

## Meds 2020

### Tracking & Validating Clinical Encounters in Clerkship

**IN ORDER TO COMPLETE AN ENCOUNTER OR SKILL**, the clerk must have been *directly responsible* for the care of the patient, *under the supervision* of a resident or staff. Failure to log encounters during a rotation will result in that rotation being incomplete. You are advised to track your clinical encounters **at least weekly** in One45. **Please note that simulated cases are not eligible to be counted towards your minimum required encounters.** Encounters are only eligible for tracking if they involve real patients.

#### MINIMUM REQUIRED CLINICAL ENCOUNTERS

**A = ADULT PATIENT**

**F = FEMALE PATIENT**

**G = GERIATRIC PATIENT**

**M = MALE PATIENT**

**P = PEDIATRIC PATIENT**

Clinical Encounters	# of each
Approach to patient with <b>Acute Abdominal Pain</b>	6 / 2F, 1P
Approach to patient with <b>Acute Chest Pain</b>	5
<b>Airway Management</b>	3
Approach to patient with <b>Altered Level of Consciousness</b>	3
Approach to overt <b>Bleeding from GI Tract</b>	3
Approach to care of patient with <b>Chronic Health Disorder</b>	4 / 1P / 1G
<b>Communication with families</b>	5
<b>Communication with healthcare team</b>	5
Care for <b>End-of-Life Patient</b>	1
<b>EKG Interpretation</b>	3
<b>Examination of Newborn</b>	3
Participate in a <b>Family Meeting</b>	1
Approach to pediatric patient with <b>Failure to Thrive</b>	2P
Approach to adult patient with <b>Failure to Cope</b>	4 / 1G
Approach to patient with <b>Fever</b>	6 / 3P
<b>Fracture Management</b>	2
Approach to <b>Gender Health</b>	2M / 4F
Comprehensive <b>Geriatric Assessment</b>	2
Approach to patient with <b>Gynecological Complaints</b>	10
Approach to patient with <b>Headache</b>	6
<b>IV insertion</b>	1
<b>Mental Status Exam</b>	3
Approach to patient with <b>Mood / Anxiety Disorders</b>	6
Approach to patient with <b>Musculoskeletal Injury/Pain</b>	10
Care for <b>Oncology Patient</b>	2
Comprehensive <b>Paediatric Evaluation</b> (Newborn-school age)	5
<b>Pelvic Exam</b>	3
Approach to <b>Post-Operative Care</b>	5
Approach to <b>Prenatal/Antepartum Care</b>	10
<b>Preventative Strategies</b>	20 / 5P
Approach to patient with <b>Psychotic Disorders</b>	3
Approach to patient with <b>Rash</b>	8 / 4P
<b>Screening for Common Malignancy</b>	10
<b>Shadow Health Care Professionals</b> (RN + OT, PT, etc)	6
Evaluation of patient with <b>Shortness of Breath</b>	5A / 2P
<b>Sterile Technique</b> , use of Local Anesthetic	2
Approach to patient with <b>Substance Abuse</b> as a major presentation contributor or substance-induced condition	5
<b>Suicidal Risk Assessment</b>	3
<b>Summary of Patient Assessment</b>	10
<b>Sutures / Wound Closure</b>	3
Assist with <b>Delivery of Baby</b>	5
Vaginal <b>Delivery of Baby</b>	1
Approach to patient with <b>Weakness or Fatigue</b>	6

## ENCOUNTER DESCRIPTIONS

\* NOTE THAT CLINICAL SETTINGS WHERE YOU ARE ***MOST LIKELY*** TO SEE THE ENCOUNTER ARE NOTED, BUT YOU CAN ALSO TRACK THEM IF SEEN ON OTHER ROTATIONS.

