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Faculté de médecine  
Faculty of Medicine

# GUIDE DE L'EXTERNAT PAR ET POUR LES ÉTUDIANTS

VOLET FRANCOPHONE

2014 - 2015



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## **Bienvenue à la troisième année!**

Encourageons à bien travailler, à demander de l'aide lorsque vous en avez besoin, à faire preuve de professionnalisme et à profiter pleinement de toutes les occasions d'apprentissage qui se présenteront à vous. Votre année sera réussie si vous faites preuve de flexibilité et de professionnalisme, si vous adoptez une attitude amicale et si vous démontrez une bonne connaissance des principes de base.

L'objectif de ce guide est de faciliter votre transition vers l'externat en vous fournissant des renseignements élémentaires sur ce que l'on attendra de vous dans chaque stage clinique, lorsque vous serez de garde, de même que la logistique de la vie en milieu hospitalier. Les renseignements fournis peuvent changer en tout temps. Pour cette raison, l'information fournie par le directeur ou la directrice de stage, de même que par les coordonnatrices a toujours prépondérance sur les renseignements de ce guide.

Veuillez noter que le présent guide concerne le volet francophone. Un guide semblable a été créé pour le volet anglophone. Bien qu'une partie de l'information se recoupe entre les deux volets, nombreux renseignements sont tout de même différents. Il vous est donc recommandé d'utiliser le guide qui a été rédigé pour votre volet linguistique.

Nous espérons que ce document vous fournira suffisamment d'information pour que vous puissiez amorcer chaque stage avec clarté et confiance. Si vous avez tout de même des questions auxquelles vous ne trouvez pas de réponse, n'hésitez pas à les poser aux membres des promotions qui vous précèdent.

Nous vous souhaitons une excellente année et la meilleure des chances!

**Céline Giordano et Anne McHale – étudiantes de la promotion 2015**

### **SPECIAL THANKS**

*To Gemma Cox and Stephanie Lubchansky for lending much of their relevant work from the English Stream Clerkship Guide*

*To The Faculty of Medicine at the University of Ottawa for supporting this endeavour.*

*And to the Bureau des affaires francophones for offering their support and contributing to the translation of this resource.*

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# PREPARING FOR CLERKSHIP

## THIRD YEAR GROUPS & ROTATIONS

### GROUP DESCRIPTION

Third-year provides exposure and experience in the core areas of medicine. The year is divided in four blocks of twelve weeks, with each twelve-week block further divided in two different six-week rotations. As you likely all know, the order in which you rotate through the different blocks depends on the group you are in. The blocks, learning objectives and exams are the same in the French and the English stream, but all rotations except from Pediatrics and English Mandatory Selective differ significantly between the two streams, due to differences in sites.

Detailed information on each rotation is provided later in the Guide, but below is a brief overview of the blocks.

- Internal Medicine/ Emergency & Anesthesia
- Obstetrics & Gynecology/ Surgery
- Family Medicine/ Psychiatry
- Pediatrics/ Mandatory Selectives

### CHOOSING A GROUP

In second year, you will be provided with a description of clerkship groups and will have to rank your group choice for a lottery. This will determine in what order you will rotate through the four blocks and eight rotations in third year. It is important to recognize that one group does not fit all. Below are some of the factors to take into consideration when making your choice:

- While it is impossible to predict how busy or slow a rotation will be, there tends to be trends. If you know there is a time of year (i.e. the summer) when you would prefer to have more time, you can try for a grouping with the often less busy (i.e. family medicine and psychiatry), during that time frame.
- Although all rotations are busy, surgery, obstetrics & gynecology and internal medicine have traditionally been described as “more demanding” and “harder” than other rotations.
- Clerkship starts after nearly three months of summer when you will be refreshed, energetic and excited. As such, many people choose groups that start with the “harder” or “more demanding” specialties, such as surgery, OBS/GYN, or internal medicine.
- If you are unsure of your career choice, doing the rotations that you are potentially interested in earlier in the year may give you a better sense if it is in fact the career path right for you, and provide you with enough time to comfortably set up your fourth-year electives.
- If you feel flexible in regards to rotation order, consider maximizing the social opportunities in clerkship by trying to be in a group with friends. Having friends in a clerkship group can be useful in a few key ways:
  - You can study together.
  - You can provide one another with support through clerkship’s challenges.
  - You will see them more often by virtue of overlap on clinical experiences, weekly teaching sessions, boot camps, and exams.
  - In many rotations, you work on a team of 3-4 people (internal medicine, pediatrics) and it’s nice to work with people you know you click with.
- If you are quite sure you know which specialty you want to pursue, some considerations on when to complete your rotation in your desired specialty:
  - Many people try and do one rotation prior to the one of interest, to get more comfortable with clerkship lifestyle and expectations before you get to the specialty you think you love.
  - That being said, completing your specialty of interest early is helpful in that you have a good level of energy and can confirm prior to setting up fourth-year electives.
- If you have many interests and are having difficulty choosing, consider picking a rotation that has a few of your interests close together. For example, if you are considering OBS/GYN and family medicine, being in groups E and F will allow you to have both those rotations completed by end of February.

## RURAL ROTATIONS

During clerkship, four consecutive weeks must be completed in a rural setting. Depending on your lottery results, you may or may not do your rural rotation in third year. If not, you will have to do it in fourth year. In the French stream, most students do their family medicine rotation in rural areas. Other rotations for completing your rural rotation include emergency medicine and surgery.

### EASTERN REGIONAL MEDICAL EDUCATION PROGRAM (ERMEP)

- They will help with the organization of your placement.
- They will reimburse commuting gas OR accommodation plus gas to and from your elective site for one trip over the five weeks.
- They will organize accommodation for you. Inform them of an address if you know where you want to stay:
  - Abadin B&B in l'Original: <http://www.abadinbandb.ca>
  - Cranberry House B&B: <http://www.cranberryhouse.ca>
    - 10 min drive to Hawkesbury General Hospital
    - Very nice hosts – 3 bedrooms with a shared bathroom
    - Breakfast and snacks provided
    - Free Wi-Fi
    - Limited cooking equipment available (2 small electric stoves, one electric frying pan, toaster, coffee machine, fridge. No oven but may use the owner's)
  - Gite le Boisé, Plantagenet
    - Walking distance from the Plantagenet Family Health Team.
    - 20 min drive to St Isidor
    - Three rooms available, pool
  - Hawkesbury: the coordinator, Carolle Rouleau has a list of private hosts (rooms in houses) that are walking distance to the Hawkesbury General Hospital and other family medicine clinics (ex: Ruby clinic).
- Inform your elective coordinator and ERMEP if you would like to work with a specific preceptor or if you have specific interests (obstetrics, acute care, hospitalist, rehabilitation etc).
- The experience is often semi-rural due to the proximity of Hawkesbury, Montreal and Ottawa Hospitals.

### CNFS

- Students with CNFS may return to their hometown for their family medicine rotation. It will be considered a rural rotation as you are serving a minority Francophone population.
- There are many logistical considerations for this option, as approval and licensing occurs through a different province. Contact the 3<sup>rd</sup> year liaison officer well in advance of your rotation to discuss further details.
- Any CNFS placement is considered rural, regardless of the size of the city.
- Plan these rotations early (ideally 6 months or more in advance), as interprovincial licensing and approval can take some time.

### FOR FRANCO-MANITOBANS, THROUGH CNFS:

- Possibility of doing your family medicine (in French) +/- psychiatry (in English) in Manitoba.
- Contact the coordinator in Manitoba (Dr. Keighley James) as soon as you get your schedule in 2<sup>nd</sup> year.
- Dates and spots are often limited. It is therefore wise to start organizing early.

## MAXIMIZING YOUR PREPARATION FOR CLERKSHIP

### IN PRE-CLERKSHIP

#### **MAXIMIZE LEARNING IN PSD (DAC) AND CLINIQUE SIMULÉES**

Regardless of which rotation you begin with, you will be expected (and trusted!) to perform a complete history and physical exam on your patients. Your assessment will be considered accurate, and usually will not be repeated by the residents or the staff. You will also rarely receive so much focused attention and feedback on your skills, so hone them while you can.

Francophone stream students are fortunate to get 'clinique simulée' sessions, which you will find to be a great base for physical exams and history taking. Capitalize on these learning opportunities and incorporate feedback into your future approach.

#### **MAXIMIZE LEARNING IN RADIOLOGY & ECG INTERPRETATION**

As tough as these classes can be, they are very important clinical skills that you will be expected to possess. Having a strong foundation in these areas will serve you well.

#### **LEARN YOUR ANTIBIOTICS**

Know which drugs are used for common problems, and which organisms are responsible for common pathologies including pneumonia, UTI, skin infections, meningitis, preoperative, sepsis.

#### **DO PRE-CLERKSHIP 10-HOUR ELECTIVES**

This is particularly important if you are unsure of which specialty interests you. Gathering more information and experience on potential areas of interest is better done earlier rather than later.

### BEFORE THE START OF CLERKSHIP

#### **MAKE THE MOST OF THE LINK PERIOD**

This is discussed in more details later, but pay attention and make the most of Link Period, as it covers very important principles.

#### **REVIEW MAJOR TOPICS**

Review general medicine topics, such as chest pain, cough, abdominal pain, as well topics on your upcoming rotation. Treat each rotation as though it is the specialty you want to pursue. This will help maximize your learning and get better evaluations. The stronger your knowledge base is the better, but never be afraid to say you do not know when asked about a topic. The same principle applies if you are asked about a specific element of a patient history; if you did not ask, simply respond as such. Never guess and never convey information that was not truly gathered. Propose a treatment plan and think of a differential. Try to consider how you would manage a patient if your preceptor were not there; it will help you think of management steps.

#### **ORGANIZE YOUR LIFE**

Clean your apartment, organize your office and be as ready as possible to have little free time.

#### **TALK TO THE UPPER YEARS**

There are many mentorship and counselling supports in medicine. Take advantage of these programs and do not be afraid to ask questions.

#### **BE PROFESSIONAL**

This applies to how you dress and behave. Regardless of how casual your residents and staff dress, look sharp. That being said, wear good comfortable shoes. When it comes to how you compose yourself, ascribe to high standards of confidentiality and integrity.



## SMARTPHONE & IPAD APPS USEFUL FOR CLERKSHIP

### ORGANIZATIONAL AND OFFICE

- **Evernote:** free; excellent for quick notes you take on wards; can take pictures of handwritten notes and store them under topic headings!
- **AwesomeNote HD:** \$8.99; includes calendar, to do list, reminders, shopping lists, and much more.
- **Goodreader:** \$4.99; great for storing PDF versions of textbooks (many of which are free!).
  - Ibooks is a similar application that allows you to store PDF versions of textbooks for free.
- **Office2HD:** \$7.99; great for note taking, storing handouts/algorithms, and papers.

### DIAGNOSTIC

- **Qx Calculate:** free; for clinical calculations or diagnostic criteria.
- **Pocket Guide to Diagnostic Tests:** \$44; Very expensive BUT for those of you less than confident in clinical biochemistry, this excellent reference app is extremely helpful.
- **ECG Guide by Qx MD:** \$0.99; ECG reference as well as samples ECGs.

