send it to your course administrator by e-mail as a proof of completion. Be careful that you meet these deadlines (should be indicated on myMDCM), as they can come at unexpected times (ex. Some are due partway through the block, others are due at the end).

EVALUATION

Written exam

- The written exam contains MCQs +/- short answers (in 2018). You should receive more details on the format closer to the end of the first block.
- The questions should be based on the lectures and modules (see course objectives; refer to the Course Outline, available on myMDCM).
- The written exam takes places on the last day of the block, along with your other RRP exams.

LEARNING RESOURCES

- Textbook (not mandatory but suggested):

o Philip C. Hebert, Doing Right: A practical Guide to Ethics for Medical Trainees and Physicians, 3rd ed., Oxford 2014.

- The Medical Ethics and Health Law lectures (8; mandatory).

ACE IT!

- Don't be afraid to participate during the lectures! In fact, the lectures are given in an informal way, so that you can ask questions and comment on different concepts. By asking questions and reacting to the different themes and cases presented, you will better understand clinical ethical dilemmas and develop a logical way of resolving them.
- For the exam, you only need to study the lectures; the book is not mandatory. However, reading the book will definitely help you to better understand the concepts seen in class. For each theme covered, it also gives a lot of clinical cases, which also helps you to understand concepts that may seem abstract.
- The exam will mostly be cases, for which you will have to resolve a clinical dilemma. There is no need to know the law by heart, but you have to choose the answer that a reasonable physician / health care worker would choose in that context (hence a solution that respects the law and the physician's responsibility in that context).
 - If your exam covers short answer questions, be sure that you know factual statements, particularly if they are repeated throughout the course (ex. Important Criteria or definitions). What's important is that you are able to formulate well-reasoned points, based on evidence. You will participate in many in class exercises that will help you structure your thoughts around the key concepts taught throughout the course.
- Don't overthink when trying to choose the best answer! Sometimes, the most logical answer is the correct one.
- The modules illustrate various concepts seen in class with clinical cases. They also help you to prepare for the exam.

MINDFUL MEDICAL PRACTICE

GENERAL DESCRIPTION

During this course, you will be attending 8 small group sessions. The goal of this course is to provide you with tools that will help you to stay mindful during clerkship and throughout your clinical career. Medicine can be stressful and challenging at times, as you are already well-aware; this course will help you to identify common sources of stress and find ways to connect with your own emotions, so that you can become more conscientious of your own self. It may not only make you more self-aware of your own feelings and behaviours, but also a more mindful practitioner.

GENERAL SCHEDULE

- You will be expected to attend 8 weekly small group sessions for this course (3h/ small group). Again, check myMDCM for how many sessions you can miss as per the Absences and Leaves policy.
- Each small group will cover a specific theme (e.g. attention and awareness, congruent communication, building resilience, etc.)

WHAT TO EXPECT

• **Small groups:** During this course, you will be attending small group sessions on different concepts that are important to discuss when starting your clinical practice. Themes that are going to be discussed include attention and awareness, congruent communication, awareness and decision making, clinical congruence, building resilience, being with suffering, as well as mindful congruent practice in clerkship and beyond. Each group will have 20-25 students and one facilitator (a physician). Most often, you will start and end the sessions with meditation (e.g. controlled breathing, visualization). The discussions are done in a safe space, so that you can feel comfortable sharing your own emotions and experiences and learn from your peers. Please note that you still receive a global evaluation by your supervisor on the basis of these sessions that is visible within one45. If you do not choose to participate in certain instances, ensure that you continue to demonstrate respect for your peers and professionalism.

EVALUATION

Written exam

- The written exam only contains MCQs (~10).
- The questions should be based on the notes provided online (you should not be taking notes during the sessions; these will be made available to you on myMDCM).
- The written exam takes places on the last day of the block, along with your other RRP exams.

Written essay

• You will be required to submit a reflective written essay at the end of the course (usually on the Sunday following the block exam). Its goal is to share your impressions about the different small groups, and to reflect on how the discussions will help you to become a mindful practitioner in the future. The instructions are going to be available on myMDCM. This will be read and evaluated (including a grade) by your group's instructor.

LEARNING RESOURCES

- There are notes provided for each small group session (1-3 pages per session; they are going to be available on myMDCM). They are what you need to study for the exam.
- There is no suggested/mandatory book for this course.

ACE IT!

- The small group sessions are going to be done in a very safe space. Do not be afraid to share your own emotions and feelings, and to talk about your personal experiences. It will be a great opportunity to see how we all live through similar challenges as medical students.
- Take advantage of the meditation moments to disconnect from the preoccupations of your mind – it will be difficult at the beginning, but as you continue to practice it, it will become easier.
- For the exam, you only have to study the notes provided for each small group sessions. They summarize what will have been covered during the discussions. You can also read them beforehand, so that you have a general idea of what will be covered (only if you really want to)
- For the reflective paper, you will typically have time to do it on the weekend after the block exam, so don't stress too much about it

DIAGNOSTIC AND INTERVENTIONAL MEDICINE

ANAESTHESIA

GENERAL DESCRIPTION

Anesthesia is a 2-week block, during which you are placed at a specific hospital setting. You will be divided into groups of 1 to 6 students. Each hospital setting has a specific course director, who will compile your daily assessments by different supervisors into one final evaluation. Of note, this is often how clinical evaluations work, so do not be too surprised by this format; it continues into Clerkship. Indeed you will often be placed with a different supervisor every day. You will be expected to learn how to perform a pre-operative assessment, place IV lines, intubate patients, as well as to correctly perform airway mask ventilation. This course is also a great introduction to pain management and important anesthetics.

