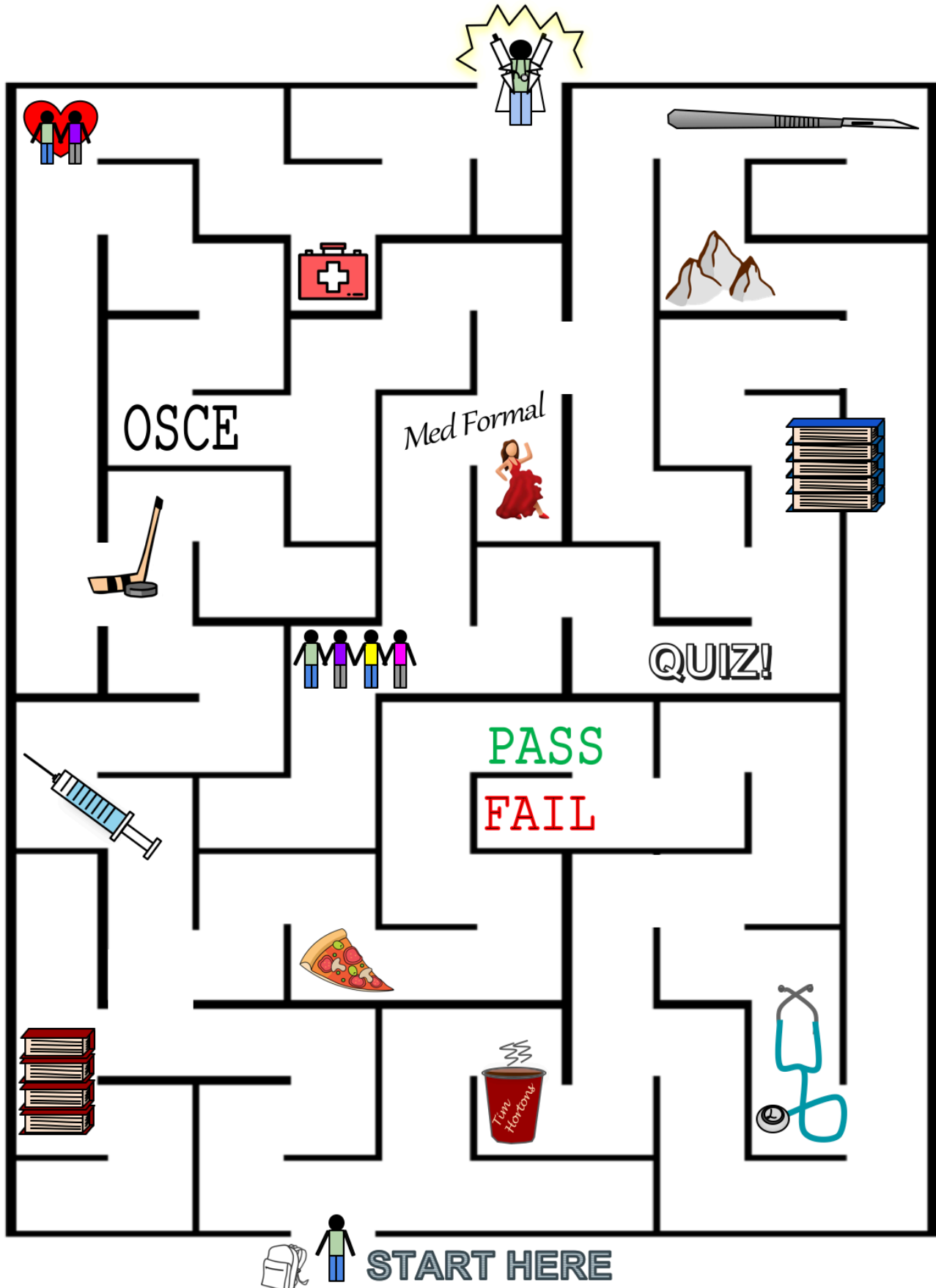


# MED SCHOOL SURVIVAL GUIDE

A guide to Medical School at the University of Alberta 2018-2019





# WELCOME

## Class of 2022

Congratulations! You've made it through the hurdles of admission, and now your four year journey at one of the most prestigious medical schools in the country begins! You should be incredibly proud of yourself and remember, you were chosen to be here for a reason. You are entering into some of the most memorable years of your life, surrounded by your new U of A family. Be prepared to work hard, learn lots, and develop lasting friendships.

This guide was prepared with the intent of answering many of the questions you may have as you continue forward in medical school. In this guide you will find information about where you can go for help if you are running into academic difficulty, what events your fellow students run during the year, what CaRMS is, information about medical student finances, extracurricular opportunities at U of A med, as well as descriptions of the curriculum for all four years of medical school. At the end of the guide is a list of contacts for the Medical Students' Association (MSA) Council, the 2020 Class Council, MSA club leaders, and the MD Program.

We hope this guide comes in handy whenever you have a question about the who, what, why and how of medical school here at U of A (you'll get the 'where and when' during the school year!).

Cheers, congrats, and welcome again!

- The MSA

## Acknowledgements

The editors would like to extend a sincere thank you to all those who have helped us edit and compile this year's guide: faculty curriculum coordinators, members of the MSA, MD Program staff, university staff, and students. A special thanks to Ines Zuna for editing the final version of the guide. The making of this guide has been a true team effort and is a reflection of the close-knit, supportive community we have here at the University of Alberta Faculty of Medicine and Dentistry.

## Editors' Note

The editors have made every effort to ensure that the contents of this guide are as up-to-date and clear as possible at the time of printing. However, if you are unsure of anything discussed in this guide, please ask any upper year student, faculty member and/or MD Program staff for more information.



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# THE ESSENTIALS

## PROFESSIONALISM

### Practical Professionalism for Medical Students

Congratulations on getting into Medicine at the U of A! You now represent the medical profession and your words and actions can carry a lot of weight. Medical students are expected to conduct themselves professionally, but what is professionalism anyway? There are many definitions of professionalism, but simply stated it means striving to uphold the tenets of the medical profession (respect, compassion, trustworthiness, justice, altruism, etc.) by being mindful of our words and actions. We encourage you to approach professionalism as a mindset rather than a set of rules to obey. We can demonstrate professionalism just by treating each other with respect and by being aware of how our behaviour may be interpreted by others.

Many of the ideas and concepts of professionalism are common sense; however, it is not uncommon for students to run into trouble when it comes to putting these concepts into practice. Although some professionalism-related situations are black and white, many are grey. A valuable part of our education involves learning how to navigate through ambiguity. To help with this transition, we have provided some basic guidelines below.

### Classroom Behaviour

We are very fortunate to have excellent instructors in our Faculty who give their time freely to ensure the high quality of our medical education. We are also fortunate to have a lecture space with advanced technologies. It is important that we demonstrate the utmost respect to our lecturers, colleagues and lecture space by:

- Arriving to class on time and prepared for lecture and mandatory sessions.
- Turning off the volume on our phones and other electronic devices.
- Stopping all conversations immediately when the instructor begins the lecture.
- Being tidy and disposing of our garbage appropriately.

### Feedback for Instructors

Throughout the year, students have regular opportunities to provide online feedback for all instructors. These evaluations are not edited or filtered; the raw comments are provided directly to the instructors to help improve their teaching and our learning. The faculty takes our feedback very seriously and adapts the curriculum accordingly. Please make an effort to complete these evaluations and please keep your comments constructive, helpful, and respectful.

## Clubs/Activities

We have a very diverse collection of clubs within our faculty and a variety of representatives who coordinate and organize events for students. A great deal of time and effort goes into planning these events and students should only sign up if they are serious about attending. If circumstances change and you can no longer attend, please notify the representatives/leaders at least 24 hours in advance or as soon as possible so they can allow others on the waiting list to attend.

## Anatomy Lab

Starting in January, first year students will have the opportunity to work with cadavers in the Anatomy Lab. These cadavers are the students' first patients and must be treated with the same respect that all patients are due. Inappropriate comments in or outside the lab are not tolerated. Out of respect for the people who have donated their bodies and for their families, please do not make any cadaver-related comments on social media (even positive ones, there are other ways we can show our appreciation).

## Social Media

Navigating the ins and outs of social media can be challenging as a medical student. It's always a good idea to take a second before posting to consider how a post may be interpreted, especially if strong emotions are being experienced at the time. Social media should always be considered a public forum, regardless of privacy settings. It is never acceptable to compromise patient confidentiality or dignity by posting information or images that provide identifying information or that are disrespectful in nature. Also, please keep all posts about colleagues and lecturers professional and respectful.

It can be very challenging to keep your personal and professional lives completely separate on social media. As a student member of the medical profession, what we share online is often seen as a reflection of our profession, even if it is done on personal time. This does not mean that we can no longer enjoy the world of social media, or that we need to obsessively guard our online profiles. Instead, be aware of what information you share, how your information is shared, and how it might impact others.

## Patient Contact

Students are expected to be well groomed and dressed appropriately when interacting with patients (real or standardized), either through shadowing, Physicianship sessions, or clinical skills sessions.

- Overly short skirts/dresses, revealing tops, tops with potentially offensive images/words should not be worn.
- Appropriate footwear (closed-toed shoes, easy to walk in) should be worn.

- Heavily scented body products (perfume/cologne, strong lotions etc.) should be avoided as a courtesy to those with scent sensitivities; these can be our patients and our colleagues.
- Students are expected to behave professionally at all times. No comments or jokes regarding sex/religion/race or topics that may be inappropriate or offensive should be made.

### Sponsors/Representatives

Medical students will have many opportunities to meet with representatives of various professional and financial organizations. These groups frequently host free sessions at lunch or provide complementary items at career fairs, AMSCAR and orientation week events. Students who choose to attend or speak with the representatives should do so with the utmost respect and not help themselves to free items or free food without participating fully.

### Whom to Approach

Concerns or questions about professionalism can be brought to the attention of the class Professionalism Representatives, who will address all concerns with discretion and confidentiality. Alternatively, students may also approach their Class Representative, the Learner Advocacy and Wellness office, or the Director of Professionalism at the MD Program.

If an unprofessional event occurs, what should you do?

Option 1: Talk to the individual about what you saw

- Are you comfortable talking to this person? If you are, this is the most conservative way to resolve a professionalism issue. It keeps the issue between the two of you without the risk of any repercussions towards the individual. A lot of the time, we don't realize that some of our actions can be perceived as unprofessional, so it's helpful for one of our classmates to just talk to us about it.

Option 2: Talk to one of the Professionalism Reps

- If you're not sure what to do or are not comfortable approaching the individual, coming to your professionalism Reps is a great solution. We can:
  - (1) Give you advice on how to resolve what you saw (i.e. go to the LAW office, push the Red Button etc.)
  - (2) Talk to the individual for you (while preserving your anonymity) or
  - (3) Do nothing. If you come to us with an issue and after talking it through, you don't want to do anything, then that's fine with us. You are the one to decide whether action should be taken.

### Option 3: Go to the LAW office

- The LAW office is a great resource for professionalism lapses. This option, like the above, have no repercussions for the individual and their medical student file. One of the LAW staff will talk you through what your options are for the event that you saw and with your approval they may bring the student in to talk to (you will stay anonymous of course). The LAW office can help the student resolve potential causes of their unprofessional behaviour and hopefully stop the behaviour from occurring again.
- Anything discussed at the LAW office is confidential.

### Option 4: Go to the MD Program

- If none of the above options solved the incident or seemed appropriate to you, the next step is to speak to the MD Program Director of Professionalism.

### Option 5: Push the Red Button

- Think the situation through. Does the event that occurred need to be taken to the curriculum level? Realize that the individual will likely have the event recorded on their file. Think about if you were in the same situation as this individual, would you want the Red Button pushed on you or would you prefer the situation be resolved in a less threatening way? A quick summary of this option is that you should stay away from it as much as you can when the incident concerns internal issues.
- Please note: if you get red buttoned you will know about it so there is no use worrying about you having issues on your file and not knowing about them

In our journey to become successful practitioners, the students of the Faculty of Medicine & Dentistry have constructed this code of values, expectations and conduct to reflect the ideals that are integral to professionalism. The Faculty has endorsed this document, which is consistent with The Faculty of Medicine & Dentistry Code of Conduct, and in turn, expects us as students, to commit to the code cited herein.

#### Honesty

- I will maintain the highest standards of academic honesty.
- I will neither give nor receive aid in examinations, unless such cooperation is expressly permitted by the instructor.
- I will be truthful with patients and not misrepresent my qualifications.
- I will record accurately all historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will conduct research in an ethical and unbiased manner; report results truthfully, and credit ideas developed and work done by others.

#### Confidentiality

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussions of patients to members of the health care team in appropriate settings.
- I will respect the privacy of my patients.

### Respect for Others

- I will treat my patients and their families with respect and dignity both in their presence and in discussions with other members of the health care team.
- I will respect patient decisions and autonomy at all times. When a patient lacks the capacity to make treatment decisions I will consult with the appropriate family members or guardians.
- I will not discriminate on the basis of age, gender, medical condition, national or ethnic origin, appearance, physical or mental disability, political affiliation, race, religion, sexual orientation, family status, or socioeconomic status.
- I will uphold a classroom atmosphere conducive to learning.
- I will treat my teachers and colleagues and others with whom I interact with respect, privacy and dignity.
- I will respect the personal boundaries of others, including, but not limited to, refraining from making unwanted romantic or sexual overtures or physical contacts.

### Responsibility

- I will constantly strive to have appropriate knowledge to serve and deliver competent patient care.
- I will set patient care as the highest priority in the clinical setting.
- I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation.
- I will abstain from the unfair exploitation of relationships with patients, colleagues, learners, or their families for emotional, financial, research, or educational purposes.
- I will conduct myself professionally in health care settings regarding my demeanor, use of language and appearance.
- I will not use alcohol or drugs in any way that could interfere with my academic, professional and clinical responsibilities.
- I will report professional and scientific misconduct and unskilled practice to the appropriate authorities or through established procedures, respecting the need to avoid impugning the reputation of other members of the healthcare and/or research team.
- I will decline to perform procedures which I feel are outside my area of competence or inconsistent with my personal beliefs.



# LEARNER ADVOCACY & WELLNESS

## What is Learner Advocacy & Wellness?

The Office of Learner Advocacy and Wellness (LAW) looks after issues pertaining to learner health, well-being and advocacy. Learner health and well-being encompasses all areas of physical and mental health. We provide counselling on both academic and personal matters and help provide accommodation for learners with special circumstances. Our aim is to ensure that undergraduate learners are not distracted by health or personal matters and are able to perform to the best of their abilities. Learner advocacy ensures that the best interests of all learners are represented in Faculty and University considerations. This includes both advocating for students and residents and making sure that they are represented on all major policy committees.

## When Should I Contact Learner Advocacy & Wellness?

The easy answer is any time you are having ANY kind of problem that you feel is interfering with your studies. Learners encounter a wide range of problems. These can include physical illness, personal or family crises, depression and anxiety, trouble with a partner, substance abuse, legal trouble, as well as many others. It is our job to help you deal with these types of problems. If we cannot help you, we will refer you to someone who can.

When deciding if you want to contact someone in LAW, remember that there is no problem too small or insignificant. If it is bothering you, we are here to listen. Many issues, if left unattended, grow into bigger and more disruptive problems. It is very common for us to hear, "I didn't think it was a big deal," or, "I thought I could deal with it," or, "I was embarrassed to come to you" when someone is in serious academic trouble. Come to us before problems get out of hand!

It is important to note that LAW is "arms-length" from the academic offices. We do not share information with those making academic decisions on grades, promotions, etc. without your permission. Anyone facing academic difficulties should contact the Learner Advocacy and Wellness office for additional advice, support, and academic performance resources (i.e. multiple choice test taking skills, impromptu communication skills (rounds in clerkship/OSCE performance), etc.

## Where is Learner Advocacy & Wellness?

Our office located at 1-134 Katz Group Centre for Pharmacy & Health Research. Please feel free to stop by, email, or call to make an appointment. More information can also be found at [www.law.med.ualberta.ca](http://www.law.med.ualberta.ca).

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# PERSONAL HEALTH & WELLNESS

## Mental Health

Although medical school is fun, exciting, and professionally rewarding, it also poses its own challenges. There are several reasons why students can become stressed while in medical school. First of all, your path to medical school dictated that you have to be the top of the class, however, that applied to all of your peers as well. Many medical students find themselves around average and that is perfectly okay (fun fact: 50% of the class will be below class average)! You are now learning information to help your future patients, not just to do well on tests. So if you are struggling in a subject, you may need to seek some help or put in extra work, but don't sweat the numbers. Other potential problems students encounter are the long hours spent in class and on the wards, as well as the heavy course volume. You can become sleep deprived, which makes it harder to deal with any other stresses. Also, the financial pressures of spending another 4 years in school can become difficult for some students.

The reason we are pointing out all of these common problems is to illustrate just that: these problems are COMMON. Never feel like you are alone in your worries, it has been shown time and time again the majority of worries faced by medical students are shared with their peers. The best we can do for ourselves is to talk about it to someone; whether it be your advisor, a classmate, an upper year, or anyone from the Faculty of Medicine & Dentistry's Office of Learner Advocacy & Wellness (see the Learner Advocacy & Wellness section of this guide for their office and website information). Also, medical students as a group tend to be more Type-A, anxious people, which is part of the reason they get accepted, but this can also put their mental health at risk. Many medical students will at some point struggle with anxiety or depression. Again, you are not alone. Whether you are extremely anxious or just want to talk about some of your day-to-day stresses, there are resources available to you. We are fortunate enough to have access to the LAW office. Some of their resources include optional support group sessions, optional sessions with student advisors who you can contact independently, as

well as mandatory one-on-one student advisor appointments in year 1. The LAW office also has a psychologist on staff who you can be referred to by Dr. Lewis or Dr. Goldstein.

You may also access student-based well-being resources through the MSA or your Class Council. For example: the Medical Students for Mental Health Awareness Club, the MSA Well-Being Representative, or your Class Council Health & Wellness representatives. The point is this: know that there are support structures in place, and that you are encouraged to access them whenever you feel the need.

You will be electing your class' Health and Wellness Representatives near the start of the school year to voice your ideas on what we can do as a class to assure everyone stays well—physically and mentally. Initiatives that have been brought forth in past academic years have included: Balance Night, Medical Student Cookbook, Top Condition Mission, various physical activity sessions, financial advice talks, and more!

Here is a brief description of each event:

- Balance Night (autumn): A night of relaxation and de-stressing. Faculty members of various backgrounds will be providing their perspective on dealing with stress and finding “balance” in life in small group sessions. Dinner will be provided, music and prizes are an added bonus. And to wrap it up, there will be awesome breakout including but not limited to yoga, dance, meditation, drumming, and more!
- Medical Student Cookbook (end of winter semester): Submit your recipes to us so that we can add on to the cookbook we have compiled over the years. This is a great opportunity to share your ideas and everyone wins.
- Top Condition Mission (beginning of winter semester): Reach your New Year's resolution goals with some friendly competition! You earn points for doing healthy activities over a month which is tracked by a spreadsheet system. People who earn the points win prizes along with random draws for participation prizes!
- Physical Activity Sessions (throughout the academic year): From kickboxing to spin classes, we try to add some variety to your physical health.
- Financial Talks (February): Financial February is a month to help you understand how to budget during medical school along with in your future practice. You can also get your taxes filed for free.