### MEDICAL REFERENCE

- **UpToDate:** free access through TOH network. For remote access (Montfort, home etc), you must create an account through "MyTOH" and will have to renew your school affiliation roughly once every second month.
- **Medscape:** free; similar to UpToDate but in more succinct format
- **MD on call:** \$4.99; quick reference on how to manage common problems you will encounter on the wards while on call. For example new onset fever, increased shortness of breath, or hypertension. It has a great approach to abnormal lab results, like electrolyte and glucose abnormalities. VERY useful on internal medicine, especially when you get a call from the floor and need help determining the severity of the problem.
- **Epocrates or Lexicomp:** free (but lexicomp requires subscriber information): good drug reference but can be a little difficult to use.
- **uCentral :** available through the library
- **First Consult:** available through the library
- **The Family Medicine Clerkship Handbook;** a quick reference for common presentations, which can be downloaded as a PDF version onto iPads/smartphones.

### ANATOMY

- **Visible Body:** \$29.99; expensive, but this is better than most anatomy textbooks. 3D enlargeable images of structures and the ability to add or remove systems (such as skin, muscles, bone), as well as details for each structure

### CLINICAL SKILLS

- **Physical Exam Essentials:** \$2.99; a good, concise review of history and physical exam skills by system
- **Nerve Whiz:** free; reference guide for neurological problems; tells you which nerves are involved with which systems. (Another option is to load the PDF version of your PSD booklet onto your ipad)
- **Cardio:** CCS guidelines apps (Heart Failure, Atrial Fibrillation, Lipids, Antiplatelets, Pediatrics, Drive + Fly). CHEP Hypertension guidelines
- **Emergency:** WikiEM
- **Surgery:** Cold Steel
- **Cervical Cancer care:** CCO screening
- **ENT:** Learn ENT
- **Pediatrics:** CHEO prescribing guide. Available in PDF on CHEO intranet

## LEARNING BY USING SOCIAL MEDIA

- Facebook:
  - **New England Journal of Medicine (NEJM)** has daily quizzes, photo challenge and blog posts
  - **2 min Medicine** provides summaries of recent articles
  - **Emergency Medicine Cases**
- Twitter
  - **Emergency medicine**
    - EM Ottawa
    - BoringEM
    - EM:RAP's Mel Herbert
    - Amal Mattu - Stella Yiu – Nadim Lalani – Anna Bargren Pickens
    - Mayo Clinic EM
  - **Medicine**
    - The Lancet
    - NEJM
    - WHO
    - JAMA

Other great apps and their reviews can be found at [www.imedicalapps.com](http://www.imedicalapps.com)

# BEING A CLERK

## LOGISTICS OF BEING A CLERK

Each clerk will have different experiences as they rotate through their blocks. Factors affecting rotations include luck with timing in cases, preceptors and locations. As a result of the above differences, some days you might be observing, while others you will have very little instruction before assuming responsibility. Most are variables outside of your control, but you should approach each experience positively and take initiative. Take each of the experiences as a learning opportunity and do your best to get the most out of it. Don't be afraid to ask to try a procedure or get involved. It's important to be proactive!

### DAILY SCHEDULE

An overview of what to expect for each rotation is provided below in the rotation description. With the exception of emergency medicine (and some calls), do not expect to have a fixed schedule. Typically, you will follow your preceptor's schedule and finish when he or she finishes. Some rotations have longer hours and more calls than other. Try to capitalize on your free time and catch up on the rest during rotations with no calls and weekends off.

### GETTING ORIENTED AT THE START OF EACH ROTATION

One of the biggest challenges of third year is to adapt to a new rotation. It can feel like as soon you being in to get comfortable in one rotation, it is time to switch to a new one, and the adaptation process starts over.

Before each block/rotation starts, you will receive an orientation package from the coordinator with all the logistic information needed. You can also refer to this guide to get a general idea of how the rotation will be and what is expected from you. On the first day of each block, there will also be an information session with the coordinators and the rotation directors. Make the most of these resources, to feel as prepared as possible prior to starting new blocks.

### CONTACTING PRECEPTORS

It is usually students' responsibility to contact preceptors in advance, to determine where and when to meet. Some can be hard to reach, so give yourself at least a week in advance to ensure the logistics are arranged. Preceptors' contact information should be either on your schedule or will be provided to you by the coordinator. When you contact your preceptor, be sure to introduce yourself with your full name, indicate your level of study and dates scheduled with them. Do not hesitate to ask the coordinators if you are not able to reach your preceptor.

### DRESS CODE – PROFESSIONAL VS. SCRUBS

For any clinical activity, you should dress professionally. Remember that jeans are never appropriate. Scrubs should never leave the hospital, as they can be a health hazard when contaminated. There are many locations where you can leave your dirty scrub, including in the locker room.

As a guide, here is a list of times when you can wear scrubs:

- **Obs/Gyn:** on call for obstetrics, in the OR, ± colposcopy depending on your preceptor (wear dark clothes otherwise)
- **Surgery:** in the OR (adult and paediatric), minor procedures, ± calls
- **Internal medicine:** ± calls, ± Intensive Care Unit (depending on the preceptor)
- **Emergency**
- **Anesthesia**
- **Pediatrics:** on call, NICU week (Thursday and Friday at the Civic) ± emergency

## TRANSPORTATION

It is highly recommended to have access to a car on a daily basis during third-year. On many occasions, you will not be at Montfort and will have to travel to your preceptor's office, which may be anywhere in the city. In addition, you may spend the morning at your preceptor's office and the afternoon at the hospital, or vice versa.

More information is provided in each section, but general travel requirements are as follows:

- **Obs/Gyn:** Clinics are primarily at your preceptor's office (many are based in Orleans). You will be at Montfort for surgeries, C-sections (possibly on clinic days) and calls.
- **Surgery**
  - Montfort: A mix of your preceptor's office and hospital.
  - Hawkesbury: Mostly, if not only hospital.
- **Internal medicine:** A mix of your preceptor's office and Montfort for clinics. At Montfort for calls. Possibly at the Heart Institute for angiography.
- **Emergency medicine:** Only hospital based for Montfort, Gatineau and Hawkesbury.
- **Anesthesia:** Only hospital based.
- **Pediatrics:** Mostly at CHEO. One day at the Civic, one day at TOH and one day at Montfort during NICU week.
- **Mandatory Selective:** Locations differ depending on your stream (English vs French). If in the English stream, you will rotate through CHEO, the Civic, the Riverside and the General. If in the French stream, your rotations will be mainly Montfort based.

## THE OTTAWA HOSPITAL (TOH) INTERCAMPUS SHUTTLE

The shuttle may be useful during Mandatory Selectives and/or Pediatrics. It runs daily between the General, Civic, and Riverside. The shuttles leave on the hour and half hour from the General Campus (Critical Care wing) and the Civic. They leave ten past and forty past the hour from the Riverside. It takes roughly 25 min to go from the General to the Civic and vice versa.

## CALLS

In general, calls are rich in learning opportunities. Try to approach each call and each beep of your pager (no matter what time of the night it is) as an opportunity to see a new pathology, suggest a treatment plan or perfect your knowledge of something you have seen many times before.

Here are a few tips for call shifts:

- Bring a lot of food on 24-hour calls. You will eat more if you are not sleeping, and keep in mind that the cafeteria might be closed by the time you get a break to eat.
- Bring warm and comfortable clothing as call rooms can be cold and only a thin blanket is provided.
- Bring a toothbrush and whatever else you want to freshen up in the middle of the night and sleep comfortably.
- Opportunities to sleep on 24-hour calls vary greatly. A good attitude is to expect to get no sleep and if you get any it's a bonus!

Not all rotations have calls, and the number of hours and days on call vary between sites and rotations. Note that if you are not on call overnight, you will not get a post-call day off. Below is a brief list of calls according to rotations (more details are provided in the specific rotation section):

- **Obstetrics & Gynecology:** 24h week days and week-end calls → post call day off
- **Surgery:** evening and week-end calls until 11pm → no post call day off
- **Internal medicine:** evenings until 11pm and week-end calls → no post call day off
- **Pediatrics:** evening, night and week-end calls (24h) → post call day off
- **Psychiatry** (Montfort): evening calls → no post call day off
- **Family medicine:** depends on your preceptor

## LANGUAGE

### MONTFORT

- Be prepared to work in French and in English.
- Although most patients and staff are Francophone, you will often have Anglophone patients. Get in the habit of asking patients which language they prefer and be sure to use that language.
- Typically, you are free to chart in either languages, although some preceptors may prefer you to write in French.

### HULL, GATINEAU, PIERRE-JANET

- Rotations at these locations are virtually exclusively in French, as most patients and staffs are French-speaking. Charting should also be done in French.

## NON-CLINICAL DUTIES

### PRECEPTOR'S EVALUATIONS

Throughout 3<sup>rd</sup> year, you and your preceptor evaluate one another. Take advantage of the feedback you get to improve and perform better in your next rotation. In addition to preceptors, you will often evaluate your preceptor, the institution and the entire rotation. Preceptors will evaluate you mostly through one45 but some paper evaluations are still used. Explanations will be provided in your orientation package and some general information is also in this guide under each specific rotations.

### REQUESTING AND REPORTING ABSENCES

If you require an absence, request it the earliest possible, ideally before the schedules are made. To do so, email medyear3 and the rotation coordinator to inform them of your absence. The Faculty rule is to request absences at least 2 months prior the start of a rotation.

If you are ill, email the above parties at the earliest possible to date, to inform them of your absence. Unexcused absence greater or equal to three consecutive clinical days require a medical note.

### EXAMS

At the end of each twelve-week block, you will write the two exams corresponding to the blocks you completed. Exams are held on the last Friday of the rotation. You will work until the Thursday prior at 5:00 pm and do not have any dedicated study time. It is therefore ideal to study as you move through rotations. Exams are two hours each and there is a thirty-minute break between the two exams. Exams follow the pre-clerkship format, with MCQs and CDMQs.

### EPORTFOLIO AND OSCES

In addition of your clinical rotations, there are mandatory events during the year, including two E-portfolio meetings and OSCES. There are two OSCES, one practical and one summative, which are held in February-March and late August-September respectively.

### T-CLERK (T-RES)

As a part of the third year curriculum, students are expected to document the clinical problems and procedures they have faced during their rotation on an application called "T-Res".

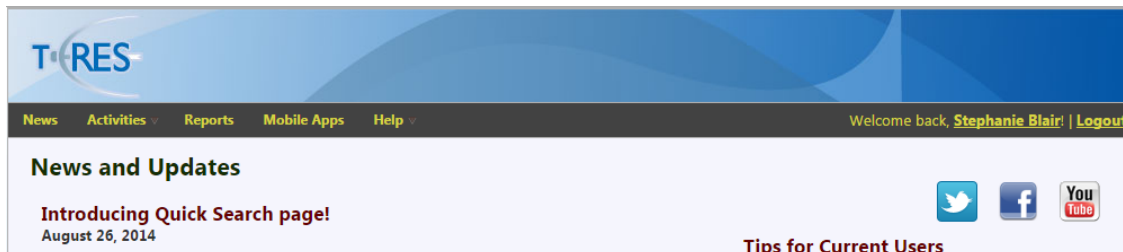
Each rotation, including Link Period has its own set of 'T-Clerk clinical encounters that students should meet during that six week block; there are also clinical encounters for Link Period.