Clinical Encounter	<u>Minimum # of Encounters</u>	Encounter Objectives
<p style="text-align: center;"><b><u>Acute Abdominal Pain</u></b></p> <p>Patient may be seen in ED or as in-patient or out-patient, during the following *rotations: Medicine, Surgery, Peds, O/G, Family</p>	6 / 2F, 1P	Perform a focused history and physical exam
		For a patient with abdominal pain, describe an acute abdomen
		Discuss the presenting signs and symptoms by age, sex and causation
		Formulate a differential diagnosis, appropriate for the clinical situation
		Discuss appropriate investigations
Determine a treatment plan		
<p style="text-align: center;"><b><u>Acute Chest Pain</u></b></p> <p>Patient may be seen in ED or as in-patient or out-patient, during the following *rotations: Medicine, Surgery, Family</p>	5	Perform a focused history and physical exam on a patient presenting with chest pain
		Identify the features on history, physical examination
		Discuss investigations that distinguish emergency causes of chest pain from non-emergency causes
		Determine a treatment plan
<p style="text-align: center;"><b><u>Airway Management</u></b></p> <p>Activity may be conducted in the ED or as an in-patient, during the following *rotations: Medicine (ED), Surgery (Anesthesia), Peds (NICU/PCCU)</p>	3	Describe the indications for various forms of airway management
		Successfully intubate a patient
<p style="text-align: center;"><b><u>Altered Level of Consciousness</u></b></p> <p>Patient may be seen in ED or as in-patient, during the following *rotations: Medicine, Surgery, Peds</p>	3	Perform a focused history and physical exam in a patient presenting with altered level of consciousness
		Discuss the differential diagnosis in a patient presenting with altered level of consciousness
		Identify precipitating factors for hospital-acquired delirium
		Determine a treatment plan
<p style="text-align: center;"><b><u>Bleeding from the GI Tract</u></b></p> <p>Patient may be seen in ED or as in-patient, during the following *rotations: Medicine, Surgery, Peds</p>	3	Perform a focused history and physical exam
		Describe the presentation of shock in a patient presenting with a GI bleed
		Formulate a differential diagnosis
		Discuss appropriate investigations
		Determine a treatment plan, based on the above
<p style="text-align: center;"><b><u>Chronic Health Disorder</u></b></p> <p>Patient may be seen in an in-patient or out-patient setting, during the following *rotations: Medicine, Family, Peds</p>	4 / 1P / 1G	Assess a patient presenting with one or more chronic health issue, such as COPD, CHF, DM, HTN, or Hyperlipidemia
		Determine a management plan specific to the patient presentation
		Describe the various treatments used in treatment of the chronic health disorder

<p><b><u>Communication with Family</u></b> Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Surgery, Peds, O/G, Family, Psychiatry</p>	5	Demonstrate the use of cultural and age appropriate communication skills, including listening, verbal, and non-verbal communication, when interacting with patients and their families
<p><b><u>Communication with Health Care Team</u></b> Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Surgery, Peds, O/G, Family, Psychiatry</p>	5	<p>Participate effectively and appropriately in an interprofessional health care team in a variety of environments (e.g. ambulatory clinic, long term care, hospital, ER)</p> <p>Demonstrate an understanding and respect for the expertise, roles and values of allied health professionals</p>
<p><b><u>Care for End-of-Life Patient</u></b> Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Peds, Family, Surgery</p>	1	<p>Describe an approach to common symptoms experienced by patients who have a life-limiting diagnosis, including, but not limited to: pain, dyspnea, constipation, excessive respiratory secretions, agitation and delirium</p> <p>Utilizing the team based approach, identify local resources to provide patients and their families support including bereavement counseling</p> <p>Discuss a process by which learners are able to manage their own feelings that arise from caring for patients who are dying</p>
<p><b><u>EKG Interpretation</u></b> Activity may be conducted in ED or in-patient setting, during the following *rotations: Medicine</p>	3	Interpret an ECG in a patient presenting with chest pain of cardiac origin
<p><b><u>Examination of the Newborn</u></b> Patient may be seen as in-patient or out-patient, during the following *rotations: Peds, Family</p>	3	<p>Complete an observed (resident or consultant observer) physical examination of an infant (birth – 1 month)</p> <p>Plot and interpret height, weight, head circumference</p> <p>Interpret vital signs for newborn care</p> <p>The examination should be a complete head to toe examination with demonstrated competence of the following skills, unique to the newborn exam:</p> <ol style="list-style-type: none"> <li>i. Palpate for fontanelles and suture lines</li> <li>ii. Perform red reflex</li> <li>iii. Inspect for dysmorphic features</li> <li>iv. Elicit primitive reflexes</li> <li>v. Hip examination</li> <li>vi. Palpate femoral pulses</li> <li>vii. Examine external genitalia</li> </ol>
<p><b><u>Participate in a Family Meeting</u></b> Patient may be seen as in-patient, during the following *rotations: Medicine, Surgery, Peds, O/G, Family, Psychiatry</p>	1	<p>Prepare in advance, including a chart review and patient reassessment for session</p> <p>Demonstrate setting goals for the family meeting based on needs of the patient, their family, and the current clinical presentation</p> <p>Participate in developing a shared agenda between the patient, family, and staff at the beginning of the meeting</p> <p>Develop a patient centered care plan</p> <p>Document the results of the family meeting, including the care plan</p>
<p><b><u>Failure to Thrive (Pediatric)- FTT</u></b> Patient may be seen as in-patient or out-patient, during the following *rotations: Peds, Family</p>	2P	<p>Assess a patient with FTT (&lt; 3rd percentile / crossing 2 major percentile lines) or failing to gain or losing weight</p> <p>Develop an appropriate differential diagnosis</p> <p>Describe the initial diagnostic investigations and management plan</p> <p>Demonstrate correct plotting of growth parameters and calculation of BMI</p>