## Health

- University Health Centre (student walk-in clinic) – phone: 780-492-2612 / general questions: [uwell@ualberta.ca](mailto:uwell@ualberta.ca) (located in Student's Union building)
- University Health Centre Pharmacy – located in Students' Union Building. 780-492-2634, open 9-5, Monday-Friday (also does immunizations if you have an Alberta health care card)

- Other pharmacy locations: Rexall in the Stollery Hospital, Medicine Shoppe in College Plaza (8215 - 112 Street)
- Jasper Ave Medical Clinic: Tel: 780.756.9212, 11464 Jasper AVE NW, Edmonton, AB T5K 0M1 (downtown) – accepts walk ins
- DynaLIFE: College Plaza, 303, 8215 – 112 Street, Edmonton, AB, T6G 2C8, Telephone: (780) 433-7562

### Physical Wellness

- Van Vliet Complex: ice arena, main gym (basketball, volleyball, and badminton courts), 2 indoor pools, dance studio, squash and racquetball courts
- Universiade Pavilion: 6-lane 200m indoor track, indoor soccer/field hockey, wrestling room, basketball/volleyball/tennis/badminton courts, climbing wall
- PAW (Physical Activity and Wellness) Centre - two-story climbing wall, fitness center (weights and cardio machines). This convenient option is paid for by the PAW Centre Fee of your tuition.
- Varsity Field: multi-purpose green space with walking/running path located on the West side of the Van Vliet Centre
- South campus facilities: Foote Field (Multi-use sport training and competition facility for track and field, field hockey, football and soccer) and The Saville Centre – 780-492-1000 (curling, fitness center, indoor track, gymnastics, sports courts)
- GoodLife Fitness: As CMA members, medical students get discounted memberships! Membership works across Canada and can be useful when travelling or doing electives. For more information, visit: <https://www.cma.ca/En/Pages/goodlife-fitness.aspx>

### Places to Eat

- Students' Union Building (SUB) – University of Alberta  
Includes: Subway, Marcos Famous, Edo, Daily Grind, Opa, Taco Time, Teapsy, Filistix and more
- HUB Mall – University of Alberta  
Includes: Edo, Korean Restaurant, La Pasta Trattoria, New York Fries and more
- Around Campus:  
Subway, Burrito Libre, Booster Juice, Earls, Sugar Bowl, High Level Diner, etc.
- 82<sup>nd</sup> Avenue (Whyte Avenue), a 10-minute walk from the U of A:  
Includes: noodle/ramen shops, Famoso Pizzeria, Freshii, Taco places, cafés, etc.
- Grocery stores near campus:
  - Safeway: 109 Street and Whyte Avenue
  - No Frills: 10467 80th Ave NW
  - Old Strathcona Farmer's Market: 10310 83 Ave NW – every Saturday from 8:00AM-3:00PM

# NOW THAT YOU'RE IN MED SCHOOL...

## CELEBRATE WITH CEREMONIES!

### Professional Standards for Students Ceremony

At this mandatory ceremony, all first year Medical students, along with first year students in Dentistry, Dental Hygiene, Medical Laboratory Science and Radiation Therapy, will recite the Professional Standards for Students. These standards outline the behaviour expected of students who are entering the healing professions. Parents and/or significant others are invited to come and watch as you belt out these standards with the harmony and precision of an operatic soprano. Afterwards, you will sign a copy of this document, and with that, you've come one step further into the world of medical professionals.

### White Coat Ceremony

Like the Professional Standards Ceremony, the White Coat ceremony is also mandatory for all first-year medical students. The Faculty leaders will present you with the long-awaited clinical jacket that you will carry with you all the way into clerkship. The presentation of the coats will be followed by the recitation of the Student Pledge and a reception. Again, you'll definitely want to invite your folks and/or significant others as you get on that doctor swag!

## EVENTS

### Ice Bowl

IceBowl is the first of many events that make the medical school student experience unique and memorable. This weekend is comprised of social events and an ice hockey tournament where medical students come to socialize and compete. This year's festivities will take place on a weekend in mid-September 2018 in Edmonton, Alberta. With the early timing in the school year, students of all years are able to attend before increased workloads and stress can prevent involvement. Additionally, the inclusion of members from all four classes (2022s, Amne21acs, Cauteri20rs, N19hterrors) provides a great opportunity to establish relationships with students in upper years as well as your own classmates. Even if you don't play hockey, Ice Bowl is still a

great time to enjoy some awesome social events while showing U of A pride. We always have a strong cheering section who have a great time. IceBowl has 3 divisions each year: men's competitive, men's non-competitive, and women's. Our competitive team has won several previous tournaments and are looking primed to make another win in the fall. Our Non-Competitive Men's team won last year as well. While we take pride in winning the competitive division, this year we are setting our sights on winning all three divisions, establishing our school as the dominant hockey power of western Canada (medical schools). Whether you cheer for the Oilers, Flames, or Canucks, or couldn't care less about being a hockey fan, Ice Bowl is a great opportunity to unite in support of University of Alberta and your new med family.

### MSA Ski Trip

As the year continues, the fun keeps coming with the MSA Ski Trip. The event is always an amazing time, giving skiers and snowboarders of all skill levels the chance to carve up the slopes of the Rocky Mountains. The trip is very popular, thus tickets are usually a hot commodity and sell out quickly. If you are interested, keep your eyes peeled for the registration email sent out by the MSA Sports Representatives to get your hands on some tickets and join in with your class on the slopes!

### Alberta Medical Students' Conference and Retreat (AMSCAR)

The Alberta Medical Students' Conference and Retreat (AMSCAR) is a well-attended and unique three-day event for medical students across Alberta, developed to promote the health and wellness of medical students. On January 18-20<sup>th</sup> 2018, the annual tradition will continue as U of A and U of C medical students will head to Banff for an amazing weekend filled with learning, professional development, fun activities and festivities! Upon arrival, the energy at AMSCAR is incredible, as students take full advantage of the welcome reception and celebrations to catch up with each other, and to begin meeting students from the U of C. Saturday is filled with a diverse range of conference sessions for students, including yoga, financial management, clinical skills, arts & crafts, fitness sessions, professionalism & ethics, wilderness medicine, and many more! Throughout the rest of the weekend, students will experience the best Banff has to offer by hitting the slopes, visiting the hot springs, exploring the town and celebrating at the local bars!

The event is heavily subsidized by both the U of A and U of C faculties as well as various medical organizations in Alberta, leaving students to cover only a fraction of the cost. This cost includes almost all of the meals over the course of the weekend, two nights at the hotel, bar nights, social events, transportation, and the conference sessions themselves! This weekend is easily one of the highlights of the year - don't forget to register for it!

### Birkebeiner Ski Race

Volunteer for a great event! This is the largest cross-country ski race in Canada, held 45 minutes east of Edmonton on February 8-10th, 2019. Medical classes at the U of A have traditionally supplied first aid volunteers for the race. In January, we will be looking for Junior Medical Chiefs from the class of 2022 as well as numerous first aid volunteers. Volunteering for this event is a unique and fun-filled experience and, to top it off, you get to fill your bellies with free delicious food and hot chocolate! Watch for more information as the event approaches.

### Reading Week Trip

Last year's trip to Cancun, Mexico was excellent and this year we plan to make it even better! Get away from the -40 °C Edmonton winter and spend a week with all the fabulous people in first and second year. Just don't get TOO attached or you might get some post-reading week stress disorder when we get back!

### Medicine Cup Charity Tournament

The Medicine Cup Charity Tournament (MCCT) is an outdoor hockey tournament that brings together allied health professionals, students, and the local community. In ten years coordinating with the Stollery Children's Hospital Foundation this tournament has raised over \$100 000. Since two years ago, MCCT switched charities and has successfully been fundraising to support the charity "Little Warriors". The Lobotim17ers won the big championship last year in the men's competitive league. The N19htterrors won the championship trophy in the women's division. This year's hockey showdown will be held during the month of February and will feature the always legendary MCCT hall party. Fundraising activities in addition to the tournament are held throughout the year and require the help of student volunteers. Volunteers are also needed to help fundraise and organize the tournament, so keep an eye on your e-mail inboxes for a chance to get involved!

### Med Formal

Sometimes we like to class it up! The annual formal event in March organized by SOCOM promises all the pomp and circumstance you could ever want, as well as a four-star dinner, dancing, and scores of entertainment. Camera bulbs will be flashing, as your classmates puts on their high couture and roll out the red carpet for an evening gala extravaganza!

### Intramurals

The possibilities are endless for involvement in intramural sports. Many med students here are involved in one or more teams ranging from volleyball to dodgeball, from waterpolo to ball hockey, and yes, of course, there is ice hockey! The cost of joining is usually \$4-20, and there are often multiple teams for varying skill levels. Look out for e-mails from the sports reps during O-week for the first round of intramural sign up. Stay tuned for other intramural signups throughout the year as well. In line with years of tradition, you will also have the chance to purchase your class's official ice hockey jersey!

### Interclass Competitions

It may already be clear to you 2022s that U of A Medical School LOVES sports, particularly when these sports are played against other class years! Throughout the year, there are many opportunities to face the years above you in showdowns of athletic prowess. These include the Winter Classic hockey game, an interclass basketball tournament, and a soccer game. Everyone is welcome and encouraged to play or to come out and support your classmates!

### Interphase Multisport Tournament

You know how the entire NHL season leads up to the Stanley Cup Finals? Well the entire school year leads up to the Interphase Tournament, which includes Basketball, Hockey, and Soccer. This year, it was held this year at the end of March. Each of the four Medicine classes puts together teams for to suit up for this two-day extravaganza. You will be amazed by the caliber of play this weekend as the freshmen, the vets, and everybody in-between duke it out for bragging rights. There will be men's and women's divisions. It will be a battle to the bitter end. So don the armour, defend your class pride, or cheer your classmates on! Do you have what it takes to get to the top and dethrone the current champions?

### Med Nite

Okay 2021's, here's the lowdown on why this tradition is a pretty big deal. Each year, Med Nite brings together all four years of medicine for two nights of pure hilarity and debauchery. It's bigger than any of us can truly fathom; it's incomprehensively, unequivocally, and unabashedly the most fun you may have in medical school. Med Nite is your opportunity to entertain by writing, producing, performing, dancing, or even singing your way through any amount of comedy: clever, crude, or otherwise. Each class elects one representative to coordinate their year's acts/skits/videos for their portion of the show, and then by fourth year, they evolve into a Beyoncé of sorts in order to mastermind the entire production. Med Nite is typically held at the end of March and is a collective effort among everyone in the MD program, including your class and many familiar faces within the faculty/administration. Ticket sales not only fund the production, but also help to support the graduating class. Keep an eye out for the e-mails, and get ready to see just how hilariously talented us med students can be!

### Shinerama

Shinerama is Canada's largest post-secondary fundraiser in support of Cystic Fibrosis Canada. Every year, student volunteers from over 60 Canadian universities and colleges across the country come together to make a difference in the lives of those battling cystic fibrosis. While Shinerama began in 1964 as a shoe-shining campaign, it has since grown to include a wide variety of activities including singing, playing instruments, washing cars and doing whatever it takes to raise crucial funding to fight cystic fibrosis—this national event puts the “fun” in fundraising! For this year's main event held Saturday September 8th, the University of Alberta's team hopes to raise \$3 000. Join us for a day of fun and help us make it happen!



### Political Action Day

As an MSA committee, the Political Advocacy Committee (PAC) serves as an outlet for medical students to raise and present issues pertaining to our education and the collective health of our community. Issues include, but are not limited to, admissions, tuition, and health policy. This past year PAC focused on discussing the investment of tax revenue from legalized marijuana in mental health programs for young Albertans. These lobby efforts led to productive discussion among MLAs regarding this issue and, in the past, PAC lobbying efforts have led to passed legislation, such as prohibition of tanning bed use by minors and banning of flavoured tobacco products. Each year PAC has the opportunity to advocate for a chosen cause during Political Action Day (PAD). As a pan-Albertan initiative spearheaded by medical students from across the province, PAD provides U of A and U of C medical students with an opportunity to discuss a predetermined issue (e.g. Aboriginal Health Awareness) with MLAs at the Alberta Legislature. Beginning with educational workshops and briefings the day before we head to the Legislature, PAC works to bring tangible solutions to problems in our communities by petitioning MLAs to enact meaningful change. Not only is Political Action Day a chance to make significant strides in our education and community issues, but it also provides us with an opportunity to gain valuable skills in advocacy, policy formation, and public speaking.

### SHINE Clinic

The SHINE (Student Health Initiatives for the Needs of Edmonton) Youth Clinic is a student-run multidisciplinary health initiative focusing on the public health aspect for the youth in downtown Edmonton. SHINE is unique in that it not only serves the community youth, but it is also an opportunity for students of different faculties to collaborate, network, build skills and gain experience that will be valuable to their education and professional development. Currently, the clinic operates as an outreach service at the Armoury Resource Centre, where they run a weekly program called Cookin' with SHINE. In the past, SHINE ran Cookin' with SHINE along with Friday Night Challenge out of iHuman Youth Society. SHINE also operates a dental clinic through the Boyle McCauley Health Centre, which provides free dental care to low-income and inner-city youth on Saturdays. Expect updates this fall and throughout the year as we redevelop the SHINE program! For more information about SHINE, check out their website at [www.shineclinic.ca](http://www.shineclinic.ca).

# IMPORTANT WEBSITES

These websites will come in the Year 1 Discovery Learning course, Clerkship, and further down the road. Bookmark this page now or save it to your favorites menu! These lists, however, are not comprehensive and you may find better sources of information that you find easier to use.

## **Free Online Dictionaries**

- ❖ Healthcare Consumers

<http://www.medterms.com/script/main/hp.asp>

This is a searchable online dictionary written in layperson's language with links to more details about particular topics.

- ❖ MedlinePlus

<http://www.nlm.nih.gov/medlineplus/mplusdictionary.html>

Quick reference with basic answers for your medical queries including drugs and diseases.

## **Online Textbooks & Articles**

- ❖ Merck Manual (Free Version)

<https://www.merckmanuals.com/en-ca/professional>

Great website offering good overviews of signs, symptoms, pathology, treatment and epidemiology of various diseases. It also includes animations, videos, 3D diagrams to supplement your learning. You can even search the website via the chief complaint and show a table style approach to ruling in or out various diseases that may be the cause.

- ❖ E-medicine

<http://www.emedicine.com>

You can access this site without having to be a U of A medical student. E-medicine has an entire dossier of articles on any subject you wish to read about. It may be more useful for DL than for exam study as it goes into a lot of depth on each particular subject. It's more geared towards physicians who need a crash course review on a particular subject.

- ❖ Access Medicine

<http://www.library.ualberta.ca/databases/databaseinfo/index.cfm?ID=3439>

[www.accessmedicine.com/](http://www.accessmedicine.com/)

- ❖ DynaMed

<http://www.library.ualberta.ca/databases/databaseinfo/index.cfm?ID=4166>

This site is a DL favorite to many!

- ❖ Family Practice Notebook

<http://www.fpnotebook.com/>

- ❖ EndoText

<http://www.endotext.org/>

## **Anatomy Lab**

- ❖ University of Michigan – Anatomy Page

<http://ect.downstate.edu/courseware/haonline/toc.htm>

This website has its own form of a dissector which you have at your disposal. You can work through the units in a step-by-step fashion. It also has a quiz sections. If you just happened to miss a lab, the above websites have dissection videos that you can view at any time. Please be aware that there will be some variation between the dissections we perform at the U of A, and the approach that other schools might take.

## **Pharmaceutical/Drugs Guides**

- ❖ Bugs and Drugs:

<http://www.bugsanddrugs.org>

A free online educational resource supported by Alberta Health Services.

- ❖ Medicine Drugs, Supplements, and Herbal Information

<http://www.nlm.nih.gov/medlineplus/druginformation.html>

## **Radiology**

Having a basic understanding of X-rays, CTs, angiograms, and MRIs is essential to a medical career even if you are not a radiologist. You will learn some basics of radiology through an introductory lab, Discovery Learning small groups, and supplemental Anatomy lab material. However, as our official teaching of radiology in preclerkship can be limited, these websites are spectacular for helping you to learn radiology on your own.

- ❖ Wayne State University Radiologic Anatomy Page

[https://www2.med.wayne.edu/diagRadiology/Anatomy\\_Modules/Page1.html](https://www2.med.wayne.edu/diagRadiology/Anatomy_Modules/Page1.html)

- ❖ EuroRad

<http://www.eurorad.org/>

Radiological Case Study Database

- ❖ UC San Diego School of Medicine

<http://meded.ucsd.edu/clinicalmed/introduction.htm>

A wonderful site used by many to study for their OSCEs. It is divided up into many different systems and it has some nice picture inserts as well.

## **Medical Organizations**

You will be inundated with many acronyms in your first year of medical school, from numerous Medical Organizations to all the names of your courses. We included the information below to help clarify some of that mental clutter. Also check out the section on first year courses (pg 54-62)!

### **❖ Alberta Medical Association (AMA)**

AMA represents and advocates for Alberta physicians and their patients. As student members, we gain access to resources, services, bursaries, benefits and leadership opportunities. More information for medical students can be found on the student home page at the link below:

<https://www.albertadoctors.org/services/students>

- How to get involved
  - Volunteer/leadership opportunities
  - AMA committees
  - Physician mentorship
  - Conferences
- Scholarships/Bursaries
  - Emerging leaders in health promotion grant (September-October)
  - AMA medical student bursary (October-December)
  - Student elective travel grants (April-May)
  - Scholarships (early May)
- Protecting yourself:
  - Health Insurance (non-profit)
- Preparing for future practice

Listed below is the general link to the AMA website. Here, one can learn more about medicine in general within the Alberta region.

<http://www.albertadoctors.org>

For more information, feel free to contact your class' AMA Representative.

### **❖ Canadian Medical Association (CMA)**

CMA is the national advocacy body for physicians across the country. They are the voice on Canadian healthcare matters and are committed to furthering a healthy population and a vibrant profession. See how you can get involved today by visiting

<https://www.cma.ca/En/Pages/medical-students.aspx>

### **❖ Canadian Federation of Medical Students (CFMS)**

<http://www.cfms.org>

CFMS is a national organization that comprises of thousands of medical students pursuing their medical careers in 14 Canadian medical schools from coast to coast and provides specialized services, communication, and representation to Canadian medical students.

❖ **CaRMS (Canadian Resident Matching Service)**

<http://www.carms.ca/jsp/main.jsp>

This website will be useful when you start your student internship (residency). This organization facilitates residency matches across the country. For 1st and 2nd years, you will hear more about this in the future, so sit tight!

❖ **College of Physicians and Surgeons of Alberta (CPSA)**

[www.cpsa.ab.ca](http://www.cpsa.ab.ca)

All students registered in the MD Program are required by provincial legislation to be registered in the Educational Register of the Alberta College of Physicians and Surgeons. This registration permits the practice of medicine within the confines of the formal medicine curriculum. Students in the MD program are required to adhere to the professional code of ethics of the Alberta College of Physicians and Surgeons. You are required to complete the online application form and pay the registration fee. This is a requirement for all medical students in Alberta. You'll find the website useful as a student when you wish to set up an elective. It's got an online directory where you can search for physicians by Name, Specialty, and even Health Region. Then you only need to contact the physician to see if they will receive you.

❖ **Professional Association of Residents of Alberta (PARA)**

<http://www.para-ab.ca/>

This organization is analogous to the Canadian Federation of Medical Students – the only differences are that they represent you during your residency training, and their mandate is limited only to those who are completing their training in Alberta. PARA is a resident-operated organization, which negotiates a contract on your behalf that deals with the non-academic aspects of residency training. This includes pay, working conditions, and benefits.

❖ **Alberta Rural Physician Action Plan (RPAP)**

<http://www.rpap.ab.ca>

The RPAP is an independent not-for-profit company funded by Alberta Health & Wellness. It was established in 1991 by the Government of Alberta and provides a provincially-focused, comprehensive, integrated and sustained program for the education, recruitment and retention of physicians for rural practice. You will hear a lot more about RPAP over the next couple of years. If you decide to do any electives or shadowing out in Rural Alberta, they will cover both travel expenses and accommodation during your stay. The same goes for your Rural Family Medicine 1-month rotation in 3rd year.

### ❖ Undergraduate Medical Education (UME) Website

<http://www.med.ualberta.ca/programs/md>

It has important information on curriculum, professionalism, electives, policies and procedures, as well as important contact information. Make yourself familiar with this site.

### ❖ Awards and Bursaries

U of A Bursaries for Medical Students via Student Affairs and Awards website:

<https://www.ualberta.ca/medicine/programs/md/academic/awards>

## PARKING

### 1st and 2nd Year

Parking passes can be obtained from University of Alberta Parking Services. Parking permits for the upcoming year usually go on sale in late July. These passes tend to sell out very quickly, so contact them as soon as possible or visit their website for more information:

University of Alberta Parking Services  
1-051 Lister Centre (located at 87th Avenue & 116th Street)  
Edmonton, Alberta T6G 2H6  
Phone: (780) 492-PARK (7275)  
Fax: (780) 492-7832  
Email: [parking.services@ualberta.ca](mailto:parking.services@ualberta.ca)  
Website: <http://www.uofaweb.ualberta.ca/parking/index.cfm>

Other options are also available. Impark has 3 parking lots east of the U of A Hospital at which parking passes can be purchased for \$80-115/month. You can also pay per entry at these lots.

### 3rd and 4th Year

There is one parking pass that you can get which works for multiple sites including the SCH, MIS, UAH, Glenrose Hospital, GNCH and RAH. Refer to later in this guide for further information on parking in 3rd and 4th years.

# MD FINANCIAL MANAGEMENT

MD Financial Management is owned by the Canadian Medical Association, and our only mandate is the financial well-being of Canada's physicians, medical students and residents. With your CMA membership, you benefit from MD's objective, specialized advice, which is always in your best interests.