The T-Clerk clinical encounters are available at the Undergraduate Medical Education website (excel document) ([http://www.med.uottawa.ca/Students/MD/eng/t\\_clerk.html](http://www.med.uottawa.ca/Students/MD/eng/t_clerk.html)).

It is very important that you keep your T-Clerk up to date as completing these encounters is a mandatory component of each rotation.

### USING T-RES

Once you sign into T-res, you will see the page below.



If you want to input an activity, click on the 'Activities' tab and choose 'Enter new activity'. This will bring you to the page below. Select the correct date and rotation for each activity. Add in all the relevant information, and then click 'save'.

The image shows the "Enter New Activity" form. At the top, there are three buttons: "Save", "Save and New", and "Save and Duplicate". Below these is a dropdown menu for "Activity Type" set to "Patient Encounter". The form is divided into three sections: "Activity Setting", "Patient Interaction", and "Self Evaluation".  
- "Activity Setting" includes: Date (18-Sep-2014), Rotation (Paediatrics), Site (Civic Campus), Location (Ward), Preceptor (Type to search), and Allied Health.  
- "Patient Interaction" includes: Scenario (Type to search) and Problems (Type to search).  
- "Self Evaluation" includes: Role (3-Present hist/exam).

### TRACKING YOUR PROGRESS AND SUBMITTING T-RES REPORTS

At the end of each rotation you will be required to provide proof that you have completed your T-Clerk encounters. This requires generating two 018b reports. You can access this report at any point during your rotation and it will show you which encounters you have successfully completed and which are still pending. To access this report, click on the 'Reports' tab. Then select 018b – Trainee Goal Activities Count.

Name	Description	
018b - Trainee Goal Activities Count	Displays expected goals, goals achieved and the number of activities still pending.	<a href="#">View Report</a>
024 - Role Played By Trainees For Attending Physicians	Displays the average percentage of time spent in different roles (e.g. Observer, Assistant, Primary, etc.), depending on the trainee's year of training. Also displays a further breakdown per preceptor/supervisor in the program, to make it possible to compare the level of responsibility that trainees get under specific preceptors vs. the average for the entire program. For example, if a particular preceptor/supervisor has a higher than average rating for trainees in the Primary role, it could be an indication that he/she is more willing to let a trainee handle a case on his/her own, whereas if it is a lower than average rating, that preceptor/supervisor could be a bit more cautious.	<a href="#">View Report</a>
030 - Pick List Items	List items and their hierarchy for items available in activity dropdown lists.	<a href="#">View Report</a>

You will be directed to the following page:

[Back to T-Res](#)

Goal Config	Problems by rotation	Start Date	8/1/2014 12:00:00 AM	<a href="#">View Report</a>
End Date	9/18/2014 12:00:00 AM	Filter By	- ALL -	
Role	<Select a Value>	Completion Status		

To generate your 018b report, fill out the appropriate information. This report separates activities into *problems* and *procedures*, rather than patient *encounters* and *procedures*. You should generate a report for both. Your report will look like the photo below. Save a copy of your reports in a PDF format and send them in to the appropriate rotation coordinator.

[Back to T-Res](#)

Goal Config	Problems by rotation	Start Date	8/1/2013 12:00:00 AM	<a href="#">View Report</a>
End Date	9/29/2014 12:00:00 AM	Filter By	Obstetrics-Gynaecology	
Role	- ALL -	Completion Status	- ALL -	

1 of 1 Find | Next

**018b - Trainee Goal Activities Count**  
 Goal Config: Problems by rotation  
 Discipline Standard: Ottawa Undergrad/Program: Ottawa Undergrad  
 Reporting Period: 8/1/2013 to 9/29/2014  
 Role: ALL

**Trainee: Lubchansky, Stephanie Blair**

**Rotation: Obstetrics-Gynaecology**

Problems	Goal	Achieved	Pending	Completed
Abdominal Pain	1	14	0	√
Abnormal Uterine Bleeding	1	8	0	√
Abortion (Spontaneous)	1	3	0	√
Antenatal Care	5	7	0	√
Antepartum Hemorrhage	1	1	0	√

# TRAINING SITES INFORMATION

## THE MONTFORT HOSPITAL

As Montfort is a small hospital, you will typically be assigned to one preceptor and will work one-on-one with him or her. This experience differs from that of the Anglophone stream, where working on teams with residents is more common. Take advantage of the opportunity to work individually with your preceptor, and rest assured, will get the experience working with residents on a team in pediatrics at CHEO. Montfort offers the community atmosphere of being at a small hospital, with all the resources of an urban centre.

### PARKING

Montfort has four parking lots. Where you can park depends on when you arrive during the day.

#### Parking tokens

- Can be bought from the parking services (00B258).
- They can be used in Codd 's and on-site Staff lot (stationnement étagé).
- Token prices:
  - $\geq 20$  tokens: 2,12\$ each
  - $< 20$  tokens: 3,00\$ each

#### Codd's Road lot

- From Montfort, turn left (east) on Montreal road. At the second set of lights (after the hill) turn left on Codd's (if you turn right, the road is called Carsons). Drive to the end of the road; the parking lot is on your right after a small downhill.
  - You need ID to enter the parking lot, which works for both gates.
  - The lot is serviced from 6:30 – 20:30 by shuttles.
    - Two shuttles run continuously in the mornings (6:30 – 9:30) and late afternoons (14:30 – 17:30).
    - One shuttle runs throughout the rest of day and evening (~ every 15 minutes)
    - Pick-up and drop off: Montfort: Entrance 0B; Codd's: 1<sup>st</sup> bus shelter
  - Pay with tokens as you exit the lot
- If on call, you must move car to the employees lot (stationnement étagé) during the day. You are not allowed to park at Codd's after 20:30.
- Because you will need to move your car during calls, you are entitled to one free token per weekday call shift. You can obtain the extra token by visiting and telling the parking office that you are on call (honour system).

#### Lot A: on-site employee parking – stationnement étagé

- Can use this lot if you arrive before 6:30 am or after 10:30 am on weekdays, and at any time on weekends.
- Your ID is required to enter the parking lot, and will work to open the gate only during the times listed above.
- You pay with tokens as you exit the lot.

#### Lot B: on-site visitors and lot M: Canadian forces

- You are not allowed to park in these lots, as spots are already limited spots for visitors.

### LOCKERS

- The locker rooms (male and female) are located in the basement, beside the students and residents' lounge.
- You need your ID card to enter the lockers, given during the Link Period.
- A ½ locker will be assigned to you during the Link Period and it will be yours to use for the year.

### STUDENTS' & RESIDENTS' LOUNGE

- The lounge is located in the basement, beside the lockers. The door is opened with a code given during the Link Period. Room is equipped with 2 fridges and 1 microwave as well as computers, a TV, tables and couches.



## **SCRUBS**

- Scrubs are kept in the locker rooms in the basement. Other locations include the surgery or the obstetrics locker room on the 2<sup>nd</sup> floor.
- You must not leave the hospital with your scrubs on, and always return your scrubs after your shift.

## **FOOD SERVICES**

- Tim Horton's: Open weekdays from 6:00 – 21:00 and weekends from 8:00 – 20:00.
- Cafeteria: Open weekdays from 7:00 – 19:00 and closed on the weekends. It serves Starbucks drip coffee.

## **WIFI AND CELLPHONES**

- There is an open guest Wifi you may use.
- Cell phone reception may be limited in the hospital. You can use Whatsapp or Viber to send text message via the Internet if on android or if imessage (iphone) does not work.

## **CALL ROOMS**

- Rooms are located on the second floor in the area across from obstetrics triage.
- Keys to the rooms are obtained the day of the call and must be returned the morning before you leave. They are available at the security desk close to triage at emergency.
- Call rooms have a toilet, a shower, a phone and a bed.

## **LIBRARY**

- You have access to Montfort's library with your ID card. It is located on the second floor, close to the coordinator's office.
- Opening hours are between 6:30 – 23:00. Four computers are available as well as a few tables.

## **COMPUTER SOFTWARE**

- Labs: Meditech
- Imaging: IMPAX
- Passwords and utilization instructions will be provided during the Link Period.

## **BICYCLE PARKING**

- You can request access to a secured area to lock your bicycle.
- It is located at the back of the hospital, west of the employee's parking lot ('stationnement étagé').
- It is not protected from the rain. It is free and there is no deposit required.

## **CSSG: HÔPITAL DE HULL**

### **HÔPITAL DE HULL (PSYCHIATRY)**

116 boulevard Lionel-Emond  
Gatineau, QC  
Tel.: 819-966-6200

## **PARKING**

- There is on-site parking available for students (on your left when using the Boulevard Lionel-Emond entrance).
  - Pre-paid tickets (0.95\$/day) can be bought at the 'Fondation de l'Hôpital'.
    - Office B-202 of the 'Pavillon Desjardins'
    - Operating hours are: Monday to Friday from 8:30 – 12:00 and 13:00 – 16:30
    - Cash, credit and debit cards are accepted
- You do not need your ID to enter the parking lot. You pay as you leave using your pre-paid tickets.
- On your first day, you can park in the visitor's parking and pay with a pre-paid ticket on your way out.

## **LOCKERS**

- There is a locker room in the basement, close to the 'archives', the library and the doctors' lounge.
- There is a code to enter the room. It will be given to you at orientation.
- You may select a locker to use during your rotation.

## **LOUNGE**

- There is a doctors' lounge ('salon des médecins') downstairs close to the library and the locker room.
- It is equipped with a table, a desk, a couch and a microwave.
- Access code will be provided at orientation.

## **FOOD/COFFEE**

- Casse-croûte: open 24h.
- Cafeteria: open only for lunch and diner.
- Moca Loca (La Resource)
  - Monday to Thursday from 7:00 – 18:00
  - Friday from 7:00 – 17:00
  - Week-ends: closed?

## **WIFI**

- Wifi access *may* be available for apple products by contacting IT.

## **LIBRARY**

- There is a library in the basement with a good collection of books.
- Some computers are available. You will get a login at orientation.
- The door to the library is open during regular hours. For after hours, you will get an access code at orientation.

## **COMPUTER SOFTWARE**

- Labs: Softlab (credentials will be given at orientation).
- Imaging: Radimage (credentials will be given at orientation).

# **CSSG: HÔPITAL DE GATINEAU**

## **HÔPITAL DE GATINEAU (PSYCHIATRIE)**

909 boulevard de La Vérendrye  
Gatineau, QC  
Tel: (819) 966 -6100

## **PARKING**

- On-site parking
- Pre-paid tickets (0.95\$/day) can be bought at the 'Fondation de l'Hôpital' on the 2<sup>nd</sup> floor.

## **LOCKERS**

- Lockers are available in the doctors' lounge or in the locker room with other employees.

## **LOUNGE**

- There is a doctors' lounge with a small kitchenette.
- At orientation, location of the lounge will be shown to you and access code will be given to you.

## **FOOD/COFFEE**

- Casse croute: open 24h
- Cafeteria: open only for lunch and diner

## WIFI

- Wifi access *may* be available for apple products by contacting IT.

## LIBRARY

- There is a library on the main floor.
- Access is granted with your ID card or with a code.
- Some computers are available.

## COMPUTER SOFTWARE

- Labs: Softlab (credentials will be given at orientation).
- Imaging: Radimage (credentials will be given at orientation).