Of note, it is possible that you may be placed at the Montreal Children's Hospital (which also typically involves ~1 day per week at the Shriner's Hospital). If so, you will still perform the same tasks as your peers who are based at adult sites, but will nevertheless have a different overall experience. The exam is focused on Adult Anesthesia, so try to focus your readings on the more relevant chapters in your book.

GENERAL SCHEDULE

- Your weekly schedule will depend on the hospital at which you are placed at as well as on your site director. Often, your daily schedule is decided ~3PM the day before. Ensure that you determine your start time the next day before heading home!
- You should expect to be in the hospital from 7 AM- 4 PM, from Monday to Friday (but keep in mind that this is variable).
- In addition to the mandatory hours with your supervisors, you will be expected to participate in an on-call experience for 1 evening during this course, from 4 PM - 10 PM.
- Besides your clinical activities, every week, you will be expected to attend an Academic Half Day (AHD). Each AHD covers specific Anaesthesia / Surgery / Radiology / Ophthalmology topics that are considered to be "high-yield". In the DIM block, these are indeed very high yield for the exams.

WHAT TO EXPECT

- *Clinical activities with supervisor(s):*

During this course, you will have the chance to work with many different supervisors throughout the two weeks. The number of patients that you will be seeing depends on the number of cases scheduled in a given OR (ex. An otoplasty is typically quick, versus neuro/ortho cases tend to be many hours long).

Preoperatively, you will be expected to learn how to do a proper anaesthesia assessment, to place IV lines and to learn different oxygenation modalities (the most important one for you to practice being bag-mask ventilation).

During the surgery, you will be expected to discuss different concepts and important anaesthetics

with your supervisor and/or resident(s). You often have quite a bit of time for these discussions; in anaesthesia, most of the action tends to happen at the beginning and at the end of the surgery. Again, how much time depends on how long the day's surgeries are.

All of the required procedures and discussions are listed in "a passport" that you will receive on the first day of the rotation. Your supervisor will be required to sign beside every procedure / discussion as you attain those objectives. Don't be shy to speak to your course director if you are having difficulty meeting your objectives/receiving exposure to a given topic. This good habit should continue into clerkship.

- Academic half-days (AHD): You will be expected to attend an academic half-day every week. These are teaching sessions for the whole stream, covering "high-yield" topics in Anaesthesia / Surgery / Radiology / Ophthalmology.
- Pain day: During this course, you will be expected to attend a full day session on pain medicine. As a group, you will have the chance to meet 2-3 patients who were diagnosed with a condition that causes chronic pain (e.g. multiple sclerosis), and to ask them questions. You will also have a couple of introductory lectures on acute and chronic pain management.

EVALUATION

Written exam

- The written exam only contains MCQs (~30).
- All of the questions should touch upon the book and AHD lectures (see course objectives; refer to the Course Outline, available on myMDCM).
- The written exam takes place on the last day of the Diagnostic and Interventional Medicine block.

Final clinical assessment

- Every day, you will be working with a different supervisor, who will be required to fill-out an evaluation form. At the end of the rotation, your course director will write your final assessment based on the different evaluations that your supervisors will have had completed. Do not forget to hold onto these forms, and to submit them all to your site admin.

LEARNING RESOURCES

- Mandatory book:

o The Ottawa Anaesthesia Primer. Patrick Sullivan. Echo Book Publishing, 2013.

- The Anaesthesia AHD lectures

o They cover most of the course objectives.

- If you are at the MCH, your site admin usually lends you a Pediatric Anesthesia book. Feel free to consult this, however it will NOT be the basis of your exam.

ACE IT!

- You typically have a fair amount of time to read in the OR (some of the surgeries can last many hours). Take advantage of this time. You can bring your book to the OR, as you will be on the Anesthesia (i.e. not sterile) side.
- Start reading the book as of the first day of the rotation (it will help you to manage your time better).
- We would suggest you concentrate on the chapters of the book that cover the course objectives (for example, pediatric anesthesia is not the focus of the final exam)
- What you can do to make sure that you are covering all of the course objectives is print out the list, and highlight those that you have already read about.
- You can also make little summaries for each course objective (some people in our class have done it and they said that it really helped for the exam).
- We suggest you read the relevant sections of the book once (carefully), and review the AHD lectures for the exam (they cover most of the course objectives).
- Know the toxicity doses for medications included in the course objectives.
- Know equivalencies between morphine and other opioids. This is a helpful skill for later on.
- Know how to calculate a BMI.
- Know how to calculate fluid deficits and how to replace it. Understand the difference between different types of fluid--also a high yield topic for Clerkship.
- Before starting this rotation, you can watch a few videos online to help you prepare for a few tasks/procedures that you will be expected to do: how to place an IV line, how to intubate (with an endotracheal tube), how to place a laryngeal mask and how to ventilate. This is a good habit for the DIM block as a whole (and for future surgery rotations in Clerkship!)

OPHTHALMOLOGY

GENERAL DESCRIPTION

Ophthalmology is a 1-week block, during which you are placed either at the Eye Clinic (Glen) or at the Jewish General Hospital. You will be divided into groups of 2 to 6 students, depending on where you are placed. You will be doing different ophthalmology clinics every half-day (e.g. neuro-ophthalmology, pediatrics-ophthalmology, oculoplastics, general, etc.) with a supervisor that specializes in that clinic. You will be expected to do a complete eye history, an eye physical exam (including the slit lamp and measuring the eyeball pressure) and have an understanding of important eye pathologies, their presentation and general management. Expectations/level of involvement vary quite a bit between supervisors. You may also complete some of these tasks as a pair, or within small groups. You may also work with elective students and/or residents.