Our MD MedEd Counsel™ is a team of MD Advisors and Early Career Specialists dedicated to medical students and residents. Whether you need to pay for medical school, prepare for residency, start investing or manage your debt, you'll sleep better knowing you're on the right track. To learn more about MD MedEd Counsel™, visit [md.cma.ca/meded](http://md.cma.ca/meded)

- ◆ **Financial Planning**  
for your whole family
- ◆ **Investments** to help you  
achieve growth and income
- ◆ **Insurance** to help you  
build, protect and share your wealth
- ◆ **Estate and Trust planning**  
for your security and legacy
- ◆ **Banking and Borrowing<sup>1</sup>**  
access for your day-to-day needs
- ◆ **Medical Practice Incorporation**  
guidance to help you make  
key decisions



<sup>1</sup> Banking products and services are offered by National Bank of Canada through a relationship with MD Management Limited. Credit and lending products are subject to credit approval by National Bank of Canada.

## What we offer

Leveraging decades of experience, we work with you to understand and anticipate the issues and challenges that affect your personal and professional lives, and provide solutions and advice for all stages of your life.

- **Financial Planning** – Embarking on a career in medicine is both exciting and rewarding. It can also leave you with a high level of debt if you're not careful with managing your expenses and borrowing costs. Your MD MedEd advisor can help you develop a financial roadmap that will support you through medical school, residency, and into practice. We'll develop a detailed budget that can help you determine how much you need to borrow, and help you to better manage your money.

- Banking and Credit Card Solutions – MD offers access to competitive, convenient, and customized banking and credit card solutions. Our services are designed and tailored to the needs of medical students. We can provide you with options to pay for your education, such as a line of credit, or federal and provincial student loans and bursaries.
- Insurance Coverage – Your MD MedEd advisor can work with you to protect your future income by determining if you need disability insurance, life insurance, or critical illness insurance. We offer exclusive and competitive insurance solutions in Alberta where MD has a special alliance with the Alberta Medical Association.
- Investments – At MD, we take a comprehensive approach to meeting our clients' financial objectives. We specialize in offering customized financial planning and providing the right solutions for each client, based on their personal situation and career stage. Physicians have unique needs beyond the average investor, and nobody can match our deep knowledge and proven expertise to address your needs.

Our integrated approach leverages a multidisciplinary team of experts and specialists who can collectively address your needs and help you to achieve your goals. At MD, our clients' needs are the driving force behind everything we do. As an MD client, you'll benefit from tailored advice and personalized solutions that evolve to meet your needs at every stage of your life.

## MEDICAL STUDENT FINANCES FAQ

1) What is the average annual cost of Medical School at U of A including living expenses?  
 Living with parents (\$20,000/year x 4 years = \$80,000)  
 Living on your own (\$50,000/year x 4 years = \$200,000)

2) What is the average debt load of a medical student graduation from U of A?  
 Each person's situation is different. According to a survey by MD, 17% of medical students expect to graduate with no debt, 37% expect to have debt under \$100,000, 29% expect to have debt between \$100,000 and \$200,000 and 17% expect to graduate with over \$200,000 in debt.<sup>1</sup>

3) What order of financing options should I look at and who offers them?  
 Grants, scholarships and bursaries are available through numerous resources such as the University of Alberta, Faculty of Medicine, Medicine Departments and the Alberta & Canadian

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<sup>1</sup> MD Physician Loyalty Survey, December 2016



Medical Associations (AMA/CMA) and often require no repayment. This is the best financing option as it is typically gifted money, however remember to always check.

Next, Federal & Provincial Student Loans should be your first option for borrowing and are best because of their interest-free, payment-free status during school. Keep in mind that Federal student loans tend to start charging interest and enter repayment upon graduation, while your AB loans keep student status through residency.

Finally, your last resort for borrowing should be through a student line of credit, which begins accumulating interest the moment you start borrowing from it.

4) What should I look for in a student line of credit?

Keep in mind that not all "student" line of credits offered by financial institutions are the same. You are never locked into a line of credit and always have the option to move if you found something better.

Key factors to look at are:

Amount of credit granted - Most institutions will offer access to \$275,000 upfront in your medical school training. Others offer more responsible debt management and tier the amount of credit granted based on your MED year or PGY level and allow additional increases up to \$275,000 in the future depending on your resident program.

Interest rate for borrowing - Most institutions will offer a Prime interest rate (3.70% as of August 2018). If you are looking at getting a line of credit, you expect the interest rate to be Prime or better. Interest rates commonly fluctuate with the economy and are governed by the Bank of Canada. Currently, the Prime rates are very low when compared to historic rates of 4% - 5%, so don't be surprised if you start noticing the rate of interest increasing as you progress in your medical training.

Length of time - How long you get to keep your line of credit is essential to your medical training. Commonly, your student status ends once you complete your medical school training. Therefore, some institutions will require you to convert your line of credit over to a loan where you no longer have access to credit and are simply required to repay. The alternative is converted to a personal line of credit which has a less attractive interest rate that can start at Prime + 1% or higher. Best case would be your student status carries on through residency/fellowships and an additional one year into practice (also known as the grace period).

Minimum interest payments and flexibility - As ridiculous as it sounds, most student lines of credit will require you to make monthly interest payments even though you are not making any money. Be on the lookout for lines of credit that offer interest deferral options, hence making your life easier with interest being rolled over monthly instead of remembering to make payments. This will also protect your credit rating in case you accidentally forget or miss payments.

<http://www.mdm.ca/solutions/banking/students-and-residents/line-of-credit.asp>

5) How can I control my debt levels?

Budgeting is your best defense against racking up too much debt during your medical training. By monitoring and maintaining a reasonable cash flow and reviewing your net worth regularly, you will be able to manage your debt loads in an efficient manner.

6) From whom & where can I get advice on these issues?

As partners with the Alberta Medical Association (AMA) and the Canadian Medical Association (CMA), MD Financial Management is a dedicated resource tailored to supporting medical students, residents, and practicing physicians in their medical career path. Our advisors work on salary, not commission and we provide objective financial and personalized advice to ensure that your financial plan is moving in the right direction. Always remember to ask, regardless of the question. <https://mdm.ca/physician-life-stages/students>

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*Banking products and services are offered by National Bank of Canada through a relationship with MD Management Limited. Credit and lending products are subject to credit approval by National Bank of Canada.*

*MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit [md.cma.ca](http://md.cma.ca).*

# ...WHAT'S NEXT

## HOW TO BECOME A DOCTOR

There are essentially four things you need to do to legally practice medicine:

1. Get your MD degree: Study hard, write some exams, drink lots of coffee, do some scut work, get your degree. Simple!
2. Get licensure: The Alberta College of Physicians and Surgeons is established by Alberta legislation and mandated to protect the public. Across Canada, all twelve provincial colleges in the Federation of Medical Regulatory Authorities of Canada (FMRAC) contract the Medical Council of Canada (MCC) to administer exams for them. When you pass the exams set by the MCC, you become a licentiate of the Medical Council of Canada (LMCC). Currently, there are two exams called the Medical Council of Canada Qualifying Exam Part 1 (MCCQE I) and part 2 (MCCQE II). Part I is written before you graduate at the end of the fourth year and is a long multiple choice exam. Part II is currently written in your second year of residency and is an OSCE-type exam. You need to write/do both exams to be licensed. The exams are supposed to ensure that you are not a threat to the public.
3. Get certified: In order to get certified, you need to complete an accredited residency and write the appropriate exam. For example, for family medicine, you must do a two-year residency and write the exam set by the College of Family Physicians of Canada (CFPC). If you want to do any other specialty, you must complete the appropriate residency (usually ranging from 3-6 years) and pass the exam set by the Royal College of Physicians and Surgeons of Canada (RCPSC). These two colleges are national bodies that oversee physician training and evaluation.
4. Get a billing number: In order to get a billing number, you must apply to a provincial Health Ministry and have met their various requirements to get your license. It's important to remember that not having a billing number does not mean that you cannot practice medicine in a province, only that you will not be paid by the provincial health care plan.

Oh yes, and just to introduce you to a little terminology:

Medical student: A student in any of the four years of the medical degree program.

Clerk: A third or fourth year student in the medical degree program.

Resident: A graduate of medical school entering a residency program. You are a physician now and you are doing postgraduate training in a particular specialty of your choice (usually 2 to 6 years)

Fellow: A physician in subspecialty training, having already completed a residency.

Intern: An obsolete term used to describe a special floating year in between clerkship and residency. Sometimes clerks are referred to as student interns.

# CANADIAN RESIDENCY MATCHING SERVICE [CARMS]

Yes, you have to go through it eventually, so you may as well know a little about it now. CaRMS is set up to handle the matching of Canadian, U.S., and international medical students to residency programs across Canada. There are a few things you could start thinking about during your first years of medical school. The process goes something like this:

Time	Event	What you can do
FIRST & SECOND YEAR		
All year round	Lectures, Physicianship, lunch talks, etc.	<ul style="list-style-type: none"> <li>Shadow to find out what you LIKE and what you DON'T LIKE. It's equally important to rule out potential specialties as it is to rule in.</li> <li>Attend lunch talks, talk to residents when you shadow, talk to your friends!</li> <li>Keep track of all the extracurricular, volunteer, research work you do.</li> </ul>
2 <sup>nd</sup> year summer	Elective and vacation time	<ul style="list-style-type: none"> <li>Register for Summer Elective course (required registration fee)</li> <li>Set up electives in specialties that:               <ul style="list-style-type: none"> <li>you might be interested in applying</li> <li>might help you learn general clerkship skills and familiarize yourself with the hospital (ie. family, internal, general surgery, emergency, etc.)</li> </ul> </li> <li>Take time off! Do not burn yourself out before clerkship starts.</li> <li>Look into potential elective options for 3<sup>rd</sup> year and double check your immunization qualification. Different schools have different requirements and deadlines. Be familiar and plan ahead.</li> <li>Ask around to see which electives and which preceptors are good to work with.</li> <li>Browse through CaRMS website to know what you need to apply to your potential specialties.</li> </ul>

### THIRD YEAR

Clerkship rotations	Psychiatry, Pediatrics, Internal Medicine, Family Medicine, Obstetrics and Gynecology, and Gynecology, General Surgery	<ul style="list-style-type: none"> <li>• Have fun. Work hard. Sleep hard.</li> <li>• Keep track of the preceptors you work with and the interesting cases you have encountered. When you ask for a reference letter around CaRMS time, they will remember you much better if you remind them of the things you did together!</li> <li>• If your preceptor offers a letter, say yes!</li> <li>• If you think you did well in a rotation/elective, ask if your preceptor “feels comfortable writing you a STRONG reference letter for CaRMS”.</li> <li>• Constantly ask for feedback. Some preceptors are less approachable but don’t let them turn you off of the specialty. Conversely, some preceptors are so nice that they might accidentally deceive you into thinking you want to join their specialty!</li> </ul>
Clerkship electives	Elective time	<ul style="list-style-type: none"> <li>• Electives in 3<sup>rd</sup> year are still relatively early. It’s still a good time to explore your area of interest or potential sites.</li> </ul>

### FOURTH YEAR

Clerkship electives	Elective time	<ul style="list-style-type: none"> <li>• Electives in 4<sup>th</sup> year are probably where most of your CaRMS reference letters come from. Plan them well in advance.</li> <li>• If you are keen in a particular location or specialty, it is probably best to do that elective in 4<sup>th</sup> year so they remember you well.</li> <li>• Book away electives as early as possible in the fall. Every final year medical student has away electives in the fall, so availability is VERY limited.</li> </ul>
September	CaRMS Applicant Webstation (AWS) opens	<ul style="list-style-type: none"> <li>• Start building your CaRMS application. It takes longer than you think.</li> <li>• Write your personal letters early and always come back to read them again (and again). You’d be surprised what you think is awesome the first time sounds cheesy the second time you read it. Answer all the questions they want within the WORD LIMIT.</li> </ul>

		<ul style="list-style-type: none"> <li>• Construct your CV for CaRMS. Exchange with your close friends to proofread and give suggestions. Everyone’s CV is different so it’s nice to have a different view.</li> </ul>
September to October	Reference Letters Transcript	<ul style="list-style-type: none"> <li>• Contact all your preceptors for reference letters early and give them an earlier deadline. They are busy so give plenty of time.</li> <li>• Give them a package with 1) CaRMS ref letter title page (print off of AWS), 2) your CV, 3) personal letter if you have one ready, 4) photo if you wonder if they really remember who you are, 5) Xpresspost envelope to mail everything in.</li> <li>• Label the deadline clearly everywhere in the packaged materials!</li> <li>• You can track your Xpresspost envelopes. You can also check to see if CaRMS has received the letter.</li> <li>• Request transcripts to be sent to CaRMS via U of A Beartracks.</li> <li>• Start sending in extra documents (publications, abstracts, citizenship proofs). Track on AWS.</li> </ul> <p>UME office can notarize your citizenship document for you free of charge.</p>
October	Program selection begins	The first four are free (included in your application fee). Submit your selection early so you can start assigning documents.
November	Milestones for application submission, program selection, and reference letter	<ul style="list-style-type: none"> <li>• Milestones are suggested dates for your progress, not deadlines. Do try to adhere to them so you are not behind the process.</li> <li>• If your referee has not sent in anything, kindly remind them to do that before it’s too late!</li> </ul>
Last week of November	AWS closes	Make sure everything is completed “perfectly” and submit early.

November to January	CMA CaRMS Mock Interview Program	<ul style="list-style-type: none"> <li>As a member of the CMA and AMA, you have access to a free program where you can practice your interview skills and hear tips and tricks from residents who were in your shoes not that long ago. They'll ask you questions, give you constructive feedback and provide you with the knowledge you need to ace your interviews. This year, it will be held on January 6, 2018.</li> </ul>
January to February	National Interview period, and submission of Rank-Order List	<ul style="list-style-type: none"> <li>Interviews for current-year Canadian medical school graduates from out-of-town universities are conducted during this three-week period.</li> <li>Interviews for international medical graduates and applicants interviewing at their own schools are coordinated separately with no specific national time period.</li> </ul>
Last week of February	MATCH DAY	Match results for the first iteration of the 2019 R-1 Main Residency Match are available through CaRMS Online.

All of the information you submit to CaRMS is then fed into a computer, and through an amazing and highly technical algorithm (biased toward students, they tell us), the computer sorts the whole mess out., You will not hear anything until match day when you receive a printout indicating your particular “choice” of career or that you are unmatched. The match is not perfect and seemingly mysterious, but it works rather well. So, don't panic and choose wisely!

### **CaRMS Tips & Info for Fourth Year**

Fourth Year is hardcore crunch time for CaRMS. Here you will find a list of suggestions made by several of the previous year's graduates, hopefully you will find these tips useful to help you master the CaRMS match. Be sure to attend the CaRMS talks given by fourth year students who have successfully completed their matching process in the spring of each year! The CaRMS process follows this general timeline:



### **General Hints for Applying to CaRMS:**

- Cast a big net: Apply to lots of programs. It will be expensive, but it's an investment in your future.
- Always have a back-up. Try to find more than one specialty that you would love doing OR apply broadly all over the country to maximize your chances.
- Be cautious: Just because a program wasn't competitive last year doesn't mean it won't be this year.
- Choose carefully: Not every preceptor knows you well enough and not everyone can write an outstanding reference letter. Choose your references carefully.
- Provide accurate information: Make sure every component of your application provides accurate information, including your core CaRMS application, CV, MSPR, personal letter, and things you say in the interview! Know your application inside and out, including all your research materials.

### **Where does research fit?**

Research has always been something that is important for matching to traditionally competitive specialties (i.e. ENT, ophthalmology, radiology) and even specialties like Pediatrics. Research is not a necessity; do it if you find something that interests you and if you actually have time. It might help your CaRMS application but is not the only thing that will make you competitive. For example, one student who matched to dermatology last year had no research but had completed an insane number of elective weeks in the field to make up for it.

If you think you might want to do some extra research in 3rd and 4th year, you can ask preceptors of electives/rotations about doing Case Studies. If you see an unusual case on the wards, enquire about the possibility of writing it up and submitting it. This isn't incredibly time consuming and is an excellent educational opportunity in addition to helping build your CV.

After every rotation/elective, write down if you did any extra-curricular work (e.g. Case Studies) to add to your CV. This goes for 1st and 2nd year too. Describe it accurately and thoroughly. This way, when CaRMS comes around, you don't have to spend a whole lot of time trying to remember what you did. In addition, write down any important contact names and their respective phone numbers because these will be asked of you when CaRMS hits.

### **How to get reference letters?**

If you had a particularly positive experience with a preceptor (even if it was a short period of time) you can ask them if they would be willing to provide you with a positive reference letter. You can either collect the letters immediately or remind the preceptor a few months prior to CaRMS (apparently this is beneficial because by this time you'll know what you want to match to, and so they'll be able to write a letter geared towards the program you are applying to). It is generally a good idea to send a copy of your CV along with a picture to help jog their memory when writing the letter. If it was an elective, it is also advisable to describe what you did with them.

When you send your CaRMS package to them, it might not be a bad idea to personalize the package. You can include a short cover letter outlining some of the more outstanding experiences you have had with them. You may also include a few characteristics or traits that your specialty looks for to give them an idea on what to talk about (these can be easily found on CaRMS website!).

Choosing the right letters is tricky. Some say to be careful with preceptors who write a lot of reference letters in case the letters are carbon copies of each other. On the other hand, those who write a lot of letters will know exactly how to write a strong letter and be able to support you well. It comes down to how well you think you did on the elective/rotation and how well you think your preceptor got to know you. You may also want to consider how important the preceptor is in the Faculty. It is generally recommended that it is better to use a strong letter from a community physician who knows you well than to use a mediocre letter from the program director or someone big in the department. How do you know if your letter is going to be good? Tough question... but generally:

- You should use a letter from a rotation or elective that you performed really well in and your preceptor interacted with you closely and remembers you.
- The preceptor who writes a lot of good comments on your evaluation forms will probably write positive things in your letter.
- Ask the residents or even the staff to see who writes strong letters and who to avoid. They usually have something insightful to tell you!

### **Working with the program director?!**

Arranging an elective with a department head has both advantages and disadvantages. You will be familiar to them come CaRMS time, BUT, they are likely saturated with students because of their position. You really need to be upfront about letters of reference in this situation. Let them know your intent. Note that it is NOT necessary that you go out of your way to arrange an elective with the program director. Medical circles are small, and word of mouth is a powerful thing – everyone discusses everyone else. Many people have got letters from the program director but did not get an interview offer and vice versa.

When applying for a program, make sure you are comfortable living in the city that hosts that particular program. At the very least, pay a visit to this city since this is a place where you will spend the next few years of your life. During CaRMS it might seem like all you care about is getting a spot somewhere, but while they are interviewing you, you are also interviewing them. Spend some time with the people and the city on the interview trip and decide if you actually like them.

### **Prepare for the interview tour!**

- You need carry-on luggage. Pack everything you will ever need in the 3 weeks away and haul that around with you everywhere. It is a true story that one student had lost his luggage on day 1 of his first interview and spent the rest of the 3 weeks trying to track down his luggage and shopping for new interview outfits!
- Book your flights and accommodations smartly. Use the online deals well. Share when you can.
- Make sure you allow flexibility in between your interview dates in case the weather or flight changes interfere with your schedule.
- Most people choose to fly in the afternoon/evening before the actual interview day so they have the night to rest and explore the city a bit. Plan to arrive at your interview early (like a half hour) so you have time to get lost, run to washroom, or rest a bit before you start!
- Some schools send out social events information early so you can plan them in. Unfortunately, most people do not have time or energy to go to all the socials. Just remember it is NOT a big deal to miss them (for the most part)! Social events are generally meant to let you get to know the residents, the city, learn a bit about the program, and meet fellow interviewees. For bigger programs who interview many people, your absence will not be noticed (e.g. family, internal, OBGYN). For smaller programs, however, it might be different.

### **CMA/AMA CaRMS Mock Interviews**

Held annually, the CMA/AMA CaRMS Mock Interview program offers an opportunity for 4<sup>th</sup> Year Med Students to practice their interview skills ahead of their actual CaRMS Interviews. Along with your classmates, this experience provides a group setting where residents run you through questions you might expect during your interview, as well as provide feedback and insight from their own personal experiences. If you signed up for CMA membership, you'll receive an email invite to sign-up as soon as registration opens up. For more information, check out: <https://www.cma.ca/En/Pages/carms-interview-prep-program.aspx>.

### **What exactly are they going to ask me at the interview?**

Most residents and programs will agree that the most important thing they look for in a candidate is whether they fit in or not. Regardless of how much research you have or how great your letters are, if you don't get along with the people there (be it the residents, nurses, or patients), they are less likely to want you around for 2-5 years. So be yourself and be nice to everyone.