<p><b><u>Failure to Cope</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Family, Psychiatry</p>	4 / 1G	Perform a focused history and physical exam in a patient presenting with a diagnosis of failure to cope
		Describe a differential diagnosis for failure to cope
		Outline an approach that includes the appropriate investigations and treatment plan for a patient with failure to cope
<p><b><u>Fever</u></b></p> <p>Patient may be seen in the ED or as in-patient or out-patient, during the following *rotations: Medicine, Surgery, Peds, Family</p>	6 / 3P	Assess a patient with fever
		Develop an appropriate differential diagnosis
		Describe initial diagnostic investigations – including when a lumbar puncture or other invasive procedures would be indicated
		Discuss a management plan
<p><b><u>Fracture Management</u></b></p> <p>Activity may be conducted in the ED during the following *rotations: Surgery, Peds</p>	2	Identify and describe the findings of a fracture on x-ray or other imaging
		List and discuss the principles of fracture management including stabilization, reduction and follow-up complications
<p><b><u>Gender Health</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, O/G, Family, Surgery, Peds - adolescent</p>	2M / 4F	Assess and describe health issues unique to each gender
		Demonstrate a sensitive method for discussing and assessing these issues
		Advocate for gender specific preventative health screening
		Perform a physical exam consistent with the inquiry or health maintenance presentation (i.e. Pap smear, pelvic exam or breast exam) under supervision by attending staff
<p><b><u>Geriatric Assessment</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Family, Psychiatry</p>	2	Perform a thorough mental status examination in a Geriatric patient
		Discuss the signs and symptoms of dementia and delirium
		Identify when polypharmacy may be having an adverse effect on a Geriatric patient's health
<p><b><u>Gynecological Complaints</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: O/G, Family</p>	10	Assess a patient with an acute or chronic gynecologic complaint
		Develop an appropriate differential diagnosis
		Discuss investigations and management plan
<p><b><u>Headache – acute and chronic</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Peds, Family</p>	6	Assess a patient presenting with headache
		List the various types and causes of headache to develop a Differential Diagnosis
		Describe and identify red flag symptoms of headache
		Discuss an approach to treating both common, non-urgent and acute progressive (red flag) headache symptoms
<p><b><u>IV Insertion</u></b></p> <p>Activity may be completed in the Ed or in-patient setting, during the following *rotations: Medicine, Surgery (Anesthesia), Peds</p>	1	Identify the indications for placing an intravenous catheter
		Describe the indications for placing a PICC line
		Successfully insert an IV line