GENERAL SCHEDULE

- Your schedule will depend on where you will be placed (either the Eye Clinic or the JGH).
- You should expect to be in the clinic from 9 AM- 5 PM, from Monday to Friday (but keep in mind that this is variable).
- Besides your clinical activities, during your ophthalmology week, you will be expected to attend an Academic Half Day (AHD). Each AHD covers specific Anaesthesia / Surgery / Radiology / Ophthalmology topics that are considered to be “high-yield”.

WHAT TO EXPECT

- Clinical activities with supervisor(s): During this course, you will be expected to attend an ophthalmology clinic with a different supervisor every half-day. During a clinic, your supervisor will either ask you to see patients on your own and review the cases with him right after, or to see patients together. You will be expected to do an eye history as well as a focused (eye) physical exam. Your supervisor may also ask you your differential diagnosis. During your week in Ophthalmology, you will also be expected to watch at least 2 cataract surgeries (usually at St-Mary's Hospital or the Jewish General Hospital) and to complete a half-day clinic in paediatrics-ophthalmology (at the Children's General Hospital).
- Academic half-days (AHD): You will be expected to attend an academic half-day during your ophthalmology week. These are teaching sessions for the whole stream, covering “high- yield” topics in Anaesthesia / Surgery / Radiology / Ophthalmology.

EVALUATION

Written exam

- The written exam only contains MCQs (~20).
- The questions should be based on the mandatory book and AHD lectures (see course objectives; refer to the Course Outline, available on myMDCM).

- The written exam takes place on the last day of the Diagnostic and Interventional Medicine block.

Final clinical assessment

- Every half-day, you will be working with a different supervisor, who will be required to fill- out an evaluation form. At the end of the rotation, your course director will write your final assessment based on the different evaluations that your supervisors will have had completed. Again, be sure to return these to your site administrator in a timely manner.

LEARNING RESOURCES

- Mandatory book:

o Basic Ophthalmology. 9th ed. Richard Harper. American Academy of Ophthalmology. 2011.

- The AHD lectures.
- The summary lecture (given the first day of your rotation). Very high yield.
- o It is a summary of the mandatory book and covers the “high-yield” concepts.

ACE IT!

- During your surgical-skills week, you will have a day in ophthalmology, where you will learn how to manipulate the slit-lamp and do funduscopy. Take advantage of it and ask all of your questions.
- If you still do not feel comfortable doing a slit-lamp exam, watch explanatory videos online. Keep in mind that it takes a lot of time to use the slit-lamp exam properly (it takes 5 years to become an ophthalmologist!); your goal is to understand the basic techniques and have a general idea on how eye pathology would be detected. If you are having trouble with the clinical skills, you can also try asking your clinical supervisors. We recommend doing this EARLY in the week (ex. Monday) in order to maximize your learning experience.
- We would suggest you read the book twice (if you have time); the ophthalmology exam questions have previously been based on specific and detailed concepts, which is why you have to familiarize yourself with the eye diseases presented in the book.
- One of the most “high-yield” concepts is the red eye. Review the chapter on the red eye very well, by paying attention on whether or not the conditions cause pain, itchiness, photophobia, pupillary abnormality, etc.
- Review the summary lecture (given on the first day of your rotation) before the exam. It summarizes the book by emphasizing “high-yield” concepts. It’s a great review for the exam.
- Do not forget to read the first section on myths in your book; some questions may come from it!

RADIOLOGY

GENERAL DESCRIPTION

Radiology is a 1-week block, during which you are primarily based at the Royal Victoria Hospital (Glen). You will be divided into groups of 6-8 students. During your week in Radiology, you will mostly have lectures on different themes to help you approach a variety of radiology modalities (e.g. chest x-ray, abdominal radiology, MSK radiology, neuro-radiology, pediatric radiology, etc.) You will also spend a few hours with radiology residents, so that you can learn more about how radiology works in practice. On the last day of your rotation, there may be an informal session with a resident and your group where you will be shown an imaging modality and be expected to interpret it (even though it is not formally evaluated).

GENERAL SCHEDULE

- You should expect to be in the hospital from 9 AM- 5 PM, from Monday to Friday (but keep in mind that this is variable).
- Your radiology lectures are mostly at the Royal Victoria Hospital; however, a few are at the Montreal Neurological Institute (for neuro-radiology) and the Jewish General Hospital (for abdominal radiology).
- Besides your clinical activities, during your radiology week, you will be expected to attend an Academic Half Day (AHD). Each AHD covers specific Anaesthesia / Surgery / Radiology / Ophthalmology topics that are considered to be “high-yield”.

WHAT TO EXPECT

- Clinical activities with supervisor(s): During your week in Radiology, you will be mostly attending lectures. The lectures will be on important radiology themes/modalities, such as chest x-rays, abdominal radiology, MSK radiology, neuro-radiology and paediatric radiology. You will also have the chance of spending a few hours with residents, so that they can show how radiology works in a hospital setting. You will be introduced to the steps you have to take when approaching the different imaging modalities, and learn ways to interpret them. By seeing a variety of imaging examples, at the end of this course, you should start recognizing what is normal and detecting abnormalities on different radiological modalities. You will continue to build on this skill as you move through your clinical training.
- Academic half-days (AHD): You will be expected to attend an academic half-day during your radiology week. These are teaching sessions for the whole stream, covering “high-yield” topics in Anaesthesia / Surgery / Radiology / Ophthalmology.