The interview is either multiple standardized stations or traditional panels. Ask around to see which school typically has which. Their questions generally resemble the following:

- Who are you? (Tell me about yourself/your pet/fav movie/last time you traveled...)
- Why do you want to do this? (Why x? Why not y? Tell me about the most exciting patient you have had? What do you like/dislike about this? What would you change? Where do you see yourself in 5/10/20 years?)
- Why this program? (Why this city? What do you like/dislike about this program? What would you change? What do you know about our research?)
- Ethical situations (e.g. Your patient wants to know the gender of her 20-week-pregnant baby because if it is a girl, she wants an abortion. What do you do?)
- Scenario questions mostly focused on CanMEDS roles (i.e. Give an example when you dealt with conflict? Contributed to teamwork? Demonstrated professionalism?)
- Funny, out-of-the-blue questions, just to see how you react and think on your feet (i.e. What do you see in this picture? What hot beverage would you be? Fruit? Animal?)
- Any questions for us? (Make sure you think of questions for each school, but only ask “good” questions. “What is your curriculum like?” or “how many spots this year?” are NOT good questions.)

It’s a good idea to think these through. Don’t over-rehearse and end up sounding like a robot. Think of concrete examples to support why you are the greatest person in the world and why this city is the only place on the planet you will ever live. Talk about your clerkship experience, your research, your extracurricular activities, or even your hobbies to show them you are well-rounded. After all, they really just want to see that you are not weird or mean. Finally, enjoy yourself!

# OPPORTUNITIES AT UOFA MED

\*note, this is not an exhaustive list!

## RESEARCH

- **Summer Studentships**

The first (and only) two summers during medical school are a good time to gain some research experience. Summer research projects may range from 2 to 4 months in length, depending upon your project details and your supervisor's arrangements. Students can apply for a variety of summer studentship awards.

In the October-November timeframe a job-opportunity list is posted up on the Faculty of Medicine and Dentistry's website listing PIs looking for summer students. This job list is part of the Undergraduate Summer Students' Research Program. However, you are not limited to those opportunities; you are free to approach any PI with whom you would like to work. Do some looking around and find a PI that does research which genuinely interests you. We suggest consulting the Contact sections of departmental websites where you can find researchers by discipline.

Not only are summer studentships an excellent opportunity for you to gain some insight into what research is all about, but it also provides you with the opportunity to become proficient in a lab setting and improve your presentation skills. This research experience can also be counted toward the STIR program (described below), elective time, or both. If your work is part of an official Studentship, near the end of the summer you will be asked to submit an abstract and make a poster presentation for the Summer Student Research Day in mid-October. Up to two medical student winners may receive a faculty-sponsored trip to Texas to present their research at an international conference.

If doing a summer of research interests you, make sure to keep an ear open for any news from the Faculty of Medicine and Dentistry. There will be noon-time talks available and informational emails sent out discussing summer student positions and how to obtain funding for a research position. Budgets are tighter at the moment, but alternative funding sources can be found and many students are still successful! More information and the Summer Student Job Database can be found at: <https://www.med.ualberta.ca/research/studentships>.

- **Special Training in Research (STIR) Program**

The STIR program may be used as an intermediate step between summer research and the MD/PhD. If you like research but are unsure about obtaining a PhD, you can do two summers (24 weeks) of research and gain the “MD with STIR” designation on your degree to help in the decision making process. You can choose to do either basic sciences or clinical research, but you must submit an application typically by February 1st prior to your second summer of research. You may apply for the STIR program in your first year of medical school if you completed a full summer of research during the summer immediately prior to starting medical school.

The requirements for this include: a research proposal as a part of your application, a 10-minute oral presentation, a final written paper, and a presentation of your work to a committee in the form of an oral defense. It is a significant amount of work, but if you are doing summer research projects anyways and research is a passion of yours, you should consider it. More information can be found at:

<https://www.ualberta.ca/medicine/programs/mdstir>

- **MD/PhD Program**

This involves doing a PhD in between the preclinical years and the clinical years of med school (between 2nd and 3rd year). This not only gives you more letters to write after your name and higher bidding power for residencies and academic positions, but also the excitement and challenge of being involved in a long-term research project. As a bonus, you also get paid as a grad student during your clinical rotations! This is definitely for those who LOVE research, as it requires at least 3 or more years of school including a substantial amount of energy, commitment, and stamina. The best advice is to talk to someone who has done it or is currently involved in MD/PhD and find out what you are getting yourself into before you sign up! More information can be found at: <https://www.ualberta.ca/medicine/programs/md-phd>.

- **University of Alberta Health Sciences Journal (UAHSJ)**

UAHSJ is a scientific journal run by the medical students here at U of A. This annual publication features original research manuscripts (basic science and clinical research), case reports, review articles, commentaries, letters to the editor, and other submissions prepared by health sciences students at U of A. This is a great opportunity for students to gain experience in scientific writing and publishing. In addition, we proudly feature Musa - a section dedicated to the arts and humanities in health and medicine. Formed in 2004, the vision of the UAHSJ is to incorporate research and science into the academic training at the U of A, and give students valuable experience and mentorship in the field of scientific writing and publication.

For more information, check out these sites: <http://www.uahsj.ualberta.ca/> and <https://www.med.ualberta.ca/programs/resources/uahsj> or email [uahsj@ualberta.ca](mailto:uahsj@ualberta.ca).

# GLOBAL HEALTH

One of the perks of medical school is the opportunity to get involved in Global Health activities through the Division of Community Engagement, from local initiatives, to national positions, and participating in international programs. You will be slammed with emails this year and, truthfully, a lot of them will be from the Global Health Program. We have outlined some of the major initiatives and programs that are run through Community Engagement, so hopefully you will keep an eye out for emails that pertain to projects that interest you.

We are fortunate at the U of A to have a strong Global and International Health Program that is integrated in our curriculum and in extra-curricular projects. Make the most of the resources available to you and help your medical education extend beyond the borders of the U of A.

- **International Clinical Electives**

An elective is considered to be international if the clinical rotation is completed outside of Canada or the United States. Once you have finished your second year, you are eligible to complete and receive credit for an international elective, and the elective can be completed anytime between the beginning of the summer before third year to the end of fourth year. Students of all years are encouraged to consider an international health elective, with early students doing more public health oriented placements. All costs associated with an international elective are your responsibility; if you complete your elective in the summer before second year or third year, you must register in MED 518 or 528 A&B, respectively, which cost approximately \$600.00.

Students going on electives abroad must participate in a mandatory pre-departure training session. This one-day session focuses on issues faced in resource-limited settings and includes clinical safety and travel safety presentations and relevant case studies. The session is critical in preparing students for international electives, and is offered once in the fall semester, and once in the winter, with dates available on the MSA website.

For students doing electives abroad, financial aid is available through the Global Health Travel Bursary. The bursary is designed to help cover the costs of travel to and from the location of your elective. In order to be eligible for this bursary, your elective must meet the following four criteria:

- The elective must be a minimum of four weeks
- The elective must be in a resource limited setting.
- The elective must be UME approved.
- The participating student must attend the International Elective Pre-departure training session as well as the International Health 12-hour elective.

For more information on the International Elective program, the requirements and the procedure to plan and gain approval for your elective, please visit:

<https://www.ualberta.ca/medicine/programs/medical-students-association/community-engagement/community-engagement-portfolios/international-electives>

Your VP Community Engagement & Global Health Liaison should be contacted first when you decide to participate in an international elective. Dr. Konkin, the Dean of Community Engagement, is the faculty member that will ultimately approve your elective; she can be contacted at [dkonkin@ualberta.ca](mailto:dkonkin@ualberta.ca).

All the information can be found on the Medical Students Association website at <http://msa.ualberta.ca/>.

- **International 12 Hour Elective**

The International Health Elective is a 12-hour pre-clinical elective organized through the University of Alberta Global Health Team. This can count as your mandatory 12 elective hours and will have lecture and small group components covering a wide range of topics from the global burden of disease to the ethics of global health work to disaster preparedness. Registration for the elective occurs in November/December, with the elective occurring in January/February.

- **Global Health Rounds**

Every second Monday at noon, Global Health Rounds are hosted by the Global Health Standing Committee. This is a great chance to listen to presentations from doctors, residents, and program directors on their work and research overseas. There are also presentations from visiting doctors, including Doctors Without Borders. Students also have the opportunity to present on their overseas experiences (electives, projects, research etc.) to an audience of their peers and physicians working in international health and development. Emails are sent out prior to each presentation and attendance is open to anyone. If you would like to present at rounds or be added to the mailing list to be notified of the presentations, contact Cheryl Knowles at [cknowles@ualberta.ca](mailto:cknowles@ualberta.ca).

- **Global Health Program**

While this gives great information on the international health program, our Global Health Program encompasses much more. It includes Inner City Health, Indigenous Health, and Reproductive and Sexual Health. For the sake of space we can't include all the information in this guide. Please take time to visit the Community Engagement and Global Health tab on the MSA website to learn more about our full program, including other 12 hour electives and a lot of initiatives you can get involved with! Any questions should be directed to [msavpcommunity@ualberta.ca](mailto:msavpcommunity@ualberta.ca).



- **Canadian Federation of Medical Students (CFMS) Global Health Program**

You can collaborate with medical students across the country in global health initiatives through the CFMS Global Health Program. Through the CFMS, you are also part of the International Federation of Medical Students Associations (IFMSA), which, among other student services, arranges clinical and research exchanges around the world. For more information, visit <https://www.cfms.org/what-we-do/global-health/>

## RURAL & REGIONAL HEALTH

- **Pre-Clinical Networked Medical Education (PNME) Program**

If you're interested in having an immersive experience in rural medicine while you're still in preclerkship, check out PNME. Students can take part in this program in Year Two. In PNME, you get to spend four weeks of GI block (September to October) in a rural community, getting your first taste of clinical teaching! Information on PNME is sent out late in Year One. For more information, see their website: <https://www.ualberta.ca/medicine/about/communities/community-engagement/ruralregional/undergraduate/pnme>

- **Integrated Community Clerkship (ICC)**

ICC is an alternative Year Three clerkship option where you work in a rural Alberta community for around 36 weeks. More information on ICC is given in the Year Three section under "The MD Program" later in the guide.

## ARTS & HUMANITIES IN HEALTH & MEDICINE PROGRAM

The U of A has a program called Arts & Humanities in Health & Medicine (AHHM), which offers opportunities for students (and faculty and residents) to become involved in various ways in exploring clinical practice as both an art and a science. Come visit, share your ideas, imagine and plan new initiatives in this creative space! For more information, visit <https://www.ualberta.ca/medicine/programs/ahhm>.

Throughout the academic year, the program offers opportunities to connect with clinicians and scholars from the U of A and elsewhere regarding their expertise in connections between the arts, humanities, social sciences and medicine through the AHHM Speaker Series. The AHHM program also provides many unique electives (such as the “Art of Observation” - you get to go to the Art Gallery of Alberta for this one!) in which you can enroll for four years of the MD program (see <https://www.ualberta.ca/medicine/programs/ahhm/undergrad/electives>).

Hundreds of medical students at the U of A have completed AHHM-sponsored electives. Students from other Canadian medical schools as well as international medical students have also come to U of A to participate in health humanities electives and experiences offered by the AHHM program. In pre-clerkship you will meet Dr. Pamela Brett-MacLean, director of the AHHM Program, who has helped to introduce a variety of educational innovations in the MD program such as the Interpretive Art Project, which is part of the Patient Immersion Experience thread of the longitudinal Physicianship course.

If you are interested in gaining research experience that is not your typical wet/dry lab and clinical/basic science sort of project, AHHM offers summer studentships where students can work with various departments within the FoMD and even design students from the Faculty of Arts, to create a project that aims to enhance humanism, reflection, compassion and a “patient-centered approach” in medicine. Past projects have considered a range of topics and themes including medical education and clinical practice.

You may want to approach your AHHM class student representative (elected during the class council elections at the beginning of the school year) about your ideas. If you are involved in a student club that is connected to the arts and humanities, come by and introduce yourself. The AHHM program has a Facebook presence and an e-listserv that you can join and also potentially use to promote your various club activities. You can also visit the AHHM library filled with arts and humanities books and other media that you can borrow.

AHHM has launched some exciting new initiatives this year:

- **“Reading Medicine” Book Club:** We will be reading a few literary works (one of each: book, graphic novel, autobiography, short story) relating to the health humanities, then having in-person interactive sessions to reflect on the texts, which could include anything from casual coffee shop chats to structured visual art sessions or discussions with experts. You (the class of 2022) just finished voting for your favorite works; here is the final book selection and tentative schedule: *The Curious Incident of the Dog in the Night-Time* by Mark Haddon (Late Sept. 2018), *Psychiatric Tales* by Daryl Cunningham (Late Oct./Nov), *Slow Medicine: The Way to Healing* by Victoria Sweet (Jan/Feb 2019) "The Death of Ivan Ilyich" by Leo Tolstoy (Mar/Apr 2019).

- **Arts & Humanities in Health and Medicine (AHHM) Student Committee:** The newly-formed AHHM Student Committee is a connective and collaborative body between healthcare students (e.g. medicine, nursing, pharmacy) and students in various humanities fields (e.g. theatre, design, fine arts) at U of A. It will foster various student events and initiatives, with an emphasis on collaborating across disciplines. To subscribe to the Committee mailing list, visit the AHHM page on the MSA website. To get involved, talk to Catherine, the Year 2 AHHM Rep ([de3@ualberta.ca](mailto:de3@ualberta.ca)).

All in all, AHHM aims to bring a balance of science and humanities within the faculty in order help us develop into well-rounded, caring, skilled professionals. Its ongoing and expanding programming provides evidence of the FoMD's commitment to the human side of medicine. So if you're craving a break from all the biomedical content you'll be stuffed with in lectures and want to see a more arts-based perspective on illness and disease, AHHM is the place to go! The AHHM program is located at 1-001 Katz (across from the UME Program Office), Come by and visit! Share your questions and ideas. Liz Ludwig, AHHM Program Coordinator will be sure to extend a warm welcome.

# THE MD PROGRAM

## OVERVIEW OF THE 4-YEAR CURRICULUM

The University of Alberta MD curriculum is a 4-year program that consists of

- Years 1-2: a preclinical lecture-based curriculum. You will build your knowledge base in a series of systems-based course blocks. In each block, specialists in the area will teach everything from basic physiology and anatomy to pharmacology and clinical medicine. A vast majority of the lectures are given in Katz 1080, the large lecture hall found on the first floor of the Katz building.
- Years 3-4: clinical rotation (aka “on the wards”).

Along with your systems-based courses, years 1 to 4 have a longitudinal course component called Physicianship. More information about Physicianship is given in the Year One and Year Two sections below, but as a general overview the course covers all aspects of the development of a physician including professionalism, evidence-based medicine, ethics, patient safety, patient immersion experiences, communication skills and physical examination.

### **MD Program Objectives and CanMEDS**

The overall goal of the MD program is to have us graduate as physicians with competence and skill in the following roles:

- Medical Expert
- Communicator
- Collaborator
- Leader
- Health Advocate
- Scholar
- Professional

These roles are part of the CanMEDS framework, which was developed by the Royal College of Physicians and Surgeons of Canada and outlines the “essential competencies required to function well as a socially accountable physician.” This is important stuff, and you will likely see the CanMEDS flower (<http://canmeds.royalcollege.ca/en/framework>) many times over the course of your medical education. No need to memorize this, but it’s a good concept to keep in mind.

## **Intro to Preclinical Years**

During 1st year, you will go through six core blocks: Foundations of Medicine and Dentistry, Endocrinology, Cardiology, Pulmonary, and Renal. Information is conveyed in each block through a variety of means including lectures, Discovery Learning and Team Based Learning (TBL) small groups (see below), hands-on cadaveric dissection, and clinical skills sessions. Some lectures are packed with concepts and mechanistic details, and the volume of new material may at times make you feel overwhelmed. Not to worry, no one is expected to know everything in medicine. You will quickly learn what method of studying works best for you (Note: cramming is not very effective in med school!). If you feel that you need to talk to someone about feeling overwhelmed, do not hesitate to contact the MD Program or Learner Advocacy & Wellness!

Don't sweat the tiniest details in the lecture notes because chances are you will forget them anyway. Focus on the big picture and the details will fall into place. You are guaranteed to come across the most important and clinically relevant concepts more than once and, before you know it, you will have already learned them by heart.

The Faculty has made a strong effort to accommodate the wide variety of learning styles that students have. Interactive computer based learning tools have been implemented to deliver learning materials through videos, podcasts, websites, and online games and quizzes.

In addition to the core blocks, our medical education is complemented by the longitudinal course of Physicianship as well as an interdisciplinary class known as INT D 410. This course divides all year 1 medical students into small groups with other health sciences students and allows you to begin learning how to work together as a health care team.

## **Discovery Learning**

Discovery learning (DL) provides an opportunity for medical students to apply lecture material and basic science knowledge to clinical cases. Each case is covered in 2-3 sessions of a week. In the first session, you will be presented with a clinical scenario. From there, your group will work together to formulate a differential diagnosis, plan of action, and treatment options. You then do research on the topic, find information related to the problems including signs, symptoms, diagnosis, therapy, and prognosis, and bring it together to solve the case. The DL curriculum fosters responsibility in learning as well as peer-teaching under the guidance of a facilitator. You, together with your team, must decide what you want to learn and are challenged to think critically like a physician in practice.

DL can either be a stimulating and rewarding experience or a very frustrating one depending on the student group and the preceptor's guidance. DL groups change with each block, as do the preceptors, so if you are not enjoying your time, hang in there. If you didn't like how things were run in your previous group, suggest new guidelines during the first week in your new group to improve your experience. You can maximize your DL learning (and enjoyment!) by striving to work together as a team. Promote equal contributions by group members, be active

and receptive listeners to your preceptor and your classmates, and make sure you're clear on all of the necessary points before you move ahead.

Remember, DL is your chance to teach yourselves, which is what you'll be doing once you're in practice! If everyone works together and puts effort in, these sessions can provide you with some of the most effective teaching in your medical school career!

### **Team-Based Learning**

Team-based learning (TBL) is another active learning method and has been shown to result in higher knowledge retention than other learning styles. TBL generally entails advance preparation by students, which is then reinforced through individual and group readiness assessments, and application exercises. The format usually involves reading some papers before the session as advanced preparation, completing an independent quiz at the start of the session, then repeating the quiz with your group, working through case studies, and lastly a whole-class review.

### **Giving Feedback to the Faculty**

The Faculty is very interested in and receptive to student feedback. Through MEDSIS, you will consistently be asked for your input on DL preceptors, online learning tools, and lecture sessions. We are being given a lot of responsibility in being asked to evaluate our classes, so please be professional and complete the evaluations assigned to you.

If there is something that you liked, tell someone! If there is something you don't like, try to explain how it could be made better through constructive criticism. Keep in mind that preceptors and facilitators invest a lot of time and energy into our education, so please be respectful when making your comments.

There are multiple student representatives who attend meetings regularly to provide student feedback to the faculty (Class Rep, Professionalism Reps, etc.). Providing feedback to your student representatives is the best way to make sure the people who can make changes hear your opinion. The MSA Executive is going to be trying out a few new methods of collecting student feedback this year. Keep your eye out for an announcement from an Exec member!

### **Dean's Letter**

The Dean's letter is actually called the Medical Student Performance Record (MSPR), which is a record of all the activities that you have participated in and awards that you have received throughout the four years of med school.

What is the MSPR used for? It is part of the application package you make to apply to different residency programs through CaRMS. Some programs use it as part of your evaluation to determine whether you get an interview, and some programs don't look at it all. So, what's the big deal? What confuses many of us is that not every activity you participate in is recorded on the letter.

What does this mean?

The MSPR includes any awards received during medical school, and “Inquiries”, which are essentially research projects that you’ve undertaken while in medical school. As well, your clerkship core rotations and electives are listed with any MSPR comments. Note that volunteer information is not included in the MSPR.

MSPR Awards are U of A academic prizes and scholarships awarded during medical school. MSPR awards should be entered on your CV too, which means that your CV should include MSPR awards and all other awards such as bursaries, awards from a third party (ex. AMA), awards used to support/fund research, or those that took financial need into account.

Inquiry covers research or development projects carried out under an official studentship, scholarship or bursary program during medical school. Only research done at the U of A will be included in the MSPR. All other research is to be placed in your CV. Research activities include publications, oral presentations, poster presentations, and research in progress.