## CSSG - HÔPITAL PIERRE JANET

### HÔPITAL PIERRE JANET (PSYCHIATRIE)

20 rue Pharand,  
Gatineau, QC  
Tel.: (819) 771-7761

### EQUIPE DE SUIVI INTENSIF; EQUIPE DE RÉADAPTATION (PSYCHIATRIE)

73 boulevard Moussette  
Gatineau, QC  
Tel: (819) 772-9777 ext 7221

## PARKING

- **Pierre-Janet:** there is on site parking. You may or may not get a parking pass. In process of changing at the time this guide is written.
- **Moussette:** you may park on the street with a Pierre Janet “parking pass”.

## LOCKERS

- **Pierre-Janet:** No lockers are available but a room is assigned to students in pediatric and adult psychiatry. You can leave your belongings in this room and the room is kept locked and you are given the key.
- **Moussette:** No lockers are available. You can leave your belongings in your preceptor’s office.

## LOUNGE

- **Pierre-Janet:** A small room is reserved for students and residents. It is located in the pediatric section.

## FOOD & COFFEE

- **Pierre-Janet:** the cafeteria in the main building is open only for lunch and diner. You can get coffee from a machine at any time of the day.
- **Moussette:** there is no cafeteria.

## WIFI

- There is no wifi at Pierre Janet or Moussette.

## HAWKESBURY & DISTRICT GENERAL HOSPITAL

### HAWKESBURY & DISTRICT GENERAL HOSPITAL

1111 Ghislain Street,  
Hawkesbury, ON  
Tel: (613) 632-1111

#### PARKING

- There is on-site free parking. You will have access to the parking lot with your ID badge.

#### LOCKERS

- You will not be given a locker but you can leave your bag/ coat in the doctors' lounge.

#### LOUNGE

- There is a doctors' lounge on the main floor. The access code will be given to you at orientation.
- One computer is available for use and there is a small fridge and a coffee machine for purchase, in the lounge.

#### SCRUBS

- Scrubs are available on the second floor in the obstetrics and delivery ward or on the main floor in the change room before entering the OR.

#### FOOD & COFFEE

- **Cafeteria:** Open from 7:00 – 19:00. Sells Starbucks drip coffee and warm plates/sandwiches.
- **Coffee shop:** Open from 8:30 – 17:30/18:30. Sells coffee and sandwiches. Volunteer run.

#### WIFI

- There is free Wi-Fi access throughout the hospital.

#### LIBRARY

- There is no library on site.

#### COMPUTER SOFTWARE

- Oasis: Username and access code will be provided to you

#### GYM

- The gym AND FitLife gives out free trial seven-day pass.

## SHAWVILLE HOSPITAL

### CENTRE DE SANTÉ DE SERVICES SOCIAUX DU PONTIAC (CSSS)

200 Rue Argue  
Shawville, QC

#### PARKING

- There is on-site free parking.

#### LOCKERS

- There are no lockers on site.

## **LOUNGE**

- There is no lounge on site but you may use the resident/student lounge in the residence beside the hospital. You may also leave your belongings there.

## **SCRUBS**

- Scrubs are available on the second floor in the obstetrics and delivery ward.

## **FOOD & COFFEE**

- You will receive lunch coupons for the cafeteria during your stay.

## **WIFI & COMPUTER ACCESS**

- There is Wifi in the residence beside the hospital.
- There are no computers available for use in the hospital (except on the floors).

## **COMPUTER SOFTWARE**

- You will not have access to the computer software. Labs are usually printed out and you might be able to use your preceptor's credentials for imaging.

## **GYM**

- You will be granted access to the city gym during your stay in Shawville.

## **THE OTTAWA HOSPITAL**

Between mandatory selectives and pediatrics, there will be many occasions during which you will need to be either at the Civic or the General Campus. For this reason, it is important you know how the logistics of those parking passes work. While it's not common that a Francophone student buys a year-round pass to either of these hospitals, we have not included that information, but you can refer to the Anglophone Guide if interested.

## **THE GENERAL**

### **PARKING**

- Students can purchase a parking pass to RGN either month by month, September to April, or for the full year (see Anglophone Guide).
- The prices for these passes are online at: <http://www.protection.uottawa.ca/en/Longtermparking-RGN.html>.
- If you choose to park at RGN without a parking pass, the rates are: \$4.50/hour to a maximum of \$16.00/day.

### **LOCKERS**

- Student lockers are located behind Module G on the 2<sup>nd</sup> floor. Locks are provided.
- To secure a locker, you must email [lockersgeneral@toh.on.ca](mailto:lockersgeneral@toh.on.ca).

### **FOOD SERVICES**

- **Café 501:** Monday to Friday: 8:00 – 18:30/ Weekends: Closed/Holidays: Closed
- **Second Cup:** Open 24 hours a day, 7 days a week
- **Tim Hortons (Critical Care Wing):** Monday to Friday: 6:30 – 21:00/ Weekends: 7:00 – 19:00/  
Holidays: 7:00 – 16:00
- **Convenience Store (Beside Second Cup):** Monday to Friday: 7:00 – 20:30/ Weekends: 10:00 – 16:00 /  
Holidays: 10:00 – 16:00.

### **CALL ROOMS**

- You will likely not need a call room at TOH, General Campus. Should you require more information, please consult the English clerkship guide.

## **THE CIVIC**

### **PARKING**

- Parking at the main P2 lot at the Civic is maximum \$13.00/day.
- There is street parking along Ruskin Ave, Sherwood Dr. and Fairmont Ave for two to three hours at a time.

### **LOCKERS**

- The student lockers at the Civic are located on B3 (near the OR change room) and A6 elevators.
- Locks are provided
- To secure a locker, you must email [lockersCIVIC@toh.on.ca](mailto:lockersCIVIC@toh.on.ca).

### **FOOD/COFFEE**

- **The Tulip Café:** Monday to Friday: 9:00 – 18:00/ Weekends: Closed/ Holidays: Closed
- **Second Cup:** Open 24 hours a day, 7 days a week
- **Tim Horton's:** Monday to Friday: 6:30 – 21:00/ Weekends: 7:00 – 19:00/ Holidays: 7:00 – 16:00
- **Tickers Café** (Main floor of the Heart Institute) Monday to Friday: 9:00 – 15:00/ Weekends: Closed/ Holidays: Closed/ Tip: Best lunch at TOH!!

### **CALL ROOMS**

- You will likely not need a call room at TOH - General Campus. Should you require more information, please consult the English clerkship guide.

## **THE RIVERSIDE**

### **FOOD/COFFEE**

- **Coffee Shop** (Main Floor near Entrance)
  - Monday to Friday: 7:00 – 16:00 / Weekends: Closed/ Holidays: Closed.
- **Le rendez-vous Cafeteria**
  - Monday to Friday: 6:00 – 14:00 / Weekends: Closed/ Holidays: Closed.

## **CHEO**

### **CHILDREN'S HOSPITAL OF EASTERN ONTARIO**

401 Smyth Road, Ottawa

Tel: (613) 737-7600

### **PARKING**

- There is no parking available at CHEO. You can, however, park at RGN.

### **LOCKERS**

- Must go to the Security Office on the main floor (near the ER and student call rooms) to obtain a locker.
- \$15.00 deposit for the locker, which will be returned once you have returned your locker key.
- Located on the basement/1<sup>st</sup> floor; there are multiple areas where your locker may be located, including near the CHEO cafeteria and by the Resident's lounge.
- There are daily lockers available on the basement/1st floor near the cafeteria. They get taken quite quickly, so if you are planning on using a locker on a more regular basis, it may be best to get your own locker from security.

**FOOD/COFFEE**

- **Rainbow Café** (Basement/ 1<sup>st</sup> Floor): Monday to Friday: 6:30 – 14:00 / Weekends: closed/ Holidays: Closed
- **The Oasis Café** (Main Level near the Entrance): Monday to Friday: 7:30 – 23:00 /Weekends: 7:30 – 23:00

**CALLS ROOMS**

- Two call rooms are available for medical students.
- The rooms are assigned based on which team you are on call for.
- Students who are on call for Red Team (4 East) will be in one room, and students on call for Purple/Bronze Team (3 East, 4 West, 4 North, 5 East) will have access to the other room.
- They are located on the main floor next to security.
- To gain access to these rooms, you must sign out a room key at the information desk at the entrance of CHEO.
- Call rooms have a toilet, a shower, a phone a computer and a bed.

# CLINICAL ROTATIONS & LOGISTICS

**CLERKSHIP DIRECTOR:** Dr. Antoine Gagnon / Tel: 613 443-3313/ [agagno5@uottawa.ca](mailto:agagno5@uottawa.ca)

## LINK PERIOD

Link Period is set up to ease the transition from pre-clerkship to clerkship. It is 3 weeks long and its goals are to learn how the hospital works, become accustomed to being responsible for patients, learn to communicate with the team and write clinical notes in patient's charts. It is a mix of classes, workshops and clinical duties.

## CONTACT INFORMATION

### Coordinator

Ginette Beaudoin – Room 2D125  
Tel: 613-746-4621 ext 6001  
[gbeaudoin@montfort.on.ca](mailto:gbeaudoin@montfort.on.ca)

### Rotation director

Dr. Marjorie Pomerleau  
[Marjorie.pomerleau@gmail.com](mailto:Marjorie.pomerleau@gmail.com)

## FIRST WEEK: ALL STUDENTS AT MONTFORT

All students remain in Ottawa for the first week and attend full days of lectures. Be sure to listen carefully to all lectures but pay specific attention to the ones on note writing, admission orders and prescription writing. Remember to write down the various user names and passwords that will be provided to you for different softwares. They will become handy throughout the year!

During the Link Period, you are expected to do one evening call until 23:00 (See below for further details). If the rest of your Link Period is in/at:

- Hawkesbury, you will do your call in Hawkesbury.
- Shawville, you will do your call at Montfort during the first week.
- St Vincent, you will do your call at Montfort.

## SECOND & THIRD WEEKS: MONTFORT

These two weeks are divided in clinical half days and workshops. Depending on the preceptor you are assigned to, clinical duties will either take place in the morning or in the afternoon.

### Clinical half-days

- Clinical work is on hospital wards.
- Groups of 3 to 5 students will be assigned to one hospitalist preceptor for the week.
- You may be assigned a different preceptor for each of the two weeks, or you may have the same preceptor for both weeks.
- You will be assigned a patient either for the week, or until discharge. You are expected to take a full history, do a physical exam and write daily SOAP notes.
- Every student will have to do a mock admission (full history and full physical) that they will present on the last two Fridays of their Link Period.
- Every student will also have to prepare at least one discharge summary during the 2 weeks.
- Preceptors will have varying amounts of time, as they have full patient loads. Therefore, the degree of teaching between groups will vary. This is a principle that will be true throughout the year.



## **WORKSHOP HALF-DAYS**

- Some half-days will consist of workshops and lectures. As with the first week, try to actively listen to get as much as possible out of these.
- Other half-days will be off. Take this time to enjoy short days and get organized for the year ahead.