EVALUATION

Written exam

- The written exam only contains MCQs (~20).

- The questions should be based on the radiology lectures (see course objectives; refer to the Course Outline, available on myMDCM).
- The written exam takes place on the last day of the Diagnostic and Interventional Medicine block.

Final clinical assessment

- For your Radiology rotation, you will only have a final assessment at the end of your rotation, completed by the course director. Since this course is mostly lectures and you will not be working with residents/staff on a daily basis, expect your evaluation to be very general.

LEARNING RESOURCES

- The AHDs Radiology lectures.
- The Radiology lectures (given during the course). There is no required book for this course. That being said, the recommended textbook is a very helpful resource and is written in an extremely comprehensible manner.

ACE IT!

- Your week in Radiology should be a great introduction to learning how to read and interpret imaging modalities in a non-stressful environment. Take advantage of it to ask your questions during the lectures and time spent with the residents!
- There is no mandatory book for this course. During the rotation, you will mainly have lectures, which are what you have to study for the exam.
- Do not forget to study the Radiology AHDs lectures; they are important for the exam!
- The written exam is not mainly based on reading imaging modalities (in fact, out of the 20 questions, you may only have a couple asking you to read radiology images!)
- Most of the questions are theoretical; hence, it is important to understand important radiology concepts presented in the lectures. A solid understanding of these concepts will serve you well in the future.
- The chest x-ray lectures as well as the AHDs lectures are very high-yield.
- Some numbers/statistics presented in the AHDs lectures are important to be learned and memorized. Pay attention to what the lecturer will say; they may highlight important information for the exam!

SURGERY

GENERAL DESCRIPTION

Surgery is a 2-week block, during which you are placed in a surgical service within a McGill hospital. The placement is random, and determined by the faculty. You will be divided into groups of 1 to 4 students, depending on which hospital and service you are working at. Each surgical service has a specific course director, who will be doing your final evaluation. However, most of you will be working more closely with residents, who will be the ones evaluating you at the end. Depending on your placement, you may have the opportunity to practice a post-operative assessment, suturing, and the placement of an NG tube as well as a Foley catheter. Rest assured that whatever you do not get to practice in Med-2, you will get to do in Clerkship. (Indeed many are “required” clinical experiences in Med-3, but not in Med-2). You will also learn important surgical presentations, their differential diagnosis and management during this course.

GENERAL SCHEDULE

- You should expect to be in the hospital from approximately 6:30 AM- 5 PM, from Monday to Friday (but keep in mind that this is variable; your schedule really depends on each hospital and surgical service).
- Early mornings are typical in surgery, as you will round with the residents. Together, you will see inpatients and complete notes for patient charts.
- Besides your clinical activities, you will be expected to attend weekly Academic Half Days (AHD). Each AHD covers specific Anaesthesia / Surgery / Radiology / Ophthalmology topics that are considered to be “high-yield”.

WHAT TO EXPECT

- *Clinical activities with supervisor(s):*
 - o During your 2 weeks in Surgery, what you will be doing will depend entirely on the hospital setting and service. Indeed, while some surgical services are very busy and take care of complex and life-threatening cases, others are much calmer and less intimidating. Hence, while some of you will have the chance to scrub-in every day and do a lot (e.g. those that will be doing orthopaedic surgery at St-Mary’s), others might end up doing more consults on the floor or ER (e.g. if your service already has a lot of residents and 4th year medical students in the OR taking care of very complex patients). However, keep in mind that all of you will have the chance to scrub-in at least a few times, so – surgery gunners – you will still have a good exposure during this rotation.
 - o During your Surgery rotation, your day will often start with rounds early in the morning. Then, your resident will either tell you to get scrubbed so that you can go in the OR, or to do a few consults – either on the floor or ER.

o When working in the OR, you will be expected to scrub-in appropriately. Before the surgery starts, you may be asked to help prepare the patient (e.g. by placing a Foley catheter or an NG tube). During the surgery, you will mostly be an observer. Your resident – or the staff – might also ask you to help them at times (e.g. often by holding the retractor). At the end, they might ask you to show your suturing skills as well.

EVALUATION

Written exam

- The written exam only contains MCQs (~50).
- The questions should be based on the AHD lectures and the required readings in the mandatory book (see course objectives; refer to the Course Outline, available on myMDCM).
- The written exam takes place on the last day of the Diagnostic and Interventional Medicine block.

Final clinical assessment

- For your Surgery rotation, you will only have a final assessment at the end of your rotation, completed by the course director or the resident with whom you will have worked with.

LEARNING RESOURCES

- Mandatory book:

o *Essential Surgery, Problems, Diagnosis and Management. Quick et al. 5th edition.*

- The AHDs Surgery lectures.

ACE IT!

- We recommend that you start reading the required chapters in the mandatory surgery book during your surgical skills week. You will have a lot of free time during this week (and very reasonable hours!), so starting to read the book will really help you with time management.
- The questions on the written exam come mainly from the required readings.
- The ENT, MSK and urology AHD lectures are pretty comprehensive and cover most of the course objectives on these themes. Complement them with your textbook, but they are helpful guides.
- The AHD lectures on the abdomen are a great review of important concepts, but are not sufficient for the written exam, hence reading the mandatory chapters on the themes presented is important.
- If you feel that you do not have time to read all of the required chapters in the surgery book, we recommend that you read at least the chapters on the abdomen (e.g. diverticulitis, appendicitis, cholecystitis, colorectal cancers, hernias, etc.) Those are very “high-yield” for the exam and will serve you well for Gen Surg in Med-3 (when you’ll have less time to read)
- There should be no questions on specific surgery techniques on the written exam. Concentrate on presentation, differential diagnosis, work-up and management.
- Even though you will all be placed at different surgical services during this rotation, it is really important that you read around all of the course objectives for the course (not only on your surgery specialty). Indeed, your surgical subspecialty may not be a focus of the exam at all (but will still require reading for your daily clinical work!), so it is very important to follow the objectives on myMDCM.