Having four things on your letter instead of five things really doesn’t make a big difference. Unless your letter is exceptionally outstanding or horribly lacking, chances are it will NOT have a huge impact on your residency application. Focus on working hard and impressing your preceptors during your clinical years, as this is a much more effective way of improving your chance at getting your desired residency position!

Remember, four years from now, you will be a practicing physician. Don’t lose sight of that fact! In your four years of training, you should try to learn as much about medicine as you can. It is a process of discovering who you are and what you are capable of doing, not a race to see who gets the most points on their residency applications.

### **John W. Scott Health Sciences Library**

The library provides reference service in person, over the phone, by email or chat. Look for the “Ask Us” link at the top of the library’s homepage. You can also book a one-on-one appointment with a librarian for help finding information on a specific topic. The Medical Subject Librarians are:

Thane Chambers  
J.W. Scott Library  
780-492-9684  
thane@ualberta.ca

Janice Kung  
J.W. Scott Library  
780-492-2191  
janice.kung@ualberta.ca

They will provide some guidance for you during the first weeks of school to get you started finding evidence for your DL cases.

### **Accessing Books (and other print/audiovisual materials)**

Your ONEcard is your library card. Your library ID is the 13-digit number below the barcode. To place requests/holds, you need your library barcode and your PIN number. If you do not know what your PIN is, go to the following link and have it mailed to you: <http://www.library.ualberta.ca/myaccount2/pin/>.

### **Accessing Electronic Materials (clinical point-of-care tools, databases, journal articles and e-books):**

All of our electronic resources are available from off-campus. Go through the library website and enter your Campus Computing ID (CCID) and password when prompted.

### **Information to support your learning and research:**

The Library has created a number of guides to let you know about key resources in specific subject areas. We recommend the following ones:

- Medicine

<http://ualberta.beta.libguides.com/medicine-medical-specialties/medicine>

- Health Sciences Resources for Mobile Devices

<http://ualberta.beta.libguides.com/mobile-devices>

- Refworks (<http://guides.library.ualberta.ca/refworks>)

RefWorks is a citation management system that is licensed for use by all University of Alberta faculty, staff and students. Refworks allows you to capture references from a database search such as Medline and store them in your own personal database. You can use the Write-n-Cite function to insert in-text citations into your papers and automatically create a bibliography in the citation format of your choice (e.g.: APA, Vancouver, etc). Refworks classes are offered periodically and can be found on the Library's Workshops page: <https://library.ualberta.ca/services/workshops>.

### **Computers & Internet**

Computer workstations and wireless internet are also available, and you can access them using your CCID. A printer and scanner are available on Level 2 (the main level).

### **Study Space**

The Scott Library has study space on three levels. Levels 1 and 2 are quiet conversation levels. Level 1A is a silent study level.

### **Group study rooms**

These rooms are on level 1A and can be booked through the Library's booking system: <http://www.library.ualberta.ca/services/studyspacebooking/>



### **Services When You are away from University of Alberta:**

#### **Eduroam**

Several universities across Canada have Eduroam available as a source of wireless internet for students from other universities. You may find this very useful while on an elective. For more information go to: <https://ist.ualberta.ca/cnc/wifi#eduroam>

### **Free Time (aka. Study and/or Sleep Time)**

Classes run from Monday to Friday, from 8 or 10 am to around 3 or 5 pm, depending on the day and your schedule. Expect to spend most of your time in classes, DL, or the anatomy lab. You may sometimes get Tuesday mornings and Thursday afternoons off. Your Physicianship Course and some other sessions will be intermittently spread throughout the year in these time slots. It is best to double-check your calendar before you book anything during your free time. During first year, the Faculty also requires you to do a 12-hour elective. This free time will come in handy since you are asked not to skip classes to accommodate elective schedules.

### **Exams**

For most blocks, individual lecturers will submit 1 to 2 questions pertaining to the material they have covered to the course coordinator. Often, these questions test the major concepts presented during the lecture. As the year progresses, you will become better at identifying the kinds of concepts that will end up being on the exam, which is useful for when you are running low on time and need to plough through the material one more time. Some lecturers will even tell you which concepts they think are important (\*wink, wink, nudge, nudge\*). The concepts that you come across more than once are almost always the key concepts that you should know by heart! It is rare that the exam will ask you to recall information and facts straight from your notes. Remember that almost all of the questions on your exams are clinical (i.e. problem-based) and require a solid understanding of the basic science material!

For most of the first two years, you will not have to remember drug dosages and rarely specific drug names. You will, however, be responsible for drugs classes as this is core knowledge (i.e. know what beta-blockers are, but don't worry about metoprolol vs. carvedilol, etc.).

### **Histoquest**

Histoquest is a histology program developed by Dr. David Begg and his colleagues. It is an easy and interactive way of learning clinically relevant histology and enhancing your understanding of the diseases you're learning about.

## **Textbooks & Other Course Aids**

Most blocks will provide recommended textbooks, but the question invariably comes up: should you buy them or not? The answer is: it depends on how you learn.

If you are a person who is able to take everything away from lectures and have everything organized, then you may be able to cruise through blocks without having to buy any textbooks. Most of the time, the material you need to know will come from the lecture notes and you will do fine without any textbooks.

The value in textbooks is that you get to read the material from a different perspective than the one you get in class. This can help you understand a difficult concept, reinforce the information, and give you alternative written explanations and supplemental reading.

BEFORE you go out and buy a textbook, search your options for free online textbooks. Check out the “Important Websites” section of the survival guide for more information on free online textbooks. We recommend Harrison’s Principles of Internal Medicine and MD Consult.

There are a few other books that many people find useful during first year. These include:

- Interactive Clinical Anatomy: A workbook of Lecture Notes, Illustrations and Drawings – A textbook made by our own Dr. Walji. Its main aim is to make learning anatomy easy, exciting, meaningful and enduring. It is a three-part interactive package consisting of a CD with animated PowerPoint illustrations, a student workbook with concurrent black and white line drawings, and lecture notes. You can fill in the drawings in the workbook by following the animations in the PowerPoint and studying the lecture notes.
- Gray’s Anatomy for Students - Clear explanation and good diagrams. Useful as a quick reference for anatomy lectures and labs.
- Rohen’s or Netter’s Atlas of Human Anatomy - Good diagrams for dissection purposes. One copy of Netter’s is purchased for each anatomy group for use during dissections, but it must be kept in the lab.
- Lilly’s Pathophysiology of the Heart - Great book written specifically for medical students and it covers material comprehensively without getting into too many details.
- Dubin’s Rapid Interpretation of EKG’s or 12-Lead ECG – Either is a good supplementary reading for the ECG teaching you receive in class. Dubin’s is a quick read that covers the basics (which may be all you need now) but doesn’t have too much practice material. The 12-Lead ECG is a much more detailed book that covers everything from basics to cardiologist-only topics (don’t worry, they distinguish which are which in the book). It also has quite a few practice ECGs to show the variation that occurs in every ECG.

On top of buying these textbooks, you can also find good resources on reserve in the John W. Scott Health Sciences Library, where you can sign them out to read or make copies of the pages.

### **Toronto Notes**

Toronto Notes is a book put together by students and faculty members at the University of Toronto. As quoted in its preface: “The purpose of the Toronto Notes is to serve as a useful clinical reference for students embarking on their clinical clerkship responsibilities and to prepare students for their graduating licensing exam. It helps to provide students who are pressed for time with a no-nonsense, concise review and explanation of the medical curriculum and more.”

Every year, the second year Class Fundraising Reps place a mass order for Toronto Notes. For many students, TO Notes is their saving grace when it comes to studying for tests like the Comp (after 2nd year) and the LMCC (during 4th year). The notes work most effectively as a framework to help you approach the lecture material being provided. Some people said that they didn't use it in pre-clinical years as they were too busy trying to make sense of the notes. Others referred to it frequently (or used it for DL research when they were short on time). Some used it to review before starting an elective or 3rd year rotation. You don't need to buy it but some may find it helpful.

### **Edmonton Manual**

The Edmonton Manual is a unique Canadian guide for medical students to transform their preclinical knowledge to useful skills for clerkship learning and objective structured clinical examinations (OSCE). This publication draws on the experience of medical students, residents, and staff physicians at the University of Alberta and brings together an approach to over 140 common clinical scenarios. Many students have found it extremely useful both for approaches to clinical problems and for OSCE preparation. The Edmonton Manual is a University of Alberta MSA production and all unused proceeds go towards the MSA budget.

# YEAR ONE

## **Foundations of Medicine and Dentistry – Coordinator: Dr. Winton**

In the Foundations Block, you'll focus on integrating foundational principles of the medical sciences, pathology and infectious disease with homeostasis, disease pathogenesis and pharmacological treatment. The course is a combination of lectures, laboratories, clinical case sessions and discussions. You'll also be introduced to team-based learning (TBL) and discovery learning (DL). These mandatory sessions are a component of each block throughout the pre-clerkship years, and they involve group discussions about clinical cases. The purpose of these sessions is to learn how to effectively approach a clinical problem (i.e., what do I need to know to diagnose and treat a patient), to communicate and work as a team, as well as where to find reliable clinical information.

The primary goal of this block is to begin to teach you how to integrate scientific information in the clinical setting to diagnose, manage and prevent disease, and to begin to take on the CanMEDS role of medical expert. In addition, you will begin to familiarize yourself with the other CanMEDS roles of an effective physician (professional, communicator, collaborator, scholar, health advocate, and leader). The scientific concepts taught in the block (anatomy, biochemistry, genetics, histology, immunology, infectious disease, hematology, microbiology, pathology, physiology, pharmacology, virology) will form the basis of your understanding of the material in subsequent blocks and beyond.

The first half of the block will focus on basic science, with the majority of the lectures focused on anatomy, pharmacology, genetics, physiology, and biochemistry. You may have seen some of the previous material before in your undergraduate classes, but even if you haven't, the pacing of Foundations block is reasonable enough for students from any background to catch up. Focus on developing a strong study technique, and try to make links between the basic science concepts and clinical applications. The second half of this course will place a greater emphasis on infectious disease, and you will learn about how the human body responds to infections from bacteria, viruses, fungi and parasites. Microbiology and antibiotics may seem overwhelming at first, but this is to be expected, as they are difficult concepts that require a lot of repetition to learn. Keep revisiting these topics as you learn about infectious disease throughout the block, and we suggest creating your own chart of micro-organisms and antimicrobials that you can use for your own reference. Immunology is covered by Dr. Elliot, and he provides great PDF documents that summarize his lectures. That being said, immunology is a difficult subject, so be sure to pay attention during his lectures! In addition, the fundamentals of hematology are covered, including approaches to anemia and control of coagulation. These are critical concepts that physicians use every day, and anti-coagulants in particular will be re-visited again soon in Cardiology block, so make an effort to learn them now!

### **Endocrinology Block – Coordinator: TBA**

For students who prefer to learn by problem solving or love physiology, this block is for you! Many concepts revolve around regulation and feedback loops, so the key is to develop a good understanding of these ideas, rather than just rote memorization. You will also be introduced to developing and using a differential diagnosis - an important step in thinking like a doctor.

Each endocrine topic is presented in an integrated fashion, incorporating anatomy and physiology with a patient's clinical presentation and management. Where relevant, special pediatric lectures are also given. Endocrine block uses a variety of teaching formats from lecture to DL to TBL, and provides you with references to augment your learning.

There is an abundance of material available for self-study guaranteed to boost your understanding of endocrinology and enhance your ability to manage common endocrine problems seen in the primary care clinic and on the ward. Because endocrinology covers many organ systems, it is a very integrative block, which many students find challenging at first. The self-study cases are there to help you with this. Start day 1 and do them all for best results! Marks are based on DL, TBL and exams. Everything is linked to objectives so be sure to follow the learning objectives and making sure you understand the key concepts in each lecture. This course is filled with enthusiastic professors who love to teach and are keen to answer your questions and help you be successful in medical school!

### **Cardiology Block – Coordinator: Dr. Sonnenberg**

Cardiology is when many medical students finally hit their stride. There is a lot of information in this block and it moves quite quickly, especially in the beginning. It is important to try and stay on top of the material in the first few weeks because this information forms the basis for what will be taught later. This block is appealing to many students because of the logic behind cardiac dysfunction. If you understand the basic physiology and mechanics, it's easy to predict the symptoms and even the timeline of symptom development.

The first week of cardiology is usually made up of hematology and some anatomy, continuing the hematology / cardiology teaching introduced in the first block. Dr. Sonnenberg teaches many of the major lectures in the block including some pathophysiology and how to read ECGs, as well as conducting weekly reviews. The vascular disease lectures taught by vascular surgeon Dr. Chyczij are full of interesting clinical stories and histories.

The cardiology exam questions are very clinically based, so you should practice linking signs, symptoms, presentations, and clinical findings with cardiac conditions and matching the appropriate treatment with the diagnosis. The practice questions provided are very useful for exam preparation.

The most useful resource for cardiology is Lilly's Pathophysiology of Heart Disease. It is a small, relatively inexpensive textbook that explains all of the concepts in a very clear and concise

manner. Many students also purchased ECG books, the two most common books being Dubin's Rapid Interpretation of EKG's and 12-Lead ECG. The ECG books are less necessary as you can find copies in the library or use web-based resources. In addition, Lilly's has an ECG chapter that may be sufficient for the block. That being said, being able to read an ECG is an important and necessary skill that will be tested again in a couple years' time during clerkship.

### **Pulmonary Block – Coordinator: Dr. Damant**

The course coordinator, Dr. Damant, is a fun and extremely devoted prof. His classes are informative and entertaining, especially his photo-shopped pics which pop up every now and then.

The block revolves around clinically important topics, such as COPD and asthma. Focus on the concepts that are brought up more than once in lectures and discovery learning sessions; chances are that they will appear on the exam. However, don't be lulled into a false sense of security. Definitely attend the workshops on pulmonary function tests and acid-base problems, as you will need to understand these topics for the test and for your career. The pathology workshop is also very interesting, not to mention useful for the exam.

The pulmonary exam is the most clinically based exam in first year. Dr. Damant's questions deal with clinical cases and usually ask for the most likely diagnosis or the best treatment approach. Here is the tricky part: Dr. Damant doesn't provide a ton of options but usually all the ones he does include are good responses and you must rank them to identify the BEST answer. Honestly, there is not a lot of material to be memorized from the lectures. What is more important is to study for this exam as if you were in the clinic. Learn diagnoses, treatments, prognoses, and complications inside and out. Make sure you do the weekly practice questions online as some of the images seen there may also be on your exam.

On the final exam, you are expected to know how to interpret chest X-rays, CT scans, and pulmonary function tests, so learn these well. Dr. Damant has a pre-recorded podcast lecture along with Powerpoint slides on MEDSIS, which goes over these important clinical tools in detail, so make sure you don't miss that! Pay attention in the pulmonary clinical skills lecture as you will need to know it for the OSCE as well.

### **Renal Block – Coordinator: Dr. McMahon**

Close your eyes, sit back, and relax... allow me to paint a quiet little spring scene for you. How are you going to read this with your eyes closed, you ask? I see your newly acquired critical thinking skills are hard at work. Anyway, April is a beautiful month: you wake up to sunshine on your face and the twitter of birds in your ears; the promise of summer just around the corner puts a bounce in your step; and a knowledgeable nephrologist with what seems like an endless supply of awesome ties is teaching you all about the black box that is the kidney.

All in all, Renal is a great way to end the year. While there is a decent amount of material to learn, there is plenty of study time because it's the end of the year and you aren't terribly bogged down under the weight of Anatomy and Clinical Skills. Dr. Alan McMahon will lecture most of the courses in this block. According to some physicians, the nephron is smarter than the smartest nephrologists, making nephrology confusing. But Dr. McMahon explains concepts well and is pretty funny, so what else could you ask for?

A few tips: do the practice questions and attend the weekly review sessions to try and soak up the essence of the last five days. As you near the finish line, keep up with the material and enjoy yourself while your contemporaries in undergrad are busy stressing out over final exams! For many students, the hardest part of Renal was that many of the symptoms of various diseases are very similar to each other (i.e. they all involve changes in the urine). Therefore, we recommend you make a chart of all the diseases in order to help you categorize the various clinical signs and symptoms, as well as being able to recall the prognosis, treatment, etc. Work hard to stay on top of things and you'll be fine.

The renal exam is challenging and will include identification of histological pictures since many kidney diseases are classified based on their pathologies. And just like that, your first year is IN THE BAG! Congratulations!

## **Anatomy**

The U of A is one of the few medical schools in Canada that offers a full anatomy program including a new set of cadavers for each class to dissect. Consider yourself lucky to be able to experience a dissection. Besides the excitement of a hands-on experience, you will sharpen your anatomical recognition skills as you learn about the anatomical variations between bodies. There is more variation on the inside than on the outside! Even if you don't remember the first cut into the cadaver, the smell of the formalin will linger for much longer in your clothes and on your fingers. It is required that you bring your lab coat. Many students also opt to purchase a set of scrubs to wear under the lab coat. Hospital scrubs should not be worn outside of the hospital, and are therefore unsuitable for anatomy labs.

What else should you buy? One box of gloves is definitely enough for you to use in your first and second years. A word of advice: keep your gloves in your locker – if you leave them in the lab your box will be pillaged by other students and you'll be out before the end of the term. Before anatomy begins in January, Dr. Livy will tell you to buy dissection instruments. Since each group shares one cadaver, it is recommended to have at least two sets of tools per group to maximize the opportunities for all students to participate in the lab. The rest of the students will watch and/or help the one or two students that are dissecting the cadaver. It is best to wait to find out who will be in your anatomy group before buying the instruments. When you know who will be in your group, talk to your group members to see if anyone already has the dissection tools. (The instruments are cheap, but you really don't have much use of them outside of the lab, so why buy unnecessary things?)

In the anatomy lab, you will be placed in a group of 6-8 people for the duration of the year. Read the dissection manual before attending each lab to save time and better understand the purpose of each dissection. Also, make sure one group member prints the manual and brings a copy to the lab. You will often find it helpful to have an anatomy atlas to reference throughout the dissection; fortunately, the Faculty provides a copy for each group. Take your time to explore the cadaver. Instructors like Drs. Hocking, Livy, Lemelin, Walji, and Webber will be available to address your questions and, if you're lucky, they might even give you and your group a short, hands-on anatomy lesson. If you don't finish the dissection in the scheduled lab time, you can go back to the lab on your own free time (you have 24-hour access with your Proxy Card). However, don't do the dissections on your own without asking the rest of your group – you don't want to be the one that ruins the fun for everyone else!

Anatomy lectures are taught by Drs. Walji, Lemelin, Webber, Hocking, and Livy. Class lectures are important for the exam as many clinical points are discussed (hint, hint), so try to make it to the lectures. The lectures often move at a relatively fast pace, so try to keep up. Some people found it useful to bring in coloring pencils or highlighters to label diagrams. Many students also found it useful to re-vodcast the anatomy lectures.

### **Interdisciplinary 410**

The purpose of Interdisciplinary (INT D) 410 is to foster collaboration among students from different health care programs. Research has shown that patients achieve a higher level of satisfaction and better outcomes from interprofessional (IP) health care teams. In this course, you will be meeting with students from different professional programs (nurses, dietitians, OTs, PTs, pharmacists, dentists, etc.). You will work with them to break down stereotypes, develop teamwork skills by working on group projects, and learn how to conduct IP team patient/family conferences. Pay attention to the deadlines because in this course there are many small assignments, most of which are reflections or group projects.

At times, it may be difficult to act as the 'physician' in the group, especially since you don't yet have a clear understanding of what a physician's role is. However, this course does not assume a high level of clinical knowledge and provides appropriate clinical information for case studies. The focus is more on collective competence, developing transferable behaviors on how to engage the expertise of other health professions across settings. This course is one step in preparing you for collaborative practice in your future professional career.

### **Objective Structured Clinical Examinations (OSCEs)**

OSCE is a term that you will become increasingly familiar with throughout your medical training. During your first year of medical school, you will be expected to learn the basic approach to patient interaction and several physical examination skills. You will learn these clinical skills from class lectures, your Physicianship course and from clinical skills teaching



sessions during most blocks. Year 1 OSCEs provide you the opportunity to show your competencies in physical examinations and to learn which skills you can improve on.

In April, you will have your year-end OSCE. In this exam, you are expected to perform physical exams in most stations and history taking in one station. There will be several stations, each with a standardized patient, and a note on the door clearly indicating the exam skills that need to be demonstrated. Dr. Daniels has designed the physical exam course so you will have a clear understanding of how to succeed in the OSCE.

Where do you learn these clinical skills?

- Lectures in class
- Clinical skill teaching sessions during some blocks
- Physicianship course

All the OSCEs during first year are pass/fail and the markers are generally generous and understanding of the fact that you have just started your medical training. You should get used to performing in OSCEs, as this is now the standardized way of evaluating clinical skills throughout medical school and residency training. Don't stress out too much and enjoy the beginnings of becoming a physician!