## **CALL**

- Everyone has one evening (17:00 – 23:00) or weekend (8:00 – 23:00) call shift throughout Link Period. Two to three students are on call per night. This call is very similar to the ones you will be doing in internal medicine.
- On your call shift, you will be responsible for admitting one patient under the resident or staff's supervision. Admissions include a full history, a full physical exam, an impression, a management plan as well as admission orders. Ideally, you will do this independently and then review with the resident.
- The resident will usually review with the staff. You can leave once you are done your admission. If there is only one admission, you might share an admission with your colleague on call.
- You must be on site during call. Most people wait in the resident's lounge or the library.
- You may be assigned a pager for your call.
- There will be a lecture during the first weeks of Link Period on all the documentation required during an admission. Consider printing off the notes to use as a guide while admitting your patient.

## **SECOND & THIRD WEEKS: HAWKESBURY**

### **CLINICAL DAYS**

- You may be assigned to a different preceptor for each of the two weeks, or you may have the same preceptor for both.
- Most days are spent at the hospital. You will be assigned one or two patients to follow during the week. You are expected to take a full history, do a physical exam and write daily SOAP notes.
- If you are interested in different fields of medicine, tell your preceptor on the first day as you may be able to spend time in the ER, follow a specialist, go to the OR, start IV's etc. You are encouraged to seek out opportunities for practicing IVs and Foleys.
- Every student will have to do a mock admission that they will present on the last two Fridays of the Link Period.
- All the preceptors have different schedules. As a student you may therefore have a different schedule than other students.
- The mandatory paperwork is the same as Montfort.
- There is a nice river in Hawkesbury that is ideal for evening picnic dinners!

### **WORKSHOPS**

- Workshops are offered over the course of the week

### **CALL**

- You will have one admission to do while you are on call in Hawkesbury (you will be given a pager for the night).
- It is best to contact the attending on call and inform them that you are here to do an admission; that way, they can page you as soon as an admission occurs.
- Often, you can do an admission during the day and leave the hospital at a normal time.

## **SECOND & THIRD WEEKS: SHAWVILLE**

### **CLINICAL DAYS**

- You will be assigned some patients to follow during the week. You are expected to take a full history, do a physical exam and write daily SOAP notes.
- Every student will have to do a mock admission that they will present on the last two Fridays of the Link Period. The mandatory paperwork is the same as Montfort.
- In Shawville, most hospitalists are family doctors who have office hours in the afternoon. Be prepared to accompany your preceptor either in Shawville or in surrounding towns (up to 30 mins drive).
- Preceptors are very accommodating and are willing to organize emergency shifts if you are interested. Make sure to inform your preceptor of your interests early on.
- If you are there during the Shawville fair, make sure you save some time to attend!

### **WORKSHOPS**

- Compared to Montfort, workshops are limited in Shawville.
- In order to reach your T-clerk goals, you should be motivated and actively seek the required clinical experience. You may have to go to the lab to draw blood from patients. You should, however, have enough exposure to fulfill all requirements.
- Preceptors may have some workshops that are not related to our objectives but you will be invited to attend.

### **CALL**

- Calls are done at Montfort during the first week

## **SECOND & THIRD WEEKS: ST-VINCENT/MONTFORT**

These two weeks are divided in clinical half days and workshops. Clinical duties are in the morning at St-Vincent and workshops are at Montfort in the afternoon. St-Vincent is the newest addition to the Link Period's francophone sites. Preceptors are very excited to have you there!

### **CLINICAL HALF-DAYS**

- These mornings consist of clinical work on hospital wards. Groups of 2 will be assigned to one hospitalist preceptor for the week.
- You may be assigned a different preceptor for each of the two weeks, or you may have the same preceptor for both.
- You will be assigned a patient either for the week, or until discharge. You are expected to take a full history, do a physical exam and write daily SOAP notes.
- Every student will have to do a mock admission (full history and full physical) that they will present on the last two Fridays of the Link Period.
- Preceptors will have varying amounts of time, as they have full patient loads. Therefore, the degree of teaching between groups will vary. This is a principle that will be true throughout the year.

### **WORKSHOP HALF-DAYS**

- Some half-days will consist of workshops and lectures held at Montfort. As with the first week, try to get as much as possible out of these.
- Other half-days will be off. Take this time to enjoy short days and get organized for the year ahead.

### **CALL**

- Same as Montfort calls.

## INTERNAL MEDICINE & EMERGENCY/ ANESTHESIA BLOC

During your internal medicine/emergency block, you will be busy and your schedule will be irregular, especially during emergency and when on call for internal medicine. You will see your colleagues from your group and your sister group every Wednesday for lectures. As much as you can, try to study when you have a bit of time, which will not be often. There is a lot of material covered on this exam!

For internal medicine, all students are based at Montfort but will travel to their preceptor's office. For emergency medicine, some students will rotate through Hawkesbury and Gatineau in addition to Montfort. Invariably of where you are based for emergency medicine, you will have to attend lectures at Montfort.

### TEACHING

- Lectures are held at Montfort, once a week (typically Wednesdays) throughout the 12 weeks of the block.
- They are held with your sister group and are a mixture of Internal and Emergency Medicine topics.
- Before the first lecture, you will have a mandatory *Morning Report* given by residents. They are a great way to learn ECGs, X rays and clinical pearls.
- If you only have half a day of classes, you are expected to return with your preceptor in the afternoon.

### ACLS: ADVANCED CARDIOPULMONARY LIFE SUPPORT

- You must obtain ACLS certification to pass the rotation.
- The course is normally given during the first 2 weeks of your 12-week block, no matter what rotation you start with (Internal or Emergency).
- You will get the algorithms and additional study material from the coordinator. Make sure you study them prior to the first session!
- On the first Wednesday, there will be teaching in the morning and hands-on practice in the afternoon. On the second Wednesday, hands-on practice will be in the morning and the exam will be in the afternoon.

## INTERNAL MEDICINE (6 WEEKS)

### CONTACT INFORMATION

#### Coordinator

Ginette Beaudoin – Room 2D125  
Tel: 613-746-4621 ext 6001  
[gbeaudoin@montfort.on.ca](mailto:gbeaudoin@montfort.on.ca)

#### Rotation director

Dr. Matthew Mulligan  
[mmull001@yahoo.com](mailto:mmull001@yahoo.com)

### CLINICAL

- You typically do one-week rotations in different specialties.
- Everyone rotates through intensive care unit (ICU), cardiology, gastroenterology and general internal medicine. About two students per group rotate through respiratory.
- You may or may not have one week of CTU (clinical teaching unit).
  - It is not always offered and depends on the timing of your rotation. Keep in mind that many internal residency programs look for ample CTU experience.
  - Plan accordingly for 4<sup>th</sup> year if you are interested in internal medicine.

#### Intensive care unit

- It is located on the first floor of Montfort, behind the Emergency Department. You need your badge to get in.
- The schedule is officially 8:00 – 17:00, but expect to stay longer, as in all rotations.
- You will be assigned 2-3 patients to follow and write notes for the week.

- You will round on all patients with the staff, resident, nurses and RTs.
- Take initiative: present your patients on rounds; pick up the chart and write orders during rounds; confirm orders with the team and ask the *resident* to sign.

### **Cardiology**

- Depending on your preceptor, this week will be at Montfort or at the Ottawa Cardiovascular Centre. The cardiology clinic at Montfort is on the first floor, in wing B. It is just passed Nuclear Medicine and right before registration office (1B302).
- The schedule is a standard office/hospital schedule. During the week, you will see a mix of clinic and hospital consults. Depending on their preceptor, some students may observe angiography at the University of Ottawa Heart Institute.

### **Gastroenterology (GI)**

- You will be at Montfort for scopes and/or at your preceptor's office for clinic.
- You will see a mix of clinic, new consults and follow-up, and colonoscopy + endoscopy.
- You are rarely able to participate during scopes, which may last one full day. Wear comfortable shoes and be ready to be quizzed during that time!
- Ideally you will be assigned to the gastroenterologist on call at Montfort and will help with ward and emergency consults but this does not always happen.
- Some preceptors wear scrubs for scopes while others do not.

### **Respirology**

- At Montfort for bronchoscopy and some clinics, and at your preceptor's office for clinic.
- You will see a mix of new consults and follow-up, ward and emergency consults, and bronchoscopies.
- You may see a lot of sleep apnea clinic depending on the preceptor you are assigned to.
- If you can, ask to observe but more importantly interpret spirometries.
- Ideally you will be assigned to the doctor on call at Montfort and will help with ward consults, but this does not always happen.

### **General internal medicine**

- At Montfort (usually). Clinics are at "Clinique de jour", just behind the auditorium on the 1<sup>st</sup> floor.
- Standard clinic hours (8:30 – 9:00 to 16:30 – 17:00).
- You will see a mix of new consults and follow up on general internal medicine themes (diabetes, asthma, thyroid, hypertension, arthritis etc.).
- Some preceptors have specific clinics:
  - Dr. Mulligan: obstetrical (gestational diabetes, hypertension, thyroid etc.), thrombosis.
  - Dr. Chauret: obstetrical (gestational diabetes, hypertension etc.), allergies.

### **Clinical teaching unit: CTU – UEC: Unité d'enseignement Clinique – If scheduled**

- You will be at Montfort, on wards.
- Your schedule will depend on your patient load. Start time is typically 8:00.
- You will be assigned 2-3 patients and will be responsible for their care which includes:
  - Team meeting and handover first thing when you come in
  - Rounding on your patients alone in the morning
  - Writing your progress notes (SOAP note), impressions and plans
  - Writing orders and bringing the sheet to get it signed by residents when meeting later
- If you are worried about your patient, contact your resident earlier.
- You may have bedside teaching with staff if there is an interesting exam to be presented.
- You may have teaching with residents at 15:30 - 16:00
- If you discharge a patient, you are responsible for the discharge summary.

## LECTURES

- Every Wednesday with your sister group as described above.

## PRESENTATIONS

- 1 hour individual GI presentation during your GI week
- Topics are pre-selected and will be given to you prior to the rotation
- Given at lunch with staff and students
- You are permitted to give the presentation in either English or French (confirm with your preceptor)

## TEACHING ROUNDS

- GI presentations by students are mandatory and are typically held on Thursdays at lunch.
- Pulmonary rounds are optional and are typically held on Tuesdays at lunch.

## CALL

- Your internal medicine calls consist of admitting patients from the emergency department to the floors.
- You are expected to do and write a full history, physical exam, impression, plan and admission orders.
- If after completing your history and physical exam you realize that you forgot to ask/do something, do not hesitate to go back to the patient and confirm the information.
- You will review your admission with your resident first. They will typically review with the staff themselves but you may sometimes be asked to do it.
- You may do multiple admissions during your calls. An admission takes from one to two hours.
- You will have to do 6-7 calls during your rotation. You will not get post-call days as your calls end at 23:00.
- Generally, everyone does one Friday, one Saturday and one Sunday call (all on separate weeks). The remainder are weekday calls. The schedule is as follows:
  - Monday to Thursday: 17:00 – 23:00 (you may end up leaving past 23:00).
  - Friday: 17:00 – 8:00 the next morning.
  - Saturdays (24h): 8:00 – 8:00.
  - Sundays: 8:00 – 23:00.
- How to proceed when your call starts:
  - Find the resident on call and page them to let them know that you will be working with them. This information should be found on the Montfort Intranet. You should also give them your pager/cell phone number.
  - You are free to do whatever you want until you get paged, but you have to stay in the Montfort building.
  - When you get paged, go to the Emergency Department and find the resident and/or the chart and the consult sheet of the patient that needs admission. You can start to read through the chart if your resident is not there yet.
  - A good habit to take on evening calls is to go check what the admission status at the Emergency Department is around 17:00. Sometimes, even if you have not been called yet, there are admissions pending and it is always better to start them earlier than later.