COMPREHENSIVE AND CONSULTATIVE MEDICINE

FAMILY MEDICINE

GENERAL DESCRIPTION

Family medicine is an 8-week block, during which you will have lectures, modules and small groups. During this course, you will have the chance to better understand common presentations in family medicine, to familiarize yourself with important medical Canadian guidelines as well as to acquire skills on how to promote health and minimize the impact of chronic diseases seen in family medicine.

GENERAL SCHEDULE

- The family medicine course alternates with other courses (neurology and paediatrics). Hence, your weekly schedule will not only have family medicine components.
- During your family medicine block, you will be mostly attending lectures and participating in small groups and modules. Hence, most of your days will be in a classroom setting from 9 AM – 4:30 PM.

WHAT TO EXPECT

- Lectures: During this course, you will be attending important family medicine lectures. A few themes covered in the lectures include vaccination, periodic health exam in adults and children as well as important Canadian guidelines in family medicine.
- Modules: During this course, you will have a total of 4 modules on common presentations seen in family medicine. First, the facilitator will present a medical case, and you will be answering different questions in groups of 5-6. You will be discussing the answers with the whole group thereafter. During a single session, you may cover 2-3 presentations. Important ones include headaches, breast lump, cough, weight loss, diarrhea, pruritus and fatigue (see study checklist). You are evaluated based on participation and, at the end of each session, your group has to submit the answers on myMDCM (as a proof that you completed the module). We recommend GoogleDocs for more collaborative work in real-time (rather than designating one person as a scribe).
- Family Medicine small groups: You will have a few small groups during this course. Important themes discussed in small groups include smoking cessation as well as breastfeeding. Small groups are not formally evaluated, but are a great learning opportunity.
- Interprofessional clinical days: During this course, you will spend 4 half-days in a clinical setting (either a clinic, a community health centre, etc.) along with an allied health professional (not a physician). You will be spending time with members of an interdisciplinary team, so that you can better understand the importance of professional collaboration in patient care. Hence, your clinical days may be less clinically focused, but spent around discussions, team meetings and rounds with various health care professionals. Your role will be to observe.

OHA: due to expected changes on this course this year, we recommend that you refer to the Faculty for all information relating to this course

EVALUATION

Written exam

- The written exam only contains MCQs (~50).
- All of the questions should be based on the lectures and modules (see course objectives; refer to the Course Outline, available on myMDCM)
- The written exam takes place on the last day of the Diagnostic and Interventional Medicine block.

LEARNING RESOURCES

- The Family Medicine lectures (e.g. the Canadian guidelines, vaccination, periodic health exam, etc.)
- The Family Medicine modules (e.g. headache, breast lump, diarrhea, pruritus, etc.)
- The Family Medicine small groups (e.g. smoking cessation, breastfeeding)
- The INESS guidelines

ACE IT!

- The Guidelines lecture is very high-yield for the exam. You should learn them all; it's not so difficult once you go through it a few times--and very helpful in terms of general medical knowledge
- The vaccination lecture is also high-yield for the exam. You should learn the Canadian calendar, and know about the specifics for each vaccine (route of administration, contraindications, common side-effects, etc.). You may also go through this during your Pediatrics clinical rotations.
- You should also review your modules as well as small groups for the exam. If you feel that they have not been covered in enough depth, you can always read on the different themes/presentations discussed on UpToDate or other medical resources.
- If you would like to read a book for this course, the Blueprints Family Medicine is a good choice. It covers the main presentations and conditions seen in Family Medicine. However, keep in mind that the guidelines presented in this book are for the US (hence not necessarily the same in Canada).
- We would also suggest you to read the INESS guidelines for common presentations seen in family medicine; even if some will not have been covered in the course, they are all part of the course objectives and should be known for the exam.

PAEDIATRICS

GENERAL DESCRIPTION

Paediatrics is a course during which you will have lectures, modules and clinical activities. During this course, you will have the chance to better understand common presentations in paediatrics, such as failure to thrive and neonatal jaundice, to develop an integrated biopsychosocial approach when completing the clinical assessment of a child, and to acquire practical skills when doing the history taking and physical examination in a paediatrics setting.

WHAT TO EXPECT

- Lectures: During this course, you will be attending various pediatrics lectures. Themes that are going to be covered in the lectures include pediatric history and physical exam, pediatric pearls, the transition from fetus to neonate, approach to adolescent, the febrile infant and respiratory infections.
- Modules: During this course, you will have a total of 4 modules on common presentations seen in pediatrics. First, the facilitator will present a medical case, and you will be answering different questions in groups of 5-6. You will be discussing the answers with the whole group thereafter. During a single session, you may cover 2-3 presentations. The main concepts include developmental issues in pediatrics, growth and nutrition, neonatal pediatrics as well as diarrhea and rehydration.
- Paediatrics clinical days: During this course, you will spend 4 half-days in a clinical setting (either a clinic, a hospital, etc.) You will be working with a paediatrician, with whom you will be seeing patients together. Sometimes, your supervisor may also ask you to see patients by yourself, and review the cases right after.
- Clinical cases and podcasts: there are required online cases that need to be completed during the course. Proof of completion (screenshots) needs to be sent to the course administrator (refer to myMDCM). These cases review common presentations and pathologies in pediatrics.
 - Day care observations: You will visit a daycare for a few hours in a small group of approximately 8-10 students. After this visit, during which you will interact with groups of children of different ages, you will be required to submit reflections on the visit, and childhood development. We encourage you to complete this close to your visit, so that you still remember your experience.