### **Year 1 Physicianship – Coordinator: Dr. Burton-MacLeod**

Physicianship is a course that aims to prepare the next generation of physicians for the complex world of medicine. Students will learn the two core skills needed to be a successful physician: understanding how physicians navigate in society (ex. professionalism, social accountability) and learning important clinical skills and medical knowledge. While other courses test students on their ability to understand and retain information needed for certain clinical disciplines, Physicianship is unique in that it also focuses on the development of the important skills required to provide patient-centered care.

The Year 1 Physicianship course is comprised of communication skills, physical exam skills, integration of professionalism, social accountability, cultural competency, social determinants of health, and evidence-based medicine concepts along with medical expert content to help students develop their clinical approach. Each thread is assessed with a format appropriate to that topic (ie: written test, small-group activities, and/or facilitator/self/peer assessments). You must pass all assessed components and will be offered immediate remediation if you are identified as unsuccessful. A grade will be assigned at the end of the course through a collection of the different activities, but the focus of the course should not be the assignment of grades, but rather to ensure you have satisfied all requirements and activities of the course.

The components of this course include:

- **Longitudinal Clinical Experience (LCE)**

Students will spend 8 half-day sessions in a Family Physician's office in order to practice history taking, clinical skills, as well as learning about the relationships between the doctor and the patients. In addition, longitudinal relationship between the student and preceptor will be central to this experience.

- **Patient Immersion Experience (PIE)**

Pairs of students will be assigned to a patient mentor in order to understand what it's like living with a chronic illness. From these visits, students will learn how patients navigated through the medical system and how their illness impacted their life and family. In addition, students will accompany their patient mentor to a medical appointment to observe the doctor-patient relationship from the patient's perspective.

- **Physicianship Discussion Groups (PDG)**

Groups of 8-9 students and one faculty facilitator will meet 8 times in Year 1. The focus of these groups is to discuss the students' clinical experiences (ex. LCE, PIE) as well as social accountability, cultural competency, and social determinants of health.

- **Communication Sessions**

Groups of 4 students will meet throughout the year to learn and practice how to communicate with patients. Through the use of role-playing, students will learn how to take histories from patients under the guidance of a facilitator. While students may worry that their knowledge about potential diagnoses and management may be insufficient, the goal of these sessions is to develop communication skills rather than presenting clinical knowledge, although you will be guided through clinical reasoning for each case. You will be assessed at the end of the year with a videotaped interview with a standardized patient.

- **Physical Examination**

Throughout the year, there will be around 2-3 clinical skills sessions per block that aim to teach students pertinent physical exam skills in a small group format, usually led by a clinical facilitator. At the end of the year, students will be developing OSCE checklists that the class can use to prepare for the Physical Exam OSCE at the end of the year.

- **Professionalism, Ethics, Social Accountability, Health Equity**

Students will be introduced to these concepts in a large-group format followed by interactive group activities. Some of the material from the lectures will later be discussed in Physicianship Discussion Groups. Lectures will be focused on addressing ethical aspects of medical practice, including patient confidentiality and consent, as well as topics related to health equity, such as how to provide appropriate care to Indigenous and LGBTQ2S+ populations.

- **Academic Service Learning Experience (ASL)**

Groups of students will be matched to a community agency where the students will volunteer for a minimum number of hours. The purpose of this is to allow students to learn about the different populations in Edmonton, what it's like to run community agencies as well as the concepts of Healthy Equity, Communications, Patient Relationship Building, and Social Determinants of Health. At the end of the year, some students from each agency will present their experiences to the class.

- **Public Health and Health Systems**

Lectures and small-group activities will introduce students to the concepts of health promotion, disease prevention, access to care, resource allocation, and other issues related to health systems and public health.

- **End-of-Block Consolidation Cases and End-of-Year Integration**

At the end of each block, students will work through cases in small groups that will allow them to apply their knowledge to manage a patient in a comprehensive manner, such as discussing clinical presentations and treatment. At the end of the year, all components of Physicianship will be integrated with relevant case presentations using standardized patients for interviewing and physical exam (i.e., OSCE and Communication Sessions).

### **Year One Electives – Coordinator: Dr. Robinson**

You'll need to complete a minimum of 12 elective hours in each of Years 1 and 2. It is up to you to select and arrange your own elective(s). Electives may be completed in more than one discipline, and can be completed in several different ways. Here are some examples:

- All 12 hours with one preceptor over a period of time or all in one day.
- Two different six-hour electives with two different preceptors (can be different disciplines).
- Three four-hour sessions with different preceptors (can be different disciplines).
- Any combination of hours and preceptors that add up to a minimum of 12 hours.
- There are also non-shadowing electives such as those offered through the community engagement office. Keep your ears open for announcements on such opportunities if these lie within your scope of interest.
- The electives application form must be submitted to the UME Office within three weeks of the completion of your elective.

In terms of organizing electives, you can pick any preceptor you would like to shadow (as long as they agree!) and have them complete your application form, or you can select from any of the electives in the Year 1 and 2 Database, or both. The link to the database is:

<https://www.ualberta.ca/medicine/programs/md/curriculum/electives/y1/catalogue1-2>

For non-shadowing electives, the Community Engagement team works with the Division of Community Engagement to coordinate numerous electives to meet this 12-hour elective requirement. These electives are on topics in Sexual and Reproductive Health, Inner City Health, Indigenous Health, Global Health Education and Advocacy, Adolescent Health, and Community Service Learning.

NOTE THAT ELECTIVES CANNOT BE COMPLETED DURING SCHEDULED CLASS TIME IN ANY COURSE.

### **Rural Shadowing & Skills**

There is a special program that provides an opportunity for students to do rural shadowing during the school year. Note that it is restricted to weekends only. For more information, check out <https://www.ualberta.ca/medicine/programs/md/curriculum/electives/y1/shadowing>.

### **Optional Summer Electives**

If you would like to shadow in the summertime and actually be able to do hands-on work with patients, you'll need to be covered for malpractice and liability with the university. This means you'll have to register for MED518. Registration for this course is available early second semester (around February) and closes late second semester (around May) and the fees will be announced at that time.

With MED518, you are free to do as many or as few electives as you would like, from one week up to 12 weeks, without worrying about liability issues. Of course, you are technically able to shadow without MED518, however you will likely be unable to participate as fully as you'd like to with patients, clinical records, etc. - and where's the fun/utility in shadowing if you can't do that!

You are responsible for ensuring that an elective application form is submitted to the MD Program office after your shadowing time. Note that any shadowing done in the summer between Year 1 and 2 will not count towards Year 2 elective hours. This summer shadowing/registering in MED518 is completely optional.

# YEAR TWO

## **Introduction**

Unlike in first year where you are eased into the material, second year starts immediately where first year left off. The days are packed with lectures, and there are more frequent anatomy and clinical skills sessions. Most of the blocks have weekly quizzes, making it necessary to stay on top of the material. That being said, second year is still a blast. Be sure to make the most of it as clerkship is just around the corner.

## **Anatomy**

Anatomy in second year is considerably more work than in first year. You spend more time in the lab (eventually there are two sessions per week) and the content, particularly MSK and Neuro (but also GI and Repro), is very anatomy-heavy. Preparation for these labs is necessary to get the most out of them. The anatomy you study will be very clinically relevant as there is a great degree of interplay between anatomical structure and function in blocks like MSK, Repro, and Neuro. For example, if you are a GP giving a steroid injection into a sore joint, do you know what structures you could potentially injure? If you are intubating a patient (and you will!) what structures do you need to visualize? And which ones must you be very careful not to damage? You will learn more if you enter the lab knowing the relevance of the material to your future practice. Try to consider the surgical approaches or clinical procedures that relate to the area of the body that you are studying.

We are really lucky to have full dissections and guidance from so many excellent anatomy instructors, so do your best to make the most of the opportunity! All of the instructors are more than willing to spend extra time explaining concepts to you if you express your interest.

## **Gastroenterology & Nutrition Block – Coordinator: Dr. Bistriz**

Dr. Bistriz is the coordinator for GI block and she does a fantastic job! Weekly objectives are clearly stated, and the extraordinary quantity of information is explained in a concise and understandable way. One of the best things about this block was the number of lectures entitled “Approach to...” (e.g., “Approach to Abnormal Liver Function Tests”). This way of learning helps immensely in clerkship because your patients will come in with a particular symptom or sign (e.g., rectal bleeding), and you will have to develop an approach to decipher the cause.

You may sign up for an optional “Scope Day” where you’ll get to see endoscopic procedures (some students even got to see an ERCP). These are very worthwhile sessions that make the course material much more substantive!

You will be in the anatomy lab every week for this block. GI anatomy is both straightforward and quite fun. Dr. Walji and his crew do an excellent job teaching the material. (Important tip: DO NOT forget to tie the rectum tight before cutting!)

Online cases and their corresponding questions offer additional exposure to GI-related topics, and going through them is both helpful and relevant. The weekly reviews last year were very interactive and they had example questions that helped identify gaps in knowledge, so they were definitely worth attending. Additionally, you will take part in a Wellness Rx module online.

Although studying for quizzes can eat up your Thursday evenings, most students found them helpful as they encouraged them to stay on top of the material. This also resulted in less cramming for the final examination. The quizzes give you an opportunity to identify your weak spots, and the questions were mostly straightforward. Both quiz and final exam questions have equal focus on clinical and basic science components.

Over the years students have remarked that the quiz questions seem harder and more detailed than the final exam questions. Dr. Bistriz has clarified that all these questions actually come from the same exam bank, so that is NOT the intent. Students just perceive the final exam as being easier because a) they have by now studied all of the course material and b) all the different elements of the course have come together at last! It is probably more a reflection of student competence at the end of the course than a difference in quiz question construction.

### **Reproductive Medicine Block – Coordinators: Dr. Chandra and Dr. Baydock**

Pelvic anatomy is spatially confusing and can be difficult to grasp, adequate prep for the labs will definitely pay off later. Many students found it useful to shadow gynecological surgery. The anatomy department is excellent, so if you're confused at all let them know and they'll do their best to help you!

Similar to "Scope Day" in GI block, you will be able to sign up to shadow in Labor and Delivery at either RAH or GNH. It is a great experience and many of us were able to observe deliveries and C-sections on our shifts. This is a valuable learning experience and really helps to both solidify lecture knowledge and gain a sense of the patient experience.

Reproductive medicine physiology is heavy, but relatively clear-cut. The recommended reference textbooks for this course are Williams Obstetrics, which can be found through AccessMedicine, and Berek & Novak's Gynecology, which can be found through Books@Ovid. However, many students found Blueprints Obstetrics and Gynecology better. Not only does this book follow along with the lectures as they're presented, it also has phenomenal diagrams AND a ton of multiple choice questions at the back. The teachers for the gynecology and urology parts of the course are also phenomenal. Dr. Sagle and Dr. Rourke presented their lectures so clearly that when studying we barely needed to review the concepts.

The clinical sessions in this block were well organized and fun, covering pap smears, assessing the cervix during labour, delivering babies, and identifying prostate masses and hypertrophy in

models. These clinical sessions allowed students to master a speculum and other invasive physical exam techniques before approaching real patients.

Besides DL, your other small group sessions will include a sexually transmitted infection small group and team-based learning (TBL). TBL, like DL, covers topics that are not specifically addressed in lectures. TBL sessions take place mid-week and cover content related to the theme of the previous week. During these sessions, you will first write a 'mini-quiz' based on your readings, vodcasts, or modules accessed online ahead of time. Afterwards, you will then convene in assigned small groups to re-write the quiz as a team. These are great case-based sessions that will allow you to explore different topics in-depth.

There are essentially three patient complaints in Obs/Gyn: bleeding, pain, and bleeding with pain. All jokes aside, though, these complaints comprise a huge portion of the curriculum as they are often the only (or at least the earliest) presentation of many gynecological disorders. Focus on forming differentials for these symptoms and find out ways in which you can separate the possible causes based on patient characteristics (e.g., by age).

You will learn about three major topics in this block: obstetrics, gynecology, and urology. You will be exposed to a variety of lectures from pre-natal care to infertility to gynecological and urological complaints. There will be something that interests you!

### **Musculoskeletal System Block – Coordinators: Dr. J. Yu and Dr. M. Menon**

Compared to other blocks, this block takes a slightly different approach to DL and weekly reviews. In previous blocks, DL material was usually covered in lectures; this is not the case in MSK. You cannot wait for lecture to clarify your understanding of the material or to use it as another "research" source. Instead, you must investigate these diseases on your own. Although this may be a little worrisome at first, the DL preceptors do a good job of ensuring that everyone covers the necessary material. In addition, it is not enough to list a differential without knowing what the other diseases on the list are. Look them up and you will be better off come exam time. The weekly reviews are also more of a Q & A session than the summaries you have come to expect from GI and Repro.

The first week of the block is all dermatology. Unlike many other diseases, the focus is much less on treatment and more on recognition. It may be helpful to create a "study powerpoint" that has all of the diseases and their features so that you can recognize them in the future. The dermatology manual created by Dr. Lin is also well written and covers a lot of what you need to know. It also contains links to online dermatology atlases, though these can be slow at times. The rest of the block is divided into orthopedic and rheumatologic disorders.

The anatomy content is understandably much higher in MSK than in other blocks. This anatomy, however, is essential to understanding many of the diseases, as well as the physical exams and treatments. Visualization of different muscles is often fairly easy in the lab given their size and separating fascial planes. Although there is a lot to learn, Dr. Satkunam teaches it beautifully. His lectures were fantastic, and his handouts (although sometimes over 30 pages

for a single lecture) were equally amazing. These handouts closely follow his lectures; he even references them on his slides by page number. The work and care he puts into teaching is clearly visible, whether at the front of the lecture room or in the anatomy lab.

There are a lot of physical exams to learn for MSK. You are responsible for finding your own resources for the physical exam maneuvers. Some good resources include Bates' Guide to Physical Examination and History Taking, the Essentials of Clinical Examination Handbook, and YouTube where a variety of instructional videos can be found. The Rheum Tutor website from McMaster can also be used as a physical exam resource. Check out each of these resources to determine which will be most helpful for you.

The marking scheme of the MSK block is quite different compared to other blocks, but a clear breakdown is given during the first week. In addition to DL, weekly quizzes and the final exam, there are also marks for a brief reflective paper, web-based virtual patient exercises and team-based learning (TBL). The MSK block also has web-based modules and 'Case-Based Learning' small group sessions that include an expert in the area being covered. All of these methods of learning really help solidify the key concepts.

Weekly quizzes are generally a bit challenging – prepare for anatomy questions such as “if we broke off this part of the bone, what would happen?” and “if this nerve was severed what would happen?”. These kinds of questions will require you to know your muscle insertions and innervations. The final exam was extremely fair – know the brachial plexus inside out, and expect some straightforward rheumatology and picture-based dermatology questions. Make sure you know the common presenting symptoms, such as shoulder pain, “hip” pain (not always at the hip!), lower back pain, and what to do with them.

### **Psychiatry Block - Coordinator: Dr. R. Oswald**

Psychiatry block is a 4 week course in which various mental health disorders will be explored in terms of definition, epidemiology, etiology, pathophysiology, signs, symptoms, investigations, treatment and prognosis. You will touch on different populations, including the complex patient and geriatric patients, and learn more about capacity, mental status, and substance abuse disorders.

Psychiatry has weekly quizzes, DL, TBL and CBL as well. There are a variety of unique active learning modalities such as virtual patient cases where you work thorough a patient case and different treatments or outcomes associated with a variety of conditions. There is also a small group guided learning project where you and your classmates will choose a topic of interest and create a basic presentation on your psychiatric choice of interest! 10 groups will be chosen to present their topics to the class—pay attention! Dr. Oswald will also bring patients to some of the lectures, so make sure not to miss these sessions!



## **Neurosciences Block – Coordinator: Dr. Goetz, ENT Section : Dr. O’Connell**

Neuro block is a 7 week course that provides a reasonable approach to different clinical presentations that the undifferentiated 4<sup>th</sup> year graduating MD student may see in clinical practice and will benefit from knowing the approach to. It consists of neurology, pediatric neurology, ophthalmology, developmental pediatrics, (first 6 weeks) and ENT – ears, nose, throat (7<sup>th</sup> week). Neuro block has weekly quizzes, so make sure to keep up on your studying!

The neurology section is very information-dense, and a decent knowledge of neuroanatomy is necessary. Neurology, just like real estate, is all about “location, location, location”. Labs are useful, but you will need to spend some time by yourself learning structures and vascular supplies of the brain and spinal cord. You should be able to tell which artery and part of the brain are injured given a list of symptoms (and also what symptoms you would expect given an MRI). You will have neurolocalization small group teaching and Dr. Walji’s lectures are particularly amazing, so we recommend listening to his vodcasts more than once. His diagrams and narratives are extremely useful, and he does an amazing job drawing on clinical correlates. Even the other anatomists have stated that his neuroanatomy lectures are some of the best you will ever find.

The Ophthalmology portion of the block is taught by Dr. Rudnisky. There is a TON of information that he is required to go through, and he does an excellent job. However, you might spend the first few hours of lecture trying to decipher his shorthand notes. Even though there is such a large amount of material, his well-organized slides make it easier to digest. His lectures contain fantastic photo examples of all the important presentations. There are handouts that accompany all of the lectures, and it is useful to read these prior to attending as they are nice overviews and not too long or complex. His notes also contain some supplemental material that is not covered in class but you are expected to know. The lectures appear to be based on the recommended textbook, Basic Ophthalmology, and there is significant overlap in the material. This section is now accompanied with visits to ophthalmology offices, where you get to work with awesome (and very expensive) equipment and use scopes to check out your classmates’ optic discs. Mastering a fundoscope can take some time and some trial and error so take this opportunity to really practice; luckily here the pupils are dilated, which makes the exam easier.

Much of Developmental Pediatrics is devoted to the assessment of a child’s development. This is done by breaking down their abilities into different categories: gross motor, fine motor, speech/language, cognitive, and social/emotional. You will be given the opportunity to see children of different ages in an attempt to help you establish what the normal is. For those of you who already have children, you may find this section particularly easy since you have already had the pleasure of watching them grow. For everyone else, remembering when children develop certain abilities can be challenging. There will be questions on the test that describe a child to you and ask you to pick the most appropriate developmental age, so do your best to know the milestones.

In the ENT part of the block, the cranial nerve, head and neck anatomy is very interesting and correlates extremely well with the anatomy lab. Some say there is “more anatomy” packed into the head and neck than in the rest of the body. Dissections of the head and neck are much more difficult as the structures you are looking for (mainly nerves and blood vessels) are smaller and in a more confined area compared to the rest of the body. To find everything you need to take your time, otherwise you may miss a lot.

The neurological exam is an absolute must-know for not only the OSCE, but for the wards, so make sure to practice your skills and your neurolocalization skills during the 4 scheduled teaching sessions!

### **Oncology Block – Coordinator: Dr. Scarfe**

Dr. Scarfe is nothing short of fantastic. It is readily apparent that he puts a lot of thought in his lectures and does all he can to make sure that he thoroughly answers the questions he gets. His weekly reviews are extremely useful, so don't miss them!

The first week of the block covers benign hematology. Because hematology can be confusing, a lot of time is devoted to creating a strong knowledge base by working through case problems in lecture. Definitely work on forming an approach to abnormalities like anemia, thrombocytopenia, neutropenia, pancytopenia, etc. You will use differential diagnoses for these abnormalities for the rest of your career.

This entire block is very well done. This is the only block in second year that doesn't have weekly quizzes as in previous blocks, but it does have “Questions of the Week” that are on-line questions adding up to 15% of the block mark. This should help you to maintain a balance between oncology and comprehensive exam studying. There are a few cancer lectures that had a guest (e.g., family physician, a specialist such as a gastroenterologist, an oncologist, general surgeon, etc.) come in to present their perspectives of the particular cancer being discussed. These lectures are truly unique learning experiences. Oncology block is also great review for the Comp – many things you learned in other blocks will be re-visited!

DL for this block is also unique in that you spend the first hour of the first session interviewing and examining a standardized patient. Although your entire DL group watches your interview, it really is a stress-free environment as everyone is there to assist you in your learning. This also gives you a good chance to get more comfortable with having others watch you interview, as this will be something you are required to do during clerkship.

You and your classmates will also have a chance to present on an objective that you feel was not covered well during the week. This active guided learning project in small groups is a great summary of some difficult concepts! You will get to assess each group via your iClicker, so make sure you have them to award points to your classmates!