<p><b><u>Mental Status Exam</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations:</p> <p>Medicine, Family, Psychiatry</p>	3	<p>The student will be able to describe the following after a clinical assessment:</p> <p>a. appearance and level of cooperation</p> <p>b. level of alertness/orientation</p> <p>c. mood and affect, with comments on congruence, range, and appropriateness</p> <p>d. thought process (goal directed, tangential, circumstantial, flight of ideas, loosening of associations, etc.)</p> <p>e. thought Content, including suicidal or homicidal ideation, delusional content, self-harm</p> <p>f. perceptual disturbances</p> <p>g. cognition</p> <p>h. speech rate, rhythm, and prosody</p> <p>i. insight</p> <p>j. judgment</p>
<p><b><u>Mood / Anxiety Disorders</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations:</p> <p>Family, Psychiatry, Peds</p>	6	<p>The student will assess a patient with a mood or anxiety disorder. The student will be expected to:</p> <p>a. Outline the diagnostic criteria of a mood disorder and an anxiety disorder</p> <p>b. Describe the expected mental status exam findings consistent with a mood or anxiety disorder</p> <p>c. Elicit symptoms in the course of the assessment of the patient</p> <p>d. Utilize the mental status exam, history of presenting illness, and elicited symptoms to develop a differential diagnosis</p> <p>e. Develop an appropriate preliminary management plan based on the differential diagnosis</p>
<p><b><u>Musculoskeletal Injury / Pain</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations:</p> <p>Medicine, Surgery, Family, Peds</p>	10	<p>Assess a patient presenting with common MSK injuries / pain</p> <p>Demonstrate an approach to treatment strategies for common MSK presentations</p> <p>List red flag symptoms requiring further assessment and treatment</p>
<p><b><u>Care for Oncology Patient</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations:</p> <p>Medicine, Peds</p>	2	<p>Perform a focused history and physical exam in a patient presenting with a new diagnosis of cancer</p> <p>List and expand on the indications for chemotherapy and radiation therapy in patients who present with cancer</p> <p>Discuss the complications of chemotherapy and radiation therapy</p>
<p><b><u>Pediatric Evaluation</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations:</p> <p>Peds, Family</p>	5P	<p>Complete an observed history and physical examination on a Pediatric patient (resident or consultation observer) appropriate for the clinical presentation</p> <p>Demonstrate correct examination technique for age and problem assessed</p>
<p><b><u>Pelvic Exam</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations:</p> <p>O/G, Family</p>	3	<p>Establish rapport and approach the patient with sensitivity under direct supervision by staff or resident in a pelvic examination</p> <p>Inspect the vulva and perineum</p> <p>Insert a speculum gently and visualize the cervix and vagina</p> <p>Perform a PAP smear, cervical cultures and vaginal swab as necessary and relevant</p> <p>Perform a bimanual exam, noting the size, orientation of the uterus and the presence or absence of adnexal masses if possible</p>
<p><b><u>Post-Operative Care</u></b></p> <p>Patient may be seen as in-patient, during the following *rotations:</p> <p>Surgery</p>	5	<p>Review and discuss the general principles of postoperative care as they relate to issues that include as a minimum: wound care, pain management, fluid balance</p>

<p><b><u>Prenatal / Antepartum Care</u></b></p> <p>Patient may be seen as out-patient, during the following *rotations: O/G, Family</p>	10	<p>Perform a complete history, physical exam, establish gestational age and identify risk factors during an initial antenatal assessment</p> <p>Counsel patients with respect to nutrition, activity, exercise, sexual activity, smoking, alcohol and drug use in pregnancy</p> <p>Discuss the importance of routine prenatal laboratory investigations, prenatal diagnostic options (IPS, NIPT, Quad Screen, amniocentesis and CVS) and ultrasound assessment for dating, position, fetal viability and fetal morphology</p> <p>Discuss and counsel antenatal care and investigations (GDM screening, Rh prophylaxis, GBS screening, term cervical assessment) to ensure maternal health and normal fetal growth and well being</p>
<p><b><u>Preventative Strategies</u></b></p> <p>Patient may be seen as out-patient, during the following *rotations: Medicine, Surgery, Peds, O/G, Family</p>	20 / 5P	<p>Demonstrate an approach to discussing preventative health issues and pertinent screening tests with patients</p> <p>Explain the purposes &amp; limitations of the above listed issues and tests</p>
<p><b><u>Psychotic Disorders</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: Family, Psychiatry</p>	3	<p>Outline the symptoms of psychosis, including hallucinations, delusions and thought disorder</p> <p>Describe the expected mental status exam findings consistent with psychosis</p> <p>Elicit symptoms in the course of the assessment of the patient</p> <p>Utilize the mental status exam, history of presenting illness, and elicited symptoms to develop a differential diagnosis</p> <p>Participate in development of a management plan for this patient</p>
<p><b><u>Rash</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Peds, Family</p>	8 / 4P	<p>Assess a patient presenting with a rash</p> <p>Describe the rash using appropriate terminology (e.g. macule/patch, papule/plaque, vesicle, bulla, erythematous, ulcer, etc.)</p> <p>Develop an evidence-based approach to investigation</p> <p>Propose and discuss an initial management plan</p>
<p><b><u>Screening for Common Malignancy</u></b></p> <p>Patient may be seen as out-patient, during the following *rotations: Medicine, Family, Surgery, Peds, O/G</p>	10	<p>Discuss the age and gender relevant cancer screening guidelines appropriate to the patient presenting for any encounter – including but not limited to: breast cancer; prostate cancer; colon cancer; cervical cancer</p> <p>Review with the patient they are assessing the indicated screening recommendation specific to that patient, including any controversies</p>
<p><b><u>Shadow a Health Care Professional (IPE)</u></b></p> <p>Activity may take place at in-patient or out-patient setting during the following *rotations: Medicine, Surgery, Peds, O/G, Family, Psychiatry</p>	6	<p>See objectives and requirements in Clerkship site in OWL. One required during each core clerkship rotation. Note: there are <i>FIRM</i> deadlines for submission of required reports and penalties for not meeting deadlines</p>
<p><b><u>Shortness of Breath</u></b></p> <p>Patient may be seen in the ED, or as in-patient or out-patient, during the following *rotations: Medicine, Surgery, Family, Peds</p>	5A / 2P	<p>Perform a focused history and physical exam in a patient presenting with a diagnosis of shortness of breath</p> <p>Identify and discuss the features on history, physical examination and investigations that distinguish emergency causes of shortness of breath from non-emergency causes</p> <p>Review the appropriate indications for performing an arterial blood gas, Chest X-ray and an ECG in a patient presenting with shortness of breath</p> <p>Discuss a management plan based on the identified patient</p>