EVALUATION

Written exam

- The written exam only contains short-answer questions (~10). It is a very fair exam if you know the expected objectives.
- The questions should be based on the lectures and modules (see course objectives; refer to the Course Outline, available on myMDCM).
- The written exam takes places on the last day of the block.

ACE IT!

- For the exam, we would suggest you to review the paediatric modules very well – especially the one on failure to thrive (which is such an important concept in paediatrics!)
- Learn how to complete a growth chart – it is not only important for the exam, but such an important tool to master in paediatrics!
- Try to learn the differential diagnosis of common conditions seen in paediatrics (neonatal jaundice, diarrhea, etc.)
- Have a general understanding of how to manage common paediatric conditions.
- Know how to calculate fluid deficits, as well as which type of solution has to be used as fluid replacement in different paediatric cases (e.g. normal saline versus D5W). This is a very helpful skill for Clerkship and onward.

Final clinical assessment

- This is your final clinical assessment, completed by your supervisor at the end of the 4 half- days spent in a clinical setting.

LEARNING RESOURCES

- The lectures as well as the modules are what you need to study for the exam.
- There is no mandatory/suggested book for this course.

NEUROLOGY

GENERAL DESCRIPTION

Neurology is a 2-week block, during which you are placed at a specific hospital setting. You will be divided into groups of 2 to 6 students, depending on which hospital you are working at. Every group has one supervisor (a neurologist), with whom you will work during the entire block. This block is an introductory course to clinical neurology; its goal is to help you to familiarize yourself with common and important neurological presentations, to work on your neurological exam and, most importantly, to learn the significance of the nervous system anatomy in clinical neurology (lesion localization is what neurologists like the most).

GENERAL SCHEDULE

- Your weekly schedule will depend on the hospital you are placed at as well as on your supervisor.
- You should expect to be in the hospital from 9 AM to 5 PM, from Monday to Friday (but keep in mind that this is variable).
- Besides your clinical activities, every week, you will be expected to attend an Academic Half Day (AHD). Each AHD covers specific Internal Medicine / Neurology topics that are considered to be “high-yield”.

WHAT TO EXPECT

- Clinical activities with supervisor: During this course, you will be expected to have 5 group meetings with your supervisor per week. A meeting will include teaching sessions, patient-encounters as well as small-groups (5) on specific themes. The small group cases will be given to you on the first day of the rotation, and your supervisor will decide the due dates for each one. They cover common and important neurological presentations, and will complement your clinical experience.
- Neurology consults / clinics: During this course, you will be expected to attend neurology clinics (e.g. movement disorder clinic, EMG clinic, etc.) as well as to complete some neurology consults under the supervision of a resident or staff. You will either do these along with them, or independently and review with them later. It is your supervisor who will determine the different clinics and consults that you will be completing during the course.
- Academic half-days (AHD): You will be expected to attend an academic half-day every week. These are teaching sessions for the whole stream, covering “high-yield” topics.
- Patient report: You will be expected to write 1 patient report during this course. Your supervisor will help you choose the patient that you will be seeing by yourself. You will be expected to do the history as well as the neurological exam, and to write a patient report. We

suggest you to follow the admission note template that is available on myMDCM, and clarify with your supervisor/resident(s) as needed. It is your supervisor that chooses the due date for the patient report.

- Patient presentation: You will be expected to present your report to your group: including the history, neurological examination findings, laboratory findings and imaging. The other students in the group will try to come up with a differential diagnosis, possible diagnosis and management. This activity is meant to help you practice communication skills and the group to develop a logical clinical reasoning.

EVALUATION

Written exam

- The written exam is divided into MCQs (~15) and short-answer questions (~4). There should be a helpful guide on myMDCM by the Course Director with further details.
- All of the questions should be based on the need-to-know subjects (see course objectives; refer to the Course Outline, available on myMDCM).
- The written exam takes place on the last day of the block.

Observed neurology exam

- Your supervisor or another neurologist / resident will observe you during a clinical encounter. You will interview the patient and do a complete neurological exam. This observed encounter is usually done at the end of the course. Keep in mind that the goal is not for you to have the good diagnosis, but rather to ask relevant questions on history and do a proper complete neurological exam.

Final clinical assessment

- This is your final clinical assessment, completed by your supervisor(s) at the end of the rotation.

LEARNING RESOURCES

- Review the Block J lectures covering the “need-to-know” topics.
 - o Dr. Moore’s lectures are really comprehensive and cover most of the “need-to-know” subjects.
- Review the Block J lectures covering the nervous system anatomy.
 - o Dr. Moore’s lectures on the central and peripheral nervous systems, brainstem, cranial nerves and spinal cord are really comprehensive and cover most of the relevant neuro-anatomy that you need to know.
- There is no specific book for this rotation. Here are useful textbooks:
 - o Essential Neurology. 4th ed. Iain Wilkinson; Graham Lennox. Blackwell. 2005.
 - o The Four-Minute Neurologic Exam. 2nd ed. Stephen Goldberg. McGraw-Hill. 2011.

ACE IT!