Though daunting to many, the written (non-MCQ) component of the final examination gets students to show more about how they're thinking about a problem than what you can show by selecting one of five distractors in a MCQ.

### **Year 2 Physicianship – Coordinator: Dr. Goetz**

The components that were introduced in first year Physicianship continue in second year. During the LCE and PDG sessions, students will be expected to learn more about patient management and how that is communicated to patients. In addition, students will conclude their visits with their patient mentor by presenting their Physician Immersion Experience Interpretive Project. Students are allowed to use any artistic medium, such as sculpting and music composition, to demonstrate the lessons they learned from their patient mentors.

### **Year 2 Electives– Coordinator: Dr. Robinson**

Essentially the same as the Year 1 electives (see previous section for more information).

### **Comprehensive Exams (The Comp)**

The Comp has 2 components, the MCQ part and the OSCE part. MCQ last year covered everything from the first two years, including Physicianship. The purpose of the exam is not to see if you have managed to retain all of the details you have seen, but rather to make sure you understand the fundamental concepts that are necessary to work in the wards. Many members of previous years' classes have met in small groups to develop notes for each block and shared them amongst their group. This ensured that you would reread all of the topics touched on in class without having to reread all of the notes you have (a Herculean task to say the least). Others turned to summary resources such as TO notes or Case Files books when looking for something more interesting to read. Pre-test question books, QuizMD, and the online tests on the e-learning system are also useful for practice and study aside from simply reading notes. The goal of this exam is not to make sure you know everything, but rather to make sure you meet a minimum standard and see if any supportive revision is necessary.

Dr. Daniels is responsible for the final OSCEs. The OSCEs are the same as what you have been exposed to already, the only difference being that there are more stations. You will have both a physical exam OSCE and communications OSCE

Once these tests are out of the way, congratulations are due! You are now moving on to the clinical years of your education!

### **Optional Summer Electives**

Just a quick note about doing electives in the summer between years 2 and 3. Again, you have to register in a course (MED528) prior to May and pay tuition. It can be very useful to have some experience on the wards before your official clerkship starts and after you have a solid understanding of the basics from your first two years. This can be a chance for you to further explore something you are interested in, or doing something general like family medicine can be very helpful in prepping you for the wards.

What is different between summer electives after Year 1 vs. Year 2 is that now, you can get up to 4 weeks credit towards Year 3 electives, of which up to 2 weeks can be clinical research electives (ones involving patients or their charts). Be sure that you hand in the Application for Clinical Electives form before you start the elective or you will not receive credit. Also, if you forget to register in MED528, UME will forget to give you credit for your summer electives,

We now have exchange programs with universities in Graz (Austria), Munich (Germany) and Hangzhou (China). All offer a wide range of electives. Students must go for minimum three weeks. We prefer to send fourth year students but if not enough apply, we have sent third year students, including in the summer between second and third year. Contact the electives coordinator (currently Dr. Joan Robinson [jr3@ualberta.ca](mailto:jr3@ualberta.ca)) for information.

It is generally advisable to try out electives in specialties you might be considering applying to, as your Year 3 electives might not occur until late in the academic year. As such, getting a sense of your interests early can be useful from a career planning perspective.

### **Track Selection**

Track selection for third year occurs in the December or January of second year. Although students inevitably get worked up about the selection, try to remember that all tracks (except for ICC) are essentially the same. Note that unlike in Years 1 and 2, your elective schedule is pre-determined according to which track you get (i.e. you can't just do electives whenever you'd like).

Things that might influence your choice of track should include:

- (1) When are the core rotations and when are electives? If you're interested in a specific specialty and will want to do electives at other centers, it's probably best to get your core rotation in that area at the U of A completed first (in fact, most schools require you to complete certain core rotations before you're allowed to book an elective. You can check out all the requirements on their websites, usually under "visiting student electives")
- (2) What kind of doctor do I want to be (i.e. what's my specialty of interest)? If you're not certain, it might be good to put the fields that you think you might be interested in earlier on in the track, so that you can rule them in or out early (which might aid in future elective planning).

Bottom line: no matter where you start, you won't know anything, and no matter where you finish, you'll gain experience and knowledge as you go, so don't stress about your track!

On your own time, you will be required to make sure your immunization forms are completed for electives. There is now a standardized form on the AFMC portal and the UofA University Health Center is a great place to get them done! You will also require another N-95 mask fitting and CPR certification, so make sure these are completed before Link Block.

# YEAR THREE

## **Introduction**

Third year marks the beginning of the practical aspect of your medical education, clerkship. By this time, you should have a good grasp of (a) the vocabulary and (b) the basic academic concepts of clinical medicine. Third and fourth year are your opportunity to solidify that knowledge through practical experience. The transition from the classroom to the wards can be challenging and the initial learning curve is steep. In addition to the concepts you've learned before, you need to learn how to navigate Edmonton's hospitals (where to park, where are the wards, etc.), find your way around patient charts and electronic medical records, how to (quickly!) write up consult notes, progress notes, and orders, and how to make referrals to other docs and services. Rotations in surgery come with another set of challenges entirely: early mornings, scrubbing in, NOT contaminating the sterile field, booking cases with the unit clerk, and learning the names of the myriad of surgical instruments that exist. Don't worry, you'll get the basics pretty quick and acquire the rest over time. If you have questions or are unsure, always ask your resident or preceptor, take notes and you'll never have to ask again.

## **Parking Placard & Student Intern ID**

The UME office provides you with your student intern Alberta Health Services ID cards in year 1. On your own time, you may need to get a parking placard, as this is usually essential for getting around to your various rotations within the city. Some students find the parking placard to be very useful as you are generally guaranteed parking. However, other students manage with street parking or public transit. It is generally easier if you get your placard done during Link block, as finding time will become increasingly difficult during third year rotations. In some cases, students may also pick up their parking placard early in the morning during a post-call day. Please note that parking is not guaranteed due to oversubscription, so if the lots are full, it is up to you to find alternate parking.

Here's how to get a parking placard:

Visit the Grey Nuns Hospital and bring a credit card and your ID. The parking office is located in room 1106 (on the main floor beside the chapel). It does take 15-20 minutes to pick up the parking placard the first time. They will give you a parking placard and parking maps to tell you where to park. The monthly fee (\$95.00) will be charged to your credit card automatically. There are no refunds on parking—once the monthly charge has been processed, it is non-refundable. Should you wish to put your parking on hold or cancel at any time, your placard must be returned to Covenant Health parking Services. Monthly payments will be processed as long as the placard is in your possession. Please see MSA website for updated information.

Also, remember that purchasing a parking placard is not absolutely necessary. If you don't mind a bit of a walk, it's possible to find free parking around all of the hospitals!

## **Link Block**

The purpose of the Link Block is to focus on the practical basics of clerkship (e.g. how to write orders or a progress note, introduction to the various rotations, basic clinical skills, radiology review, and other common clerkship topics). An important theme embedded within the course is the importance of mental health during what can be an intimidating year of rotations and examinations. Emphasizing the need for social contacts both in and out of the hospital, and of ensuring that you maintain some semblance of balance in your life is paramount to a successful clerkship. During the first week, you can expect a variety of small group sessions where you get the chance to learn some practical skills (NG tube insertion, injections, use of sterile and aseptic technique, suture session, foley catheter insertion, introduction to bedside ultrasound, respiratory therapy practices) and practice on/torture your friends.

The second week involves attending HSERC for simulation sessions. Review the radiology teaching files on the e-learning system before the start of week 2, as you'll be going through them in small groups that week.

## **Tips that Apply to ALL ROTATIONS**

You'll hear these tips at least a million times, but this is because they are important! It's surprising how many students forget these things once they get out on the wards! The most important rule of clerkship is to BE ON TIME.

The second most important rule is to BE ENTHUSIASTIC. If a preceptor or resident asks if you'd like to see something, the answer is always YES. Everything in clerkship is a learning opportunity, so make the most of it and be (or at least act) interested. Seeming anything less will reflect very poorly on you and will be noted in your evaluation. Put yourself in the preceptor's shoes: would you want to spend your valuable time with a student who looks bored?

Make yourself available – let your preceptor, the nurses, residents, etc. know that you want to be notified when things are happening. BE KIND AND RESPECTFUL TO EVERYONE! This should be self-evident, and applies to patients, preceptors, residents, and to the other allied health professionals you will meet on the wards. Not only are they an extremely valuable resource (the nurses on your units/teams will be invaluable for both patient information AND for practical skills), but often these individuals are consulted regarding your performance and will have input into your evaluation.

Finally, BE PREPARED. During clerkship, the onus for learning is on YOU. You need to read about your patients and their cases, and take the time to study areas in which you are weak. This is not for the purpose of passing exams (although it helps), but instead because this preparation is what will make you a competent (and excellent!) physician.

Another thing that really helps is to express your interest in the specialty early (without lying!) so your preceptor pays attention to your performance more. ASK FOR FEEDBACK REGULARLY

and try to make visible improvements. For example, if your preceptor corrects you on a physical exam skill technique, make sure you look it up and practice it well so the next time you do it, you can do it better. ACTIVELY PARTICIPATE AND ASK QUESTIONS. Even if you are bored to death retracting for the 5<sup>th</sup> C-section you have seen that day, come up with questions so they know you are attentive and learning something. Clerkship evaluations also play an important part in your CaRMS application because every program likes to see a well-rounded “perfect” applicant who does pristinely in all areas. You can express your interest and ASK YOUR PRECEPTOR TO GIVE YOU MORE FEEDBACK ON THE EVALUATION because the comments really count. For example, most surgeons are less poetic when it comes to evaluation so don’t be shy to ask for it.

In person feedback sessions with a UME administrator take place at the end of some rotations during 3<sup>rd</sup> and 4<sup>th</sup> year. This used to be done after every rotation, but the UME has cut down on this, so it is more important than ever to fill out your online MedSIS evaluations after each rotation! The MD Program makes changes based on this feedback and the information you share with the UME administrator is confidential, so feel free to talk to her about your concerns!

### **Family Medicine**

Your Family Medicine rotation will consist of a total of 8 weeks. Most students do one month rural and one month urban, although you can choose to spend two months in a rural location. There are numerous rural teaching sites that you will be asked to rank in the spring of Year 2. If you really want a specific site let them know well in advance or you can specify your reason on your ranking sheet (e.g. family of 5 kids in town so want to be placed close to Edmonton). RPAP organizes (and funds!) your accommodation in these locations, and will contact you a week or two prior to your start date with the details. Your urban sites may either be out of the major hospitals (GNH, MIS, UAH, RAH or the Northeast Community Health Centre) or within the community. Tips for success include: (1) show up for the orientation, (2) refer to the guidebook (this will be posted on MedSIS under “Family Medicine”), and (3) have fun! You will be evaluated clinically by your preceptors and through both a group presentation and a written exam at the end of your 8 weeks. Currently, there is a mixed multiple choice and written examination that is very fair. The remainder of the assessment is made up of a small presentation project component and participation mark in academic half day.

There is no particular textbook or handbook for this rotation because of the breadth of the specialty. You can use the handbook (a binder of many sheets) they provide you at the beginning of the rotation as a guideline. From there, you are expected to know up-to-date practice guidelines and EBM. Alberta TOP guidelines are a good place to start.

Family medicine is an important rotation because it gives you a baseline for ‘normal’, and allows you to appreciate the presentation of ‘undifferentiated’ patients. You will be able to see patients with very complex problems, and often follow some of them over time.

## **Internal Medicine**

Internal medicine is 8 weeks of intensive ward medicine at one of the main Edmonton hospitals: UAH, RAH, MIS and GNH. Program administrators will contact you to provide the details of your rotation (e.g. where to show up, what service you'll be on, etc.) a few weeks prior to starting your rotation. You should also be advised of your call schedule at that time. Some sites allow you to make your own schedule as a group, and others have a 'Chief Student' who makes the schedule. Be cheerful, enthusiastic, and if you don't know something or you feel uncomfortable, ASK QUESTIONS! If something comes up midway through your rotation, it may be possible to swap call days with your peers. Each rotation will start off with an orientation session detailing the morning report/handoff routine, call rooms, and the wards you'll be working on. Additionally, your preceptors should outline their daily expectations of you. Internal medicine is a team-based rotation, so expect to work with other medical students, residents, and various preceptors, as well as nurse practitioners and other allied health professionals. You will make an excellent impression on this rotation if you develop a sense of ownership and responsibility for "your" patients. These are the people that you will admit, write daily progress notes, write (co-signed) orders, and dictate discharge summary for. Check with your preceptor or a resident, but it is often expected that you take the initiative to round on these patients before meeting with the team ("pre-rounding"). You will play a central role in their care, and provide information to them regarding their admission and about basic medical information and medications. The key is to ASK QUESTIONS! If you are uncertain about anything, it is always better to ask and make sure. You will learn, and sometimes your questions will help your residents and staff learn as well!

Harrison's Internal Medicine is a great resource for pathophysiology and also contains sections with 'approaches' to common problems, although it might be very long reading. Most interns and residents carry around one of two (or both!) of the following handbooks during this rotation. The first one is "Approach to Internal Medicine" written by our very own Dr. Padwal at the UAH. It is organized by system-based common chief complaints and has very thorough, yet, to-the-point information. It also contains short summaries of "Rational Clinical Examination" that most preceptors seem to like to pimp about so it is definitely helpful to have on hand. The second is "Pocket Medicine" that everyone knows about. It takes some time to get used to because of all the abbreviations but most residents love that book as well! If you can wait, buy it from the rotation assistant at a discounted price! Up-to-date is also another useful resource and can be purchased through the CFMS website.

Internal medicine gives you the opportunity to put all of your medical knowledge together and apply it to very complex patients with multi-system diseases and multiple issues. Success requires problem solving (you will become an expert at forming differential diagnoses). There are also opportunities to learn many procedural skills (ensure you get teaching in these by ASKING). Take advantage of resources posted on MedSIS, which detail the rotation objectives. Previous students have found that it is most effective to study for this exam by just practicing for the OSCEs. There are 16 OSCE stations (8 minutes long) that are generally quite fair. You can fail up to two OSCE stations and just have to remediate those stations. Failing beyond two will require additional remediation. The MCQ exam is comprehensive.



## **Psychiatry**

For Psychiatry, you will be assigned to the RAH, GNH, UAH, MIS or Alberta Hospital Edmonton. The rotation starts with a morning of orientation before presenting to your site, and they'll run through the objectives with you at this time. There is a set of about ten clinical presentations that you'll be expected to master, and you'll become proficient at obtaining (very) full medical and psychiatric histories, along with MSEs and cognitive/functional assessments. Psych is known as a relatively easy block. The MCQ exam has been changed recently and is more fair. In addition to the MCQ, there is an oral exam where you will be required to present a full case and then discuss 4 scenarios on the spot. In past years, oral examiners have been positive and helpful. There are opportunities to see interesting subspecialty areas during the rotation, like Child, Geriatric, or Forensic Psychiatry.

## **Pediatrics**

Pediatrics is an 8-week rotation that is broken down into two main components: ambulatory peds and hospital peds. For the ambulatory pediatrics components, you will spend three weeks in a general pediatric clinic either at one of four hospital sites (MIS, Stollery, RAH, or North Edmonton Children's Center) or in a community clinic. During these weeks you'll see patients for well-baby check-ups, new consults and acute problems. You will spend an additional few mornings in the newborn nursery of either the GNH or MIS with a neonatologist for newborn clinic shifts. The fourth week of ambulatory peds is spent in pediatric subspecialty, and may be either a one-week experience with a particular specialty (e.g. nephrology, cardiology, gastroenterology), or may be comprised of a variety of different peds subspecialty clinics (specialty 'speed dating'). For the hospital peds component, two weeks will be spent on one of the clinical teaching units (CTUs) at the Stollery. You will be assigned to one of 3 or so teams, and this will be a bit like the pediatric version of internal medicine. Be prepared to take responsibility for your patients (rounding on them, following up on labs, discharges, etc.), but there will be no call during these two weeks! You will be evaluated by your preceptors and also by your senior residents, as you interact closely with them during this time. You will complete two weeks of peds emergency and CTU call shifts. These two weeks are quite busy and the schedule somewhat unpredictable. The objectives are based on clinical presentations and are available online at [www.pupdoc.ca](http://www.pupdoc.ca) along with links to different types of resources. For keeners who want to look smart, "Pediatric Secrets" contains every fact that they might quiz you on (and is really well sourced). PedsCases.com is an online resource that not only contains fun cases to complete for your own learning, but also has links to U of A podcasts that are extremely useful! The peds people provide you with a pocket card containing info on fluid replacement, milestones, and the immunization schedule, and this is also extremely helpful. Be sure to attend and take notes at the academic full day (usually all-day Mondays). The powerpoints and presentations are very useful. Examinations include a MCQ exam and 10 OSCE stations, both of which are reasonable. Two other assessments include a clinically appraised topic (CAT) and narrative reflection.

## **General Surgery**

Your surgery rotation is composed of six weeks of surgery. You'll spend three weeks in general surgery at two different sites, either RAH + MIS (or Sturgeon Hospital) or UAH + GNH (or Fort Saskatchewan Hospital). During the first two days of the rotation, you will receive a comprehensive didactic orientation including common presentations and suturing skills. On the first day at your site, there will also be a half day OR orientation to teach you scrubbing skills and orient you to the OR. Generally, if you have any questions about sterility, you should ask the nurses or the resident you're working with in the OR that day. During your surgical rotation you will be expected to play an active role on your team by reviewing charts and labs and examining your patients. You'll be responsible for writing daily progress notes and (co-signed) orders on morning rounds. Expect the AM rounds to start at 6AM at most sites. You should show up a bit earlier to print the list for everyone (your resident may show you how to do this, although sometimes the junior resident might just do it). You will then round very rapidly (quite opposite to medicine rounds) on all your patients before OR starts around 7:45. When entering the OR for the case, tell the scrub nurse and circulating nurse if you are scrubbing in for the case. Also, write your name, designation and glove size on the whiteboard (if applicable). If you can, arrive to a case early to help set up, and then stay after the case to help. The nurses can answer all of your questions about room setup, draping, sterile technique, etc. If you want to make a really great impression in the OR, check in with the front desk and make sure you know what cases are booked for the next day.

The slate (sheet with all the OR cases) is usually posted in the afternoon for the next day. Four things you should do to make you a great student intern, especially if you are considering a surgical career:

- 1) Read up on the procedure or the anatomical approach ahead of time to prepare for pimping in the OR (and know where the heck you are, since surgical anatomy is VERY different from both text and cadaveric anatomy). For resources, refer to TO notes and the book "Surgical Recall", which will help you to answer any questions they throw your way.
- 2) Go to the OR a bit earlier to read the patient's chart so you know exactly what condition the patient has and why you are performing the procedure. The more you know about the patient, the more intelligent your questions are going to be when you want to break the silence in the OR.
- 3) When they ask you if you want to sew, ALWAYS say yes, assuming you have practiced beforehand! The more you volunteer yourself to do, the more enthusiastic you seem and the more you WILL get to do.

You will be evaluated through preceptor evaluations, a MCQ exam, and a 12 station OSCE (5 min per station) and a narrative reflection.

## **Obstetrics and Gynecology**

OBGYN is a 6-week rotation that has recently been changed. Three weeks will be spent at the RAH, where you will see more high-risk patients, and three weeks will be spent at a community site (GNH, MIS or Sturgeon). At the RAH, your rotation will be divided into 3 weeks: labor and

delivery, specialty gynecology, and outpatient ambulatory clinics. The schedule varies. You are expected to round each day at 6:30am. Depending on what you're scheduled to do that week, you will generally leave between 3:00pm and 5:00pm. At the RAH, you will be expected to do 1 in 7 call, or about 2-3 call shifts, depending on the number of students. Call will be very busy, and you often do not see much of the call room. Teaching on call is variable, however, there is generally a good amount of learning. Call is one of the few opportunities for concentrated one-on-one face time with senior residents and preceptors. In this rotation (perhaps more than in others), nurses on your ward/team can make or break your experience. If you want the opportunity to participate in cases, and if you want to get called when things are happening, you need to express your enthusiasm and willingness to the nursing staff. If you are pleasant, enthusiastic, and respectful of your patients, you'll get to see a lot more!

During the three weeks at the community sites, the experience is variable. The GNH is significantly busier, with more hands-on experience than the Sturgeon or MIS. However, at each site, you will see labor and delivery, surgery, and outpatient clinics.

Since you will not be assigned to a specific preceptor, you will be expected to collect evaluations using [assess.med.ualberta.ca](https://assess.med.ualberta.ca). All the comments are available for the site preceptor who completes your final evaluation.