<p><b><u>Sterile Technique / Use of Local Anesthetic</u></b></p> <p>Patient may be seen in the ED or as in-patient, during the following *rotations: Medicine (ED), Surgery, Peds, Family</p>	2	Determine the dosage and type of local anesthetic to use in patient care
		Prepare for and load a syringe of local anesthetic in a sterile fashion
		Inject local anesthetic in a sterile fashion
		Describe the principles of local anesthesia
<p><b><u>Substance Abuse</u></b></p> <p>Patient may be seen as out-patient, during the following *rotations: Family, Psychiatry, Medicine, Surgery</p>	5	Describe how to screen for substance abuse disorders in all patients, and especially in high risk groups (e.g. mental illness, chronic pain / disability)
		Assess a patient presenting with any substance use disorder, including, but not limited to: tobacco, alcohol, prescription medications, illicit substances
		Discuss local resources available to patients with substance abuse disorders
<p><b><u>Suicidal Risk Assessment</u></b></p> <p>Patient may be seen in the ED, or as in-patient or out-patient, during the following *rotations: Family, Psychiatry, Medicine (ED)</p>	3	Demonstrate the actions of asking about suicidal thoughts: passive suicidal ideation, and active suicidal ideation
		Demonstrate the actions of asking about homicidal thoughts: passive homicidal ideation, and active homicidal ideation
		Demonstrate the actions of asking about thoughts of self-harm
		Elicit sensitively a past history of harm to self or others
		Review and elicit associated risk factors (substance abuse, acute stressors, social supports, comorbid mood or psychosis symptoms including hopelessness)
		Review and elicit protective factors
		Participate in the development of a management plan for this patient
<p><b><u>Summary of Patient Assessment</u></b></p> <p>Patient may be seen as in-patient or out-patient, during the following *rotations: Medicine, Surgery, Peds, O/G, Family, Psychiatry</p>	10	Present a well-constructed, complete and concise presentation of a patient assessment. The presentation should include all relevant pertinent positives and negatives. There should be a clear assessment and plan outlined and discussed. The students should be able to provide evidence based reasoning for the plan.
<p><b><u>Sutures / Wound Closure</u></b></p> <p>Patient may be seen in the ED, or as in-patient, during the following *rotations: Medicine (ED), Surgery</p>	3	List the different types of absorbable and non-absorbable sutures
		Discuss the indications for the type of suture required
		Discuss the different types of skin closure using sutures
		Perform skin closure using sutures under supervision
<p><b><u>Assist with Delivery of Baby</u></b></p> <p>Patient may be seen as in-patient, during the following *rotations: O/G, Family</p>	5	Establish a rapport with a laboring patient, their partner, family and support persons
		Discuss the patient's pregnancy history, parity and labor progress in relation to delivering intra and post-partum care
		Be present at the patient's delivery with gown/gloves to be involved with any of: a. Delivery of infant. b. Delivery of the placenta. c. Assist with perineal repair
<p><b><u>Vaginal Birth of Baby</u></b></p> <p>Patient may be seen as in-patient, during the following *rotations: O/G, Family</p>	1	Establish a rapport with a laboring patient, their partner, family and support persons
		Discuss the patient's pregnancy history, parity and labor progress in relation to delivering intra and post-partum care
		Delivery of the infant; delivery of the placenta
<p><b><u>Weakness / Fatigue</u></b></p> <p>Patient may be seen as out-patient, during the following *rotations: Medicine, Family</p>	6	Assess and discuss a patient presenting with fatigue / weakness
		Evaluate and link red flags that suggest psychosocial concerns with the patient's care: Determinants of health including but not limited to: homelessness, isolation, single parent, addiction, recent losses, sleep quality, shift work, income
		Formulate a differential diagnosis
		Prepare a management plan including evidence-based investigations
		Appreciate the uncertainty of many presentations such as fatigue, and the concept of "watchful waiting"