- Review the neurology physical exam prior to this course. It is one of the most important skills that you will practice; take advantage of it!
 - Practice the neurological physical examination as much as possible; it will really help you for future rotations as well!
 - The written exam is based on the “need-to-know” subjects indicated on the course outline.
 - Dr. Moore’s notes covering the “need-to-know” subjects are great; they prepare you well for the written exam.
 - Review the anatomy of the nervous system – you will be asked to localize a lesion, since neurologists love to ask this question! Review Dr. Moore’s lectures on the central and peripheral nervous systems, brainstem, spinal cord and cranial nerves. They will prepare you well for this.
 - Study your small groups – they are high-yield for the written exam. Know the presentations of the different cases presented, their differential diagnosis as well as management/plan.
- o Neuroanatomy Through Clinical Cases. 2nd ed. Hal Blumenfeld. Sinauer. 2010.

APPENDICES

CHECK-LIST INTERNAL MEDICINE TO DO

- MyMED portfolio: 4 entries for the entire block (due at the end of the rotation);
- 4 admission notes (due dates determined by supervisor);
- Expert Physician Rounds; Case presentation
- MSK sessions; 2 sessions
- Clinical apprentice session: shadowing a Med-3 student (anytime during the rotation).
- Observed Clinical Encounter

TO SUBMIT

- Internal Medicine passport (completed by you and signed by your tutor – due at the end of the rotation);
- Clinical apprentice session - proof of participation (completed by you and signed by the Med-3 that you worked with – due by the end of the rotation);
- Observed clinical encounter form (submitted by the doctor that observed you – it may be provided by your site administrator, or you may be expected to bring a printed copy).

STUDY CHECKLIST

- Abnormal Heart sounds and murmurs
- Abnormal Liver enzymes
- Acid-Base Abnormalities
- Anemia
- Arrhythmia and Palpitations
- Arthralgia and Arthritis
- Bleeding Tendencies
- Calcium Disorders
- Chest Pain
- Chronic Abdominal Pain
- Chronic Diarrhea
- Cyanosis or dyspnea
- Diabetes
- Dysphagia
- Edema
- Fever
- Hematemesis

- Hematuria
- Hemoptysis
- Hepatomegaly
- Hyper/hypokalemia
- Hyper/hyponatremia
- Jaundice
- Lymphadenopathy
- Nausea and vomiting
- Neutropenia
- Pleural Effusion
- Renal failure (AKI and CKD)
- Splenomegaly
- Thyroid Disease
- Upper and lower gastrointestinal bleeding
- Urinary frequency/polyuria/dysuria
- Venous Thrombosis
- Deep Venous Thrombosis
- Pulmonary Embolus

CHECK-LIST MEDICAL ETHICS AND HEALTH LAW

TO SUBMIT

- Online modules (3; due dates to be determined by the course administrator)

STUDY CHECKLIST

- Introduction to Health Law: basic principles of Canadian and Quebec law, allocating scarce resources (principles of justice);
- Introduction to medical ethics principles and approaches;
- Doctor-patient relationship and the law; principles of beneficence, non-maleficence, and respect of autonomy;
- Health privacy, confidentiality and trust;
- Consent, truth telling and liability;
- Conflicts of Interest;
- Boundaries;
- Approaches and options for end-of-life care;
- Euthanasia, medical aid in dying and conscientious objection.

CHECK-LIST MINDFUL MEDICAL PRACTICE

TO SUBMIT

- Reflective paper (usually due on the Sunday after the block exam).

STUDY CHECKLIST

- Attention and awareness;
- Congruent communication;
- Awareness and decision making;
- Clinical congruence;
- Building resilience;
- Being with suffering;
- Mindful congruent practice in clerkship and beyond.

CHECK-LIST ANESTHESIA

TO DO

- MyMED portfolio (due at the end of the rotation);
- Complete your Anaesthesia passport throughout the rotation;
- Attend your Pain Day (date to be determined by the course administrator);
- Do one evening call (5PM – 10 PM) with a resident/staff in Anaesthesia.

TO SUBMIT

- Anaesthesia passport (completed by you and signed besides every procedure/discussion – due at the end of the rotation);
- Daily evaluation forms completed by your supervisors.

STUDY CHECKLIST

- Preoperative assessment: Co-morbidities (e.g. respiratory, cardiovascular, endocrine, obesity), fluid status and patient optimization, pre-operative fasting and NPO guidelines, risk for aspiration.
- Airway management: Apneic patient, difficult mask ventilation and intubation, management of normal/equivocal/difficult intubation, options for airway management (e.g. LMA), rapid sequence induction.
- Pharmacology: midazolam, propofol, ketamine, desflurane, sevoflurane, fentanyl, sufentanyl, remifentanyl, morphine, hydromorphone, oxycodone, codeine, lidocaine, bupivacaine, succinylcholine and rocuronium. o MAC concept
- Resuscitation: Respiratory, cardiovascular as well as fluid therapy and transfusions.
- Regional anaesthesia: Epidural versus spinal; Peripheral blocks.
- Acute pain management: WHO pain ladder; Opioids (available routes, side-effects, contraindications, and management of overdose).
- Chronic pain management: pain syndromes (e.g. neuropathic), opioids in non-cancerous pain, opioid tolerance and addiction, adjuvant analgesics (e.g. antidepressant, anticonvulsant meds).
- Obstetrical anaesthesia: modalities for labour and C-section.
- Post-operative management: causes and management of airway obstruction, hypoventilation, hypoxemia, hypotension, hypertension, tachycardia, somnolence and unresponsiveness.