Previous students recommend TO Notes and Blueprints Obstetrics and Gynecology. Examinations include a reasonable MCQ test and 5 straightforward OSCE stations (10 minutes each). There is a "slide exam" as well that is brutal, but it has been that way for years and since it's only a small part of the exam, we were advised not to worry about it!

### **Year Three Electives**

You have to complete a minimum of 14 weeks of electives in both Years 3 and 4 combined. In Year 3, you must complete a minimum of 4 weeks, but you'll have a total of 6 weeks of elective time slotted into your Year 3 track. You can speak to career counselors (one of the UME staff) or any of your preceptors about what they might recommend for your electives. Students in previous years were given the following advice: if you aren't yet certain what you want to be when you grow up, pick general electives that will be certain to help you in all your rotations (general internal medicine or surgery, emergency, radiology etc.). If you have specific areas of weakness (i.e. you weren't a fan of renal), it's a great idea to do electives in these areas to help improve your knowledge base. If you already know what you want specialty you'd like to go into, then pick electives in that area. You can also choose to do electives in things that you might not be able to do in the future just for interest (many people tried forensic pathology and wound up loving it).

Here's the link to the Years 3 and 4 elective catalogue:

<https://www.ualberta.ca/medicine/programs/md/curriculum/electives/y4/catalogue3-4>. .

Most students choose to do a few weeks of electives during the summer after second year and before third year (see info in Year 2). This will give you a great edge when hitting the wards, and also counts for some of your third year elective time!

## **Integrated Community Clerkship**

The Integrated Community Clerkship (ICC) at the University of Alberta is a rural learning experience that unfolds over time. Referred to as a Longitudinal Integrated Clerkship (LIC), the experience is significantly different than the rotation-based clerkships that take place in academic health centers. The core principle of a LIC is expressed through the concept of CONTINUITY in all aspects of the experience

In the ICC, students cover all of their objectives in Psychiatry, Pediatrics, Surgery, Obstetrics and Gynecology, Internal Medicine and Family Medicine. The objectives of the ICC are the same as for every 3<sup>rd</sup> year student. Learning takes place within the context of a generalist rural medical practice and rural community in which that practice is situated. Approximately half of the time is spent in the family medicine clinic, and the rest of the time in the hospital wards, OR, case room, emergency department, and other clinics. Rural family physicians maintain excellent clinical care, develop and maintain a lasting, helpful relationship with their patients, and act as a resource and advocate for their patient population. Learning about these dimensions of practice is central to the ICC experience.

Who should choose ICC? Past students say that the ICC is best suited for those who are flexible, adaptable, comfortable being uncomfortable, adventuresome and who embrace both the program and rural community life.

Continuity of Learning Experience	Continuity of Care	Continuity of Preceptor
<p>In the ICC, learning unfolds within a community over the full academic year.</p> <p>Over the course of the ICC, students become valuable members of the local health care team. Students spend 42 weeks in the same community, working in the same clinics and hospitals, learning continuity. Students do not have to continually learn the layout of new working environments. Students develop relationships with other health care workers and generally sort out the flow of the work day. This gives students more time to settle into learning what needs to be</p>	<p>The ICC provides students the opportunity to get to know patients over time and to follow them to various care delivery venues, e.g., the emergency room, the in-patient hospital ward, home care.</p> <p>Students have the opportunity to observe the natural history of common diseases.</p> <p>Continuity of care is an important means to learn more about the patients' experiences of illness and how their family and social context affect their health.</p> <p>Health promotion and prevention take on added relevance through an</p>	<p>Each of the ICC communities has a Primary Preceptor. In some communities, two or more people will share this position. These physicians have assumed the responsibility of being the go-to people for both students and the ICC program. They are responsible for ensuring that students receive regular feedback and that evaluations are completed in a timely manner and discussed with students. They are also responsible for scheduling clinical experiences with ICC students.</p> <p>Students also work with other physicians in their</p>

<p>learned in third year: integrating basic science knowledge with clinical medicine and learning procedural skills.</p> <p>Learning is built on previous experiences and knowledge base. In a stable learning environment, learners are better able to build on previous knowledge and skills.</p>	<p>understanding of the context in which patients live and work.</p>	<p>communities, allied health professionals, and specialists who travel into the community. However, the Primary Preceptor provides continuity through the ICC experience. It is the Primary Preceptor who provides feedback to students on their maturing clinical reasoning and assist students and the ICC in identifying gaps or areas needing increased attention.</p>
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**Preparation for Fourth Year**

As mentioned earlier, all students must do minimum 14 weeks of electives in Years 3 and 4 combined. They can be in any specialties that you like. In Year 4, you must complete a minimum of 10 weeks. Note that if you complete more than the required 4 weeks of electives in Year Three, the additional weeks can be applied towards Year 4 requirements.

Research may be completed during your elective time and may be used as a component on your "Medical Student Performance Record", but cannot be used towards your elective requirements unless it was clinical research (directly involving patients or their charts) and you did it in the summer after year 2. Check with the UME staff to ensure your situation meets the requirements.

If you are doing an elective at the U of A, you can set it up by going to the Year 3 and 4 electives catalogue and using the relevant contacts.

Note: Do not contact individual physicians in order to set up electives. After using the catalogue and contacts on it in order to set up an elective, you will then need to visit the UME (or print out the required form online). The electives form will need to be taken to your preceptor or to your elective’s department, and they will complete it and return it to the UME, after which the information pertaining to the elective will be available to you on MedSIS.

If you wish to do a Rural Family Medicine Elective, contact a physician in the region you wish to work. Contact information may be found on the CPSA Website (see Important Websites Page). Contact the Office of Rural and Regional Health for a listing of preceptors if required. They will provide you with remuneration for travel only.

For U of A electives, you are generally able to book them as far as 9 months in advance. As such, you can arrange electives before away elective students can. Generally, it is easier to book home electives than away electives.

Some departments require you to book your elective months (up to a year!) in advance, including many surgical specialties, ophthalmology, dermatology, emergency, etc. Do not assume anything in terms of advance notice. Non-U of A students are allowed to apply for electives about 26-30 weeks in advance. Information regarding each school's policy is available on the AFMC portal.

Most students will arrange electives in other provinces. You'll need to read up on each school's websites or page on the AFMC portal, because their policies and application processes can be different. Once you know when your electives are, find out the earliest date that applications are accepted and try to apply on the first day. If you find yourself unable to book an "official" elective because the school's slots are all full, it is still sometimes possible to arrange an elective through the province's college (i.e. BCCPS). If you are able to find a willing preceptor, make sure that they know that you are applying through the college and not through the university. You then obtain a license from the college (which is usually very simple) and then simply fill out one of the U of A's elective forms and get your preceptor to fill it out and fax it back. The info will then show up on your MedSIS and your preceptor will have the evaluation form emailed to them.

For electives abroad, visit the respective websites of the universities that will be receiving you. Be aware that you may have to pay additional significant fees and that you may be subject to different policies in other provinces or at other schools. It is up to you to gather this information. Ensure you talk to the appropriate people in the UME before arranging international electives. There is information on international electives on the UME website, and your global health liaison should be able to offer additional information. All electives in resource poor countries must be arranged through Global Health as they try to ensure that you know what to do if you have a needle stick injury or other unpredictable problem.

# YEAR FOUR

Fourth year consists primarily of elective time alongside your core rotations: ER, geriatrics, internal medicine specialization and specialty surgery. You'll want to complete all of the necessary electives for CaRMS matching through the summer and fall (it's ok to do these electives right up until interview time as well), and you can use electives that fall after CaRMS matching for correcting any deficiencies in your medical knowledge, for basic interest, or if you have completed all of your elective requirements, you could also use the time to take a well-deserved break!

The fourth year ends with a review course and exams. Overall, year 4 is way more relaxed than year 3. There is significantly less call, loads of elective time, interesting rotations, and you'll finally be able to put your medical knowledge all together. CaRMS will be stressful, but try your best to relax!

## **Emergency Medicine**

A solid base in emergency medicine will be valuable for whatever field you eventually wind up in, and this will probably be one of your most exciting rotations. There is a new website that has the mandatory pre-reading for lectures. It is also filled with other Emergency Medicine resources to use during the clerkship. You will work at one of a number of Emergency Departments throughout the city. You'll work a combination of day, evening and night shifts (13 shifts in a 4-week period). Unlike call in other rotations, you are not allowed to swap shifts, and any schedule changes you hope to make have to be approved through your site preceptor. Schedule requests can be made 4-6 weeks before the start of the rotation. Your schedule will be handed out on the first day of orientation, so best not to bug the coordinators about them earlier. You'll be evaluated by your preceptor (60% of your mark), and will then have to complete a MCQ exam (40%). There will be mandatory small group teaching sessions throughout the block so be sure to write down when they are so that you don't forget! There is also a scheduled Simulation day during the rotation to practice resuscitation in a safe, fun environment. There will be the opportunity to do EMS ride-alongs during the block so make sure if you're interested you sign up early so you can have a great experience!

## **Geriatrics and Care of the Elderly**

Geriatrics and Care of the elderly is a four-week rotation in fourth year. Site orientation is held on the first morning and clerkship orientation is held on the first academic half day on Tuesday afternoon. Schedules are individualized for each student. No two schedules are the same. Each student is sent a welcome email with their individual details and there is additional information on MedSIS. Each student is assigned a base hospital site (UAH, RAH, MCH, GNH, GRH) where they spend two weeks on the inpatient service. On the inpatient service students participate in admissions, consults, ward rounds, team meetings and teaching. Another two weeks is spent in

the community where the emphasis is on rehabilitation services, clinics, CHOICE day hospitals, Home Care assessments and Seniors Associations. Assessment is by preceptor evaluation, MCQ paper, short answer questions and completion of log book activities and reflective practices. Learning resources comprise: the easy-to-read 'Geriatric Medicine at a Glance' textbook; Academic Half Day with notes; chapter on geriatric medicine in "Approach to Internal Medicine"; varied e-learning resource links provided in MEDSIS.

### **Medicine Subspecialty Selectives Rotation**

This three-week rotation in fourth year will provide you with additional experience in dealing with common clinical problems in internal medicine. You'll be able to select from numerous subspecialties, including cardiology, GI, infectious disease, nephrology, pulmonology, and rheumatology. While you are not expected to take call for this rotation, you will be required to complete a reflective practice project (based on the CanMEDS competencies) that will describe a clinical problem you encountered during the rotation and a summary of information you gained reading around the scenario.

### **Specialty Surgery**

This should be a fun rotation for all students, regardless of whether or not you are interested in surgery. You'll spend a total of four weeks in surgery during fourth year, and will have the opportunity to participate in surgical clinics as well as see interesting cases in the OR. Since you'll have already gone through your core surgery rotation, you should be more at home in the operating theatre setting. Take the time to review your anatomy a bit (it's applicable in every specialty), and just relax and appreciate the incredibly interesting cases you'll get to see. The typically popular rotations are plastics, urology, and orthopedics.



# WHO'S WHO

Interested in a class council position? Want to pass an idea onto an MSA council member? Looking for a student club that caters to your interests? The following lists provide you with contact information for all of the 2018/2019 Class Council and MSA Council members, and a list of the MSA approved clubs. They have also written up some blurbs regarding who they are and what they do, for you to read; these can be found on the MSA website.

## CLASS OF 2021 COUNCIL

<u>Position</u>	<u>Name</u>	<u>E-mail</u>
Class Representative	Jimmy Kang	jkang@ualberta.ca
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Treasurer	Esther Lee	kyungsu@ualberta.ca
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Admissions Committee Representative Alternate	Nicholas Kinnie	kinnie@ualberta.ca
Alumni Association Representative	Megan Webb	mewebb@ualberta.ca
Alberta Medical Association (AMA) Representative	Zohaib Siddiqi	anwer@ualberta.ca
Arts and Humanities Representative	Catherine Deschenes	de3@ualberta.ca
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Ethics Representative	Irina Simin	simin@ualberta.ca

Facilities Representatives (2)	Harry Anzinger Mark Craig	anzinger@ualberta.ca mdcraig1@ualberta.ca
Family and Balance in Medicine Representatives (1 Male/1 Female) (2)	Brett Orr Rebecca Reid	borr@ualberta.ca rsreid1@ualberta.ca
Sports Representatives (2 Female/2 Male) (4)	Jesse Grist Mette Madsen Patrick Albers Michelle Millions	grist@ualberta.ca msmadsen@ualberta.ca palbers@ualberta.ca memillio@ualberta.ca
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Gold Humanism Honor Society (GHHS) Representative	Jahaan Ali	jahaan@ualberta.ca
Graduation Representative	Joanne Lam	wingman@ualberta.ca
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MedNite Representative	Tracy Pham	ttp@ualberta.ca
Memorial Representative	Michelle Chang	mchang2@ualberta.ca
Professionalism Representatives (2)	Anna Lee Katharine Jensen	dawon1@ualberta.ca katharin@ualberta.ca
Research Representative	Virginia Goetz	vgoetz@ualberta.ca
Social Committee (5)	Erin Hessey Patrick Curry Patrick Hamilton Marissa Burns Eleanor Crawford	hessey@ualberta.ca pcurry@ualberta.ca phamilto@ualberta.ca mjburns@ualberta.ca ecrawfor@ualberta.ca
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Yearbook Representatives and Archivists (3)	Amanda Cheung Genie Kwon Sophia Yip	cheung3@ualberta.ca kwon@ualberta.ca sophia.yip@ualberta.ca

# 2018-2019 MSA COUNCIL

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Vice President, Student Affairs	Paul Barber	msavpstudentaffairs@ualberta.ca
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Community Health Representatives (Junior)	TBD	
Facility Representatives (Senior) (2)	Harry Anzinger, Mark Craig	msafacil@ualberta.ca
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Health Sciences Students' Association (HSSA) Representative (Senior)	Kalutota Samarsinghe	kalutota@ualberta.ca
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Professionalism Representatives (Junior) (2)	TBD	
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Student Health and Wellness Representatives (Junior) (2)	TBD	
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Past President	Adam Mullan	mullan@ualberta.ca

# MSA CLUBS

If you are interested in signing up for an MSA club, you can find the contact information for the 2018/2019 club leaders on the MSA website. You can also sign up via an excel sheet during O-week!

Courtyard Choir	Public Health Interest Group
French in Practice	Pulmonology Club
Syncope Jazz Band	Radiology Club
The Heart Chords	Rural Medicine Interest Group
Anesthesia Club	Space Medicine Club
Cardiology Club	Sports Medicine Club
Clinical Neurosciences Club	Surgery Club
Clinical Skills Club	Urology Club
Critical Care and Trauma Club	Wilderness Medicine Club
Dermatology Club	Basketball Club
Emergency Medicine Club	Board Game Club
Family Medicine Interest Group	Bicycle Club
Gastroenterology Interest Group	Climbing Club
Geriatrics Club	Curling Club
Infectious Diseases and Tropical Medicine Club	Hockey Club
Internal Medicine Club	Med/Dent Dance Club
Lab Medicine and Pathology Club	Run Club
Medical Genetics Club	Soccer Club
Obstetrics and Gynaecology Club	Squash Club
Oncology Club	Business in Medicine
Ophthalmology Club	Christian Medical and Dental Society (CMDS)
Otolaryngology Club	Friends of Médecins Sans Frontières (MSF)
Pediatrics Club	Foods and Friends
Psychiatry Club	Plastic and Reconstructive Surgery Interest Group
Pre-Clinical Exam Review Club	Physical Exam Practice Club
Research Interest Group	Literary Interest Group
Women in Medicine & Surgery	

# MD PROGRAM OFFICE CONTACTS

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# Canadian Medical Association

## Studying to be a physician isn't easy.

The Canadian Medical Association will help you through medical school with advocacy, tools, and advice.

### EFFECTIVE ADVOCACY

Join your 83,000+ member-colleagues as an advocate for the highest standards of health and health care in Canada. As the future of medicine, have your voice heard on the key issues affecting medical students and the profession today ([cma.ca/advocacy](http://cma.ca/advocacy)).

- The CMA's in-person or videoconference advocacy training can help you learn more about the political process, and how you can become an effective advocate for the medical profession and make a difference.
- The MD–MP Contact Program connects you with your Member of Parliament so you can provide feedback on key issues for medical students, residents and physicians.
- CMA provides support for student advocacy initiatives, such as lobby days, and help to prepare to for events to ensure you meet your strategic objectives.
- The CMA also advocates on your behalf with the federal government in support of the medical profession.

### INFORMATION ON THE GO

Access and download medical e-resources and apps through the CMA's newest company, Joule™. Save money by using e-textbooks, complete presentations or papers using research summaries or images and access faster, better answers for patients ([joule.cma.ca](http://joule.cma.ca)).

- NEW DynaMed Plus® is a current, evidence-based, reference tool designed to provide quick answers to clinical questions ([cma.ca/dynamedplus](http://cma.ca/dynamedplus)).
- Free, anytime, anywhere access to ClinicalKey, a comprehensive and current collection of textbooks, journals and multimedia resources, including medical videos and images across 30+ specialities ([cma.ca/clinicalkey](http://cma.ca/clinicalkey)).
- Download the RxTx mobile app, which includes the CPS (Rx) as well as a bonus subscription to Drug Choices (Tx) ([cma.ca/RxTx](http://cma.ca/RxTx)).
- Develop personal leadership skills through *Leadership begins with self-awareness*, an online course designed for students and residents ([cma.ca/onlineleadership](http://cma.ca/onlineleadership)).
- Sign up for daily POEMs by Essential Evidence Plus to receive concise, daily email summaries of the latest clinical studies ([cma.ca/poems](http://cma.ca/poems)).
- Contact our librarians for MEDLINE searches, to ask clinical questions, to provide guidance on search strategies or for training on using our e-resources ([librarian@cma.ca](mailto:librarian@cma.ca)).
- Get original clinical research, analyses and reviews, news, practice updates and editorials with CMAJ online and on the CMAJ app ([cmaj.ca](http://cmaj.ca)).

### MONEY MATTERS

- Owned by the CMA, MD Financial Management (MD) can help you get your finances on track. MD Advisors provide valuable advice about bursaries, student loans, lines of credit, managing debt, insurance and more. You will also have access to MD's new online medical school cost calculator ([md.cma.ca/physician-life-stages/students](http://md.cma.ca/physician-life-stages/students)).
- Take advantage of CMA's unique savings programs, with discounts on car rentals, travel, hotels, cellphone plans, mobile software, fitness and leisure and more ([cma.ca/memberdiscounts](http://cma.ca/memberdiscounts)).

These are just a few of the benefits of CMA membership. To find out more, visit [cma.ca](http://cma.ca) or contact the Member Service Centre at **1-888-855-2555** (weekdays, 8 am to 8 pm ET) or [memberservicecentre@cma.ca](mailto:memberservicecentre@cma.ca).

Dear U of A med students,

# Your medical career starts here!

Succeeding in medical school is about more than just your grades. It's where you set the course for your professional life. With over 150 years of experience working with Canadian physicians, the CMA is with you every step of the way.



GET free e-textbooks and use our popular "Ask a Librarian" service.



RECEIVE financial planning advice geared specifically to students, from debt to investments.



JOIN the CMA Ambassador Program — available exclusively to students, residents and early-career physicians — and get involved in health policy, advocacy and leadership.



HONE your CaRMS interview skills through our exclusive prep program.



Join 85,000+ members – including 10,000 students – committed to a better health care future for all Canadians.



[cma.ca/students](http://cma.ca/students)

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# SURVIVING MEDICAL SCHOOL



Physician-in-  
Training



Resident  
Physician



Practising  
Physician

As a member of the Canadian Medical Association (CMA) you join more than 85,000 of your colleagues—including 10,000-plus physicians-in-training across Canada.

The CMA advocates for the highest standards of health care in Canada. Have your voice heard on the key issues affecting physicians-in-training and the profession.

As a member, you have access to the CMA companies MD Financial Management (MD) and Joule.



MD Financial  
Management  
CMA Companies

MD MedEd Counsel™ Advisors can help you get your finances on track during medical school—starting with a plan, tailored to your needs. Your MD Advisor can help you:

- borrow wisely to pay for medical school
- design a financial plan to ensure your funding lasts
- design a budget, cash flow analysis and debt repayment plan to help keep you on track
- prepare you for residency and practice

[md.cma.ca/meded](http://md.cma.ca/meded)



Access and download medical e-resources and apps through CMA's newest entrepreneurial company, Joule. E-textbooks can save you money and research summaries and image collections can help you build presentations. Entrepreneurial minded? Joule Innovation can help bring your ideas to life with grants, challenges and resources. Know us for:

- DynaMed Plus®, RxTx mobile app, Clinical Key® and more
- Practice Management Curriculum
- Joule innovation

[joule.cma.ca](http://joule.cma.ca)

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