## PRECEPTORS' EVALUATIONS OF STUDENTS

- For your clinical rotations, your evaluations will be sent to your preceptor automatically through One45. Make sure to remind them to complete your evaluation on the final day of your rotation.
- For calls, you will have to manually send your evaluation to your resident through one45.
- You are also required to get 2 mini-CEX and 2 mini-professionalism evaluations filled.

## EXAMPLE OF A WEEK

- Monday & Friday: clinic/hospital with your preceptor.
- Tuesday: clinic/hospital with your preceptor ± optional Respiratory rounds (12:00-13:00).
- Wednesday: Morning reports + classes ± clinic with preceptor if classes end early.
- Thursday: clinic with your preceptor + mandatory GI rounds (12:00-13:00).

## **SUMMARY OF INTERNAL MEDICINE REQUIREMENTS**

- **Lectures:** you are required to attend all lectures at Montfort for the entire 12 weeks.
  - Morning reports.
  - Lectures (internal medicine or emergency).
- **Presentation:**
  - You are required to do one GI presentation.
  - You are required to attend all GI presentations.
  - You may attend respiratory rounds.
- **Calls:** you are required to do 6-7 calls according to your schedule.

## **EMERGENCY MEDICINE & ANESTHESIA (6 WEEKS)**

This rotation entails: (A) four weeks of Emergency Medicine and (B) two weeks of Anesthesia. All students will have a different schedule.

### **A- EMERGENCY MEDICINE (4 WEEKS)**

#### **CONTACT INFORMATION**

##### **Coordinator**

Ginette Beaudoin – Room 2D125  
Tel: 613-746-4621 ext 6001  
[gbeaudoin@montfort.on.ca](mailto:gbeaudoin@montfort.on.ca)

##### **Rotation director**

Dr. Alain Michon  
[Alain.michon@alumni.uottawa.ca](mailto:Alain.michon@alumni.uottawa.ca)

#### **CLINICAL**

- During your rotation in emergency medicine, you will have a total of 14 eight-hour shifts over 4 weeks.
- Shifts will include a mixture of:
  - Day: 8:00 – 16:00.
  - Evening: 16:00 – 24:00.
  - Night: 24:00 – 8:00 (usually 2 done in succession). Do not expect to sleep on your night shifts.
- Everyone gets the same number of shifts – you typically work 2 out of the 4 weekends.
- You will also be schedule for:
  - One 12-hour paramedic ride-along (overnight).
  - One 4-hour triage shift with nurses.
- You do not need to contact your preceptor in advance.
- Don't be late; punctuality is the first question on each evaluation, but no need to show up more than 5 minutes early.
- Some preceptors may be so busy that they may forget to send you for lunch. Make sure to ask for a break but keep it quick (20 minutes max) if it's busy.

#### **LECTURES**

- Every Wednesday with your sister group as described above.

#### **PRESENTATIONS**

- Every student will have to do an individual 30-minute presentation on a pre-assigned topic.
- They take place on an academic day (Wednesday).
- Multiple students will present on the same day.
- Presentations cover important exam topics.
- All presentations must be done in French.

## TEACHING ROUNDS

- “Tordus” are Montfort’s emergency rounds.
- They are held on Thursdays from 8:00 – 9:00.
- They are mandatory for students at Montfort and Gatineau.
- They are not mandatory for students in Hawkesbury but you are free to attend if you are in Ottawa.

## TEACHING SHIFTS

- During your 4 weeks of Emergency Medicine, you will have one clinical teaching shift per week.
- They are held on Thursdays from 9:00 –13:00.
- They mandatory for students at Montfort and Gatineau. For students in Hawkesbury, see below.
- A group of 4 students is assigned to one Emergency Room doctor that is not on duty.
- Depending on the preceptor, you may see patients and do histories and physicals, or learn about ultrasounds, ECG, X-rays for example. You can discuss among yourselves and come up with interesting teaching subjects!
- For students in Hawkesbury
  - Not mandatory; however, if your schedule allows it, try to attend as this is a great learning opportunity.
  - A possibly limiting factor is that the maximum number of students for this teaching session is set to 4.
  - Email the coordinator, Ginette prior to the session to confirm that room is available. During your 4 weeks, you should be able to attend at least one of these sessions if you organize it with Carolle (Hawkesbury) and Ginette.

## CALL

- No call

## PRECEPTORS’ EVALUATIONS OF STUDENTS

- You must send your one45 evaluation to your preceptor during your shift and get it completed at the end of each shift.
- It is best to have your preceptor fill out the form on the spot, as it is considered your attendance record.
- You must also get 1 mini-CEX form filled. Teaching shifts are a good opportunity to get an observed history and physical for your mini-CEX.

## CLINICAL APPROACH

- ABCs first! If you are ever worried about a patient, tell a nurse or your preceptor right away!
- Take a focussed history (ie. more details on the acute condition and it’s presentation) but do not forget that you should still have a very good idea of the patient’s overall medical status.
- Do a physical exam and don’t forget related systems (some preceptors always want you to listen to heart and lungs whereas other don’t).
- Before reviewing with your preceptor you should try to:
  - Have checked the vital signs to make sure your patient is stable.
  - Have thought of life threatening conditions and have an explanation why you have ruled them out, or what investigations you want to do to rule them out.
  - Have a few diagnoses on your differential diagnoses list.
  - Have a list of investigations you want to do rule in rule out some diagnoses.
  - Emergency doctors like it when you commit to a investigation/treatment plan, so don’t hesitate to say what your diagnosis is and what your plan for the patient is!
- Do not forget to re-assess your patients when time comes.
- Before every shift, ask your preceptor how they like to proceed: how much time you should spend with patients and how they want you to present the case (some preceptors in emergency medicine like that you give your impression/diagnostic first.).
- You should also inform your preceptor of any specific case you would like to see or any procedure you would like to do.

## STUDY TIPS

- Among many other things, it is handy to review specific emergency rules prior to starting your rotation:
  - Ottawa ankle and knee rules.
  - Canadian C-spine rules.
  - Canadian CT rules.
  - Well's criteria and PERC rules for DVT and PE.

## EMERGENCY MEDICINE AT MONTFORT

### CLINICAL

- The Emergency Department is divided in 2 zones:
  - 'Zone Orange': main side, more severe cases. Includes 3 resuscitation rooms
  - 'Zone Verte' (or fast track): less severe cases. This is where you are more likely to do procedures (sutures, abscesses, casts).
- Shifts:
  - Zone orange: "Jour", "Soir" and "Nuit".
  - Zone verte: DC1 (day); DC2 (evening).
- You will be with a new preceptor nearly every shift.
- There is no major trauma as the Civic is the trauma centre.

### EXAMPLE OF A WEEK AT MONTFORT

- Monday: Typically off.
- Tuesday: Shift (day or evening).
- Wednesday: Morning reports + lectures.
- Thursday: Tordus + teaching shift ± working shift (evening or night).
- Friday, Saturday, Sunday: working shifts (day, evening or night).

### SUMMARY OF REQUIREMENTS FOR MONTFORT

- **Lectures:** you are required to attend all lectures on Wednesday.
- **Presentation:** you are required to do a 30 min presentation.
- **Tordus:** you are required to attend every Thursday morning.
- **Teaching shifts:** you are required to attend every Thursday.
- **Triage:** at Montfort.
- **Ride along:** with Ottawa Paramedics.

## EMERGENCY MEDICINE IN HAWKESBURY (RURAL)

### CLINICAL

- The emergency is divided in fast track and urgent emergency.
- You will have the same number of day, evening and night shifts as Montfort students.
- Your two night shifts may not be done in succession.
- Your schedule will be made by the local coordinator, Carolle Rouleau. She is open to personal requests and is aware of our academic requirements.
- You may be switching from fast track to urgent emergency or vice versa during the same shift, depending on presenting cases.
- You will get a decent exposure to traumas considering the surrounding farms.
- Mention your interest in doing procedures (sutures, abscesses, casts), as you are usually the only student in the emergency room.
- You usually work with 4-5 different preceptors.



- You may be permitted to go rest if the emergency is not busy overnight. There is no call room but there is a couch and a TV in the physicians' lounge.
- Your triage shift is done in Hawkesbury. It is useful to do this first, as it will help you understand the functioning of the emergency unit.
- Your paramedic ride-along shift is done in Ottawa.

### **SUMMARY OF REQUIREMENTS FOR HAWKESBURY**

- **Lectures:** you are required to attend all lectures at Montfort (you get Wednesdays off to attend classes and are not scheduled Tuesday nights and usually not Tuesday evening).
- **Presentation:** you are still required to do a presentation.
- **Tordus:** you are not required to attend but free to do it if in Ottawa.
- **Teaching:** you do not have teaching shifts but may arrange to attend one in Ottawa.
- **Triage:** in Hawkesbury.
- **Ride along:** in Ottawa.

### **B- ANESTHESIA (2 WEEKS)**

#### **CONTACT INFORMATION**

##### **Coordinator**

Ginette Beaudoin – Room 2D125  
 Tel: 613-746-4621 ext 6001  
[gbeaudoin@montfort.on.ca](mailto:gbeaudoin@montfort.on.ca)

##### **Rotation director**

Dr. Jennifer Chow  
[Ja\\_chow@yahoo.com](mailto:Ja_chow@yahoo.com)

#### **CLINICAL**

- Hours are approximately 7:15 – 15:15.
- Each day, you will be assigned to one anaesthesiologist for the day.
- It is ideal to start the first pre-operative consult for your preceptor, before they arrive.
- Anesthesia is a good opportunity to practice your clinical skills: intubation, laryngeal mask insertion, bag-mask ventilation and likely spinals.
- If you want to practice IVs, you can arrange with nurses to come in early. Otherwise, nurses will do them in the preoperative period.
- Have some questions ready, as there is a lot of time for teaching. Preceptors will often ask you for topics of discussion.
- Typically, you do not stay throughout the bulk of the surgery. You may therefore have multiple coffee/study breaks.

#### **LECTURES**

- None dedicated to anesthesia.
- During this two-week rotation, you attend the emergency and internal medicine lectures.
- Remember that there is a separate anesthesia exam, written at the same time as the emergency medicine one.

#### **PRESENTATIONS & TEACHING ROUNDS**

- None

#### **CALL**

- You will have to do one evening call on an evening of your choice in the second week.
- Calls are from 16:00 – 22:00.

**PRECEPTORS' EVALUATIONS OF STUDENTS**

- Daily evaluations on one45 are required. You have to send your evaluation before the end of your shift. It is better to get your preceptors to fill it on site, as they are your proof of attendance.
- You are also required to get one mini-CEX form filled by a preceptor of your choice.

**BOOK**

- The Ottawa Anesthesia Primer.
- The school lends you a copy that you must return after your 12 weeks block.

## SURGERY AND OBSTETRICS & GYNECOLOGY BLOC

Similarly to the internal medicine/emergency bloc, this surgery and OBS/GYN bloc will keep you very busy. Again, capitalize on your free time and take good studying habits early on as the exam is usually challenging.

### OPERATING ROOM BEHAVIOURAL PROTOCOLS

- When you enter the semi-sterile area, always have an OR hat and OR shoes (or blue booties to cover your shoes).
- When you enter the OR room, always have a masks covering your face. For most surgeries, you should also have some sort of eye protection (OR glasses, mask with a visor).
- In every operating room, there are always at least a scrub nurse (sterile) and a circulating nurse (non-sterile).
- Always introduce yourself to OR nurses with your name and level of training.
- If you are scrubbing, ask one of the nurses if they want you to get your own gown and gloves. Also ask if you have to double glove or not (it is mandatory in some ORs) and check for latex allergy in the patient.
- If you find a white board, write your name and your level of training on it, as well as your glove size.
- Most ORs have the option of dry (alcohol based solution) or wet scrub, but some require the first scrub of the day to always be wet. Inform yourself of the usual practice when you first start.
- At some locations, you will always glove your left hand first (Montfort) whereas other locations may be the opposite or in no particular order.
- Be careful to never walk in between two sterile areas and never touch anything sterile if you are not sterile and vice versa. The nurses will remind you of that.
- Some scrub nurses (particularly at Montfort) are very protective of their instrument tray and don't allow you to take or deposit any instrument on/from it. You always have to ask for the instrument. Other nurses at other locations are more flexible. It is therefore a good habit to double check with the nurses before hand.
- Most ORs have specific habits with scalpels and needles. Observe and remember them carefully.
- Every operating room works differently so it is a good idea to ask nurses how they proceed when you first start.
  
- You should always go meet and introduce yourself to the patient in the pre-op area. You should let them know that you will be in the operating room during the surgery.
- It is highly recommended to read the patient's history and planned procedure before going into surgery.
- Start the OR note before the surgery and complete it once the surgery is done.
- If the patient is admitted, try to write the admission orders.
- If the patient is going home the same day, try to write the prescriptions.
- Be ready to be quizzed on anatomy while in the OR!!

## SURGERY

### CONTACT INFORMATION

#### Coordinator

Mireille Petit - Room 2D124

Tel: 613-746-4621 ext 6036

[mireillepetit@montfort.on.ca](mailto:mireillepetit@montfort.on.ca)

#### Rotation director

Dr. Mathieu Carrière

[mathieucarriere@gmail.com](mailto:mathieucarriere@gmail.com)

### LECTURES: BOOT CAMP

- All lectures will be given during the first week of your rotation, while in *Boot Camp*.
- They consist of quizzes on material related to common surgical specialties as well as workshops.
- Requires a lot of studying prior to quizzes, but the boot camp gets you well prepared for your rotation.
- Held at the SIM centre, Civic Campus.
- Both streams are combined, therefore lectures are in English.

## **PRESENTATION**

- You are required to do a power point presentation on a general surgery topic.
- They will occur at Montfort during one or two afternoons.
- You are expected to attend your colleague's presentation.

## **TEACHING ROUNDS**

- There are no teaching rounds in Surgery.

## **CALL**

- You are required to do some calls. Details are provided in specific hospital sections below.

## **PRECEPTORS' EVALUATION OF STUDENTS**

- **General Surgery:** The evaluation is sent to your preceptor for you.
- **Orthopaedics:** You must send one evaluation to a preceptor of your choice at the end of the 1-2 weeks.
- You must also get 2 mini-CEX forms filled by a preceptor of your choice.

## **SUMMARY OF REQUIREMENTS**

- **Lectures:** you are required to attend all boot camp lectures and workshops.
- **Presentation:** you are required to do a presentation during your rotation and attend all of other student's presentations.
- **Calls:** you are required to do calls according to your schedule.

## **SURGERY AT MONTFORT**

Typically, 3 weeks of general surgery and 2 weeks of orthopaedics (or urology). Some exceptions **may be possible** if you have a specific interest in surgery. You can contact the surgery coordinator for specific requests.

### **General Surgery**

- In most cases, you are assigned to one preceptor for 3 weeks however you may have 2 preceptors over the 3 weeks.
- You will do a mix of off-site office consultations, outpatient clinics at Montfort, OR, ± minor surgeries (lumps and bumps) ± colonoscopies.
- You will get good clinical exposure.
- The amount of surgical assist (typically 2<sup>nd</sup>) depends on your preceptor and the presence of a resident or another surgeon.
- Some preceptors will ask you to round on their admitted patients in the morning. Although early morning rounds are not fun, take advantage of them to learn post-op management of patients (ie. when to advance to low residue/full diet, when to discontinue the Foley catheter, when to switch from PCA (patient controlled analgesia) to oral medications, when to encourage ambulation etc. – We get little exposure to rounding in the French stream and understanding post-operative management is essential. You will be happy you know it when you get to 4<sup>th</sup> year!).

### **Orthopedics**

- You should show up at the Ortho clinic at 8:00 on your first day and find a preceptor to follow for the day.
- You typically switch preceptors every day.
- You will do a mix of clinic ± minor surgery and OR depending on your choice.
- In clinic, you will see mostly follow-up and new consults but never emergencies.
- The amount of surgical assist (typically 2<sup>nd</sup>) depends on your preceptor and the presence of a resident, another surgeon or a nurse assistant.

## **CALL**

- Your calls are general surgery calls.
- You are expected to do one weekend call (Fri: 6:30 – 23:00; Sat & Sun: 6:00 – 23:00) and 2 evening weekday calls (from 6:30 – 23:00).
- They consist of ER consults and attending the surgeries done during the call.
- Ideally, you will be matched to your preceptor but you may be matched to a different one.
- Discuss hours with your preceptor prior to the start of your call as schedule may vary depending on your preceptor and on the workload.

## **SURGERY IN HAWKESBURY**

### **CLINICAL**

- 4 weeks of rural general surgery + 1 week at Montfort for orthopaedics.
- You will be assigned to one main preceptor but you may work with several other surgeons.
- You are first assist for most surgeries and you will get plenty of practice in the OR.
- You may watch a few colonoscopies and endoscopies with your preceptor but they will likely suggest that you spend time in the OR with another surgeon.
- You may do ER consults and see inpatients throughout the day but there are no formal morning rounds.
- If interested and if you plan ahead of time, you may be able to do clinic although space is limited.
- Everyone is very friendly and you will be able to work closely with all staff.
- If interested, you can also take advantage of the rural setting to practice anesthesia techniques (intubations, bag mask ventilation, LMAs etc.).
- You are not expected to round on patients. If your preceptor goes to the ward to see his patients, try to go with them and learn about post operative patient management (i.e. when to advance to low residue/full diet, when to discontinue the Foley, when to switch from PCA (patient controlled analgesia) to oral medications, when to encourage ambulation etc. – We get little exposure to rounding in the French stream and understanding post-operative management is essential. You will be happy you know it when you get to 4<sup>th</sup> year!)).

### **CALL**

- You are expected to do 1 weekend call (Fri: 17:00 – 23:00; Sat & Sun: 8:00 – 23:00) and 2 evening weekday calls (17:00 – 23:00).

## **OBSTETRICS & GYNECOLOGY**

*\*\* Please refer to the Operating Room Behavioural Protocol section on p. 35 for details on the functioning of ORs\*\**

### **CONTACT INFORMATION**

#### **Coordinator**

Mireille Petit - Room 2D124  
Tel: 613-746-4621 ext 6036  
[mireillepetit@montfort.on.ca](mailto:mireillepetit@montfort.on.ca)

#### **Rotation director**

Dr. David McCoubrey  
[dr.mccoubrey@gmail.com](mailto:dr.mccoubrey@gmail.com)

### **LOGISTICS**

- All students are based at Montfort for this rotation.
- You will only be at Montfort for all your calls, for gynecologic surgeries, for elective C-sections, and depending on your preceptor you may come for a day or two of obstetrics clinic and colposcopy/LEEP.
- You will otherwise be at a preceptor's office.
- Most preceptors are in Orleans but two are right beside Montfort.
- Clinic days can vary by preceptor but are usually from 8:30 – 16:30.

## CLINICAL

- You will be paired up with one preceptor for the first two weeks and another one for the last three weeks.
- Your experience will be that of community obstetrics with common themes including prenatal care, dysfunctional uterine bleeding and abnormal pap tests.
- This rotation is evidently a great opportunity to practice pap tests and bimanual exams. Don't be shy and ask your preceptor if you can do them. You may also assist/do endometrial biopsies, IUD insertion or colposcopy.

## LECTURES: BASE CAMP

- All lectures will be during the first week of your rotation during *base camp*.
- Lectures will cover all the topics on the exam so pay close attention!
- Both streams are combined but lectures are in English.
- At TOH – General Campus and one session at the SIM centre (Civic).
- You will be well prepared for the rotation if you review all information presented during lectures and workshops.

## PRESENTATIONS

- Students are required to do one 10 min oral presentation in groups of two and in English.
- Subjects will be pre-assigned.
- They are during base camp. You will get minimal time to prepare it so do not plan activities for every night of base camp!

## TEACHING ROUNDS

- There are teaching rounds at Montfort every Wednesday morning from 7:15 – 8:15.
- If you can, try to go to these rounds as they provide good learning opportunities.
- Presentations are usually done by residents.

## CALL

- Typically 6-7 x 24h calls over the 5 clinical weeks – students make the schedule themselves. Try to coordinate student's calls with preceptor's call to prevent having 2 students on call or missing many clinic days because your preceptor is post call.
- Weekdays: 7:00 – 7:00; Week-ends: 8:00 – 8:00; Fridays: 7:00 – 8:00.
- 12 OBS/GYNs work as a team at Montfort to cover the call shifts. Staffs do 12h shifts (8:00 – 20:00 – 8:00).
- Wear scrubs and comfortable shoes. Deliveries can be quite messy so easily washable shoes are a good option!
- Calls at Montfort are almost only OB with occasional gynaecological consults at the Emergency Department:
  - During your OB calls, you will work with a team of 1 or 2 residents and one staff.
  - In the morning, you will round on post partum patients and write progress notes. You will also go see patients in labour to introduce yourself and discuss the plan for the following hours (you usually do that with the resident or the staff).
  - At any time during your call, you may be called for a delivery, a C-section or a consult at the emergency room. Make sure your pager is working!
  - Typically, you will be first call for all patients presenting at the obstetrical triage. This means that you are responsible for assessing the patient and writing a "consult". Generally, you should wait for the resident to examine the patient but the nurse may have done it already. If you can, try to think of a plan for each patient and mention it to the resident.
- It is hard to predict how your call will be but here is an overview of a "typical morning":
  - Present yourself for resident handover at 7:00 at the CFN nursing/MD station.
  - Write your name and pager number on the white board and introduce yourself to the residents and the staff (staff switch at 8:00).
  - Ask the clerk up front to print you a list of patients on the ward and get copies for staff and residents.
  - The night resident will run the list and give a brief overview of each patient. Keep track of pertinent details (C-section vs. vaginal delivery, post partum haemorrhage etc.) and write down *To do's* for each patient.

- Before rounding on patients, check their vital signs on Meditech and read over their chart (especially the delivery note) to know what to expect (you will ask additional questions for a C-section compared to a vaginal delivery).
- You may be able to attend staff handover at 8:00. If you don't, make sure to introduce yourself to the new staff on call.
- You should introduce yourself to the triage nurse and double check with her that your name is first on the list of person to be paged.
- If there is something you want to see or do (procedures), make sure you mention it to the resident/staff.
- To prepare, read around stages of labour (latent vs true), indications for induction and C-sections, prenatal and post-natal care.

#### **PRECEPTOR'S EVALUATIONS OF STUDENTS**

- One evaluation will automatically be sent to you preceptor (total of 2).
- You are required to get 2 mini-CEX filled by a preceptor of your choice.

#### **EXAMPLE OF A WEEK**

- **Monday – Friday:** with your preceptor in clinic, in the OR for a C-section, in the OR for gynecology.
- **Wednesday:** attend morning rounds before going to your preceptor's office.
- **Monday – Sunday:** 24h obstetrics call with a post-call day.

#### **SUMMARY OF REQUIREMENTS**

- **Lectures:** you are required to attend all lectures at base camp and workshops.
- **Presentation:** you are required to do a presentation during base camp.
- **Calls:** you are required to do calls according you your schedule.

## FAMILY MEDICINE & PSYCHIATRY BLOC

### FAMILY MEDICINE

#### CONTACT INFORMATION

##### Coordinator

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##### Rotation director

Dre H el ene O'Connor  
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#### CLINICAL

- Five weeks of strictly clinical work.
- Sites and preceptors are highly variable.
- Your rotation can be done anywhere as long as you find a suitable preceptor. If you do not request a specific preceptor you will be assigned one.
- Speak to the 3<sup>rd</sup> year liaison officer (Denis - Medyear3) about various requirements if you want to organize your own preceptor.
- Many people will use this rotation as a chance to complete their rural requirement (this is dependent on lottery results).
- You will follow your preceptor's schedule, which may include hospital work, calls etc.

#### LECTURES

- One week of classes at Montfort at the end of the rotation.
- They are not lectures per se but rather 'apprentissage par raisonnement Clinique (ARC)' activities around common family medicine topics (HTN, diabetes, and possibly mindfulness).

#### PRESENTATIONS

- Students are responsible for a 45-minute presentation on a family medicine topic of their choice.
- Presentations need to be done in French.
- They can be done individually or in groups of two.
- Presentations are during the week of lectures.

#### TEACHING ROUNDS

- There are no teaching rounds.

#### CALL

- Follow your preceptor's schedule. Most do none or minimal call.

#### PRECEPTOR'S EVALUATION OF STUDENT

- Two evaluations are sent via one45. One mid-rotation and one final evaluation.
- You are also required to get to mini-CEX evaluations filled by a preceptor of your choice.

### FAMILY MEDICINE WITH ERMEP (RURAL)

#### Plantagenet Family Health Team

- Good rural experience, newly renovated clinic.
- Three physicians and many other healthcare professionals on site.
- Accommodation available on site.



### **Equipe Médical St. Isidore (Dr. Pomerleau, Clément and Denis-Leblanc)**

- Great clinic, good teaching, all EMR, very well organized.
- Approximately 45 minute drive from Ottawa.

### **Hawkesbury**

- Ruby clinic
  - New clinic, all electronic medical records, multidisciplinary health team.
  - Most doctors have a mixed practice of office and hospital work (obstetrics, ICU, medicine ward, rehabilitation ward).
- Other doctors outside of Ruby clinic also take students.
- Accommodation available on site.

### **Clarence-Rockland Family Health Team**

- All electronic medical records, multidisciplinary health team.
- Eight to ten physicians.
- Great experience.

### **FAMILY MEDICINE AT SHAWVILLE (RURAL)**

- The experience varies from one preceptor to another.
- If your preceptor does hospital work, you typically see patients in the morning and spend the afternoon in off-site clinics.
- Clinics may be downtown or about 20 mins from Shawville.
- You may also do emergency shifts in the hospital or in a nearby CLSC.

### **FAMILY MEDICINE IN MANITOBA**

- Cinq semaines au Manitoba plus une semaine de cours à Ottawa.

### **Centre de Santé-Winnipeg**

- Normalement vous ferez des journées complètes de 8h30 à 17h, du lundi au vendredi.
- Vous travaillerez dans une clinique de médecine familiale interprofessionnelle.
- La population est variée avec des patients tous les âges.
- Il est possible de passer du temps avec les infirmières, diététistes ou thérapeutes athlétiques.
- Gardes à l'Hôpital St-Boniface :
  - Vous serez de garde toutes les deux fins des semaine du vendredi à 17h au lundi à 8h.
  - Vous devez rentrer les samedi et dimanche matins pour les tournées.
  - Le reste de la garde se fait à la maison s'il n'y a pas d'admission.
  - Vous serez appelés et devrez rentrer pour faire les admissions.

### **Notre-Dame de Lourdes (1h30 de route de Winnipeg – logement étudiant offert)**

- Mélange de clinique, d'urgence, d'hôpital et de soins de longue durée.
- Normalement vous ferez des journées complètes du lundi au vendredi de 8h à 17h.
- Le matin : Tournée des patients à l'hôpital
  - Petit hôpital de 9 lits.
  - Patients variés.
  - Semblable à une unité de médecine familiale/médecine interne en ville.
- Après la tournée/ en après midi: Clinique de médecine familiale
  - Clinique interprofessionnelle.
  - Patients de tous les âges.
  - Cas variés, procédures mineures quelques jours par semaine.

- Urgence:
  - S'il y a des cas intéressants à l'urgence durant la journée, l'étudiant peut partir de la clinique pour aller voir les patients de l'urgence.
  - Cas très variés : de mineurs à très sévères, patients de tous les âges. Charge de travail variée.
- Ressources disponibles :
  - Prises de sang et radiographies.
  - Pas de CT, échographie etc.
  - Très bonne occasion pour améliorer votre jugement clinique (transfert vs admission vs congé etc).
- Gardes:
  - Généralement 2-3 soirs par semaine (le choix est donné à l'étudiant).
  - Gardes à la maison. Appelé pour les cas de l'urgence mais rarement appelé la nuit.
  - Possibilité de faire gardes de fin de semaine.
    - Du vendredi à 17h au lundi à 8h.
    - Tournée des patients hospitalisés.
    - Travail à l'urgence la journée (bon débit la journée, peu occupée en soirée/nuit).

## **PSYCHIATRY**

### **CONTACT INFORMATION**

#### **Coordinator**

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#### **Rotation director**

Dr. Martin Campbell  
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### **LECTURES**

- One week of lectures at the end of your rotation.
- Lectures take place at Montfort, Pierre-Janet and the Royal.
- All students from the French stream are together for lectures, regardless of their placement location.

### **PRESENTATIONS**

- None

### **TEACHING ROUNDS**

- There are no teaching rounds in psychiatry

### **CALL**

- Location dependent

### **PRECEPTORS' EVALUATION OF STUDENT**

- Three different evaluations will be sent via one45. One for adult psychiatry, one for child psychiatry and one for geriatrics.
- You are also required to get to mini-CEX evaluations filled by a preceptor of your choice.

### **STUDY**

- Make sure you review the mental exam and associated terminology.
- Know your medications well – side effect profile, differences between drugs in one class etc.

## **PSYCHIATRY AT MONTFORT**

You will do three weeks of mixed outpatient, inpatient and emergency psychiatry at Montfort, one week of child psychiatry at Hôpital Pierre Janet (HPJ - Hull) and one week geriatric psychiatry at the Royal. Some students may do geriatrics at HPJ if no availability at the Royal.

### **ADULT PSYCHIATRY – MONTFORT**

- You will be assigned to either one or two preceptors for three weeks.
- Preceptors either work at the on-site outpatient clinic or with inpatients on the wards.
- The amount of independence during this rotation will vary depending on your preceptor.
- Each staff is on call approximately once per week. Call consists of psychiatric emergency consults.
- Staff will still carry their normal outpatient load when on call.
- Volunteering to do the emergency consults is a great way to get exposure to acute psychiatry emergencies.
- You will have the opportunity to observe ETCs.

### **GERIATRICS – ROYAL OTTAWA**

- You may be assigned to the Day Hospital or the inpatient unit.
- You will observe new consults, see patients for follow-ups and write progress notes.
- You will have the opportunity to observe ETCs (some preceptors will let you do it yourself).
- Days typically finish pretty early.
- There are no calls during this week.

### **CHILD PSYCHIATRY – HOPITAL PIERRE JANET**

- Everyone assigned to Ottawa or Hull will do their child psychiatry week at HPJ.
- Primarily observation of new consults with patients and their family.
- Will do a few progress notes on inpatients.
- Exclusively at HPJ.
- Days typically run from 9:00 – 16:00.
- There are no calls during this week.

### **CALLS**

- Over the 3 weeks of adult psychiatry, you will have to do three calls at Montfort:
  - One weekend day shift from 8:00 – 17:00.
  - Two evening shifts during the week from 17:00-22:00.
- You will do consults in the emergency room and on the ward.

## **PSYCHIATRY IN HULL**

You will do three weeks of adult psychiatry (location varies), one week of child psychiatry and one week of geriatric at Hôpital Pierre Janet (HPJ).

### **ADULT PSYCHIATRY**

- The location depends on your preceptor but may be any of: HPJ, Clinique 73 Moussette, Hôpital de Gatineau, Hôpital de Hull and Hôpital de Buckingham.
- The type of patients seen depends highly on your preceptor (schizophrenia vs. depression vs. emergencies etc.).
- You will often do a mix of clinic and hospital ward.
- If your preceptor works at the Gatineau hospital, you may do consults in the Gatineau ER. There is no ER at HPJ.
- The degree of involvement varies with the preceptor – i.e. observation vs. rounding alone in the morning vs. progress visits and progress notes with/without preceptor.
- The schedule is variable but hours may be long depending on your preceptor (typical start at 9:00am).
- You may need to travel from one location to another during the day.

### **CHILD PSYCHIATRY**

- Everyone assigned to Ottawa or Hull will do their child psychiatry week at HPJ.
- Primarily observation of new consults with patients and their family.
- Will do a few progress notes on inpatients.
- Exclusively at HPJ.
- Days typically run from 9:00 – 16:00.

### **GERIATRIC PSYCHIATRY**

- Observation of new consults and follow-ups.
- You will often be assigned to 2-3 inpatients and asked to follow them and write progress notes for the week.
- You may be able to watch ECTs at the Hôpital de Hull one morning of the week.
- Some preceptors travel to Buckingham so plan to have a car during this time.
- Days typically run from 9:00 – 16:00.

### **CALL**

- No call

### **PSYCHIATRY IN MANITOBA**

- You will have to organize this rotation on your own, as it is not part of the classical options offered by the Faculty.
- You will do 3-4 weeks of psychiatry in Manitoba, possibly one week of child or geriatric psychiatry in Ottawa as well as attend the lecture week in Ottawa.

### **Winnipeg's Health Science Centre**

- This rotation is mainly in English.
- Hours are Monday to Friday 8:30 to 17:00-19 :00.
- You will be assigned 3 to 5 patients that you will follow for the length of your rotation.
- You will work with University of Manitoba students and residents.
- There are morning and afternoon rounds where you will have to present and discuss your patients with the staff.