CHECK-LIST OPHTHALMOLOGY

TO DO

- MyMED portfolio: 2 entries for the week (due at the end of the rotation);
- Complete your Ophthalmology passport throughout the rotation;
- Attend your slit-lamp tutorial session (during surgical skills week). YOUR EYES WILL BE DILATED DURING THIS SESSION.

TO SUBMIT

- Anaesthesia passport (completed by you and signed besides every component – due at the end of the rotation);
- Daily evaluation completed by your supervisors.

STUDY CHECKLIST

See book chapters

- The eye examination
- Acute visual loss
- Chronic visual loss
- The red eye
- Ocular and orbital injuries
- Amblyopia and strabismus
- Neuro-ophthalmology
- Ocular manifestations of systemic diseases
- Drugs and the eye

CHECK-LIST RADIOLOGY

TO DO

- MyMED portfolio: 3 entries for the week (due at the end of the rotation);
- Attend all of the Radiology lectures;
- Attend your “Hot seat” session (if it is scheduled your week)

STUDY CHECKLIST

- Chest imaging;
- Abdominal imaging;
- Introduction to nuclear medicine;
- Introduction to paediatric imaging;
- MSK radiology;
- Neuroradiology: back pain and radiculopathies, hemiplegia and interventional neuroradiology;
- Potential risk of ionizing radiation;
- Risk/benefit of contrast agents including CIN, NSF and allergic reactions;
- Basics of ordering appropriate radiology examinations.

CHECK-LIST SURGERY TO DO

- MyMED portfolio: 2 entries per week (due at the end of the rotation);
- Complete your Surgery passport throughout the rotation;

TO SUBMIT

- Surgery passport (completed by you and signed besides every component – due at the end of the rotation);
- Clinical assessment (you have to submit it to the course administrator by a pre-specified time on your last day – take a picture of it as well to be safe!)

STUDY CHECKLIST

- Neck mass, goitre and thyroid disease
- Salivary gland tumours (e.g. pleomorphic adenoma, adenolymphoma), thyroid tumours and nodules, hyperparathyroidism, hypo/hyperthyroidism.
- Upper extremity pain: shoulder pain (glenohumeral, rotator cuff, acromioclavicular and referred causes), elbow pain (epicondylitis, nerve entrapment), wrist and hand (carpal tunnel, De Quervain's and Dupuytren contracture).
- Hip pain (osteoarthritis, fracture, iliotibial band and bursitis), knee pain (osteoarthritis, ligamentous injury, fracture), foot and ankle pain (ankle sprain, Achilles tendinitis, plantar fasciitis, hallux valgus).
- Abdominal pain and distension.
- Abdominal/groin mass/ hernia.
- Appendicitis, diverticulitis, pancreatitis, cholecystitis, choledocholithiasis, acute ascending cholangitis, etc: refer to abdominal chapters).
- Neoplasia, IBD, diverticulosis, haemorrhoids.
- Lower gastrointestinal bleeding, upper GI bleed, occult blood, colonoscopy.
- Anorectal pain, haemorrhoids, fissure, anorectal abscess, fistula, pilonidal abscess and tumours.
- Scrotal pain, torsion, epididymitis, hydrocele, varicocele, spermatocele, and tumours.
- Procedural skills
- Aseptic technique
- Catheter insertion techniques

CHECK-LIST FAMILY MEDICINE

TO DO

- MyMED portfolio: 4 entries for the entire block (due at the end of the rotation);
- OHA requirements (TBD)

TO SUBMIT

- 4 Family medicine modules on myMDCM (done in class in groups);

STUDY CHECKLIST

- Hypertension
- Breast lump/screening
- Contraception
- Cough
- Acute diarrhea
- Dyspnea
- Ear pain
- Fatigue
- Diabetes mellitus
- Headache
- Abnormal serum lipids
- Mood disorders
- Periodic health examination
- Newborn assessment
- Infant and child immunizations
- Work-related health issues
- Pruritus
- Skin rash
- Insect bites and stings
- Vaginal discharge/vulvar pruritus/STI
- Weight loss

CHECK-LIST PEDIATRICS

TO DO

- MyMED portfolio: 4 entries for the entire block (due at the end of the rotation);

TO SUBMIT

- Daycare reflections
- Proof of completion of online modules

STUDY CHECKLIST

- Developmental delay;
- Paediatric diarrhea and rehydration;
- Paediatric respiratory distress (know pathophysiology);
- Failure to thrive: infant/child/adolescent;
- Neonatal jaundice;
- Newborn assessment;
- Fever in a neonate, fever in a child.

CHECK-LIST NEUROLOGY

TO DO

- MyMED portfolio: 2 entries per week (due at the end of the rotation);
 - 1 patient report (due date determined by supervisor);
 - Patient presentation (due date determined by supervisor);
 - Observed Clinical Encounter.
- o Complete history and neurological examination observed by one staff (either your supervisor or another neurologist/resident).

TO SUBMIT

- Neurology attendance log (completed by you and signed by your supervisor – due at the end of the rotation);
- Clinical assessment form (by your supervisor – due at the end of the rotation);
- Observed clinical encounter form (by the neurologist/resident that observed you – due at the end of the rotation).

STUDY CHECKLIST

- Diplopia
- Dizziness/vertigo
- Ataxia/gait
- Headache
- Hemiplegia/hemisensory loss +/- aphasia
- Speech and language disorders
- Coma
- Movement disorders
- Numbness/tingling/altered sensation
- Sympathetic/CRPS/RSD
- Seizures
- Smell/taste dysfunction
- Syncope and pre-syncope
- Weakness/paralysis/paresis and/or loss of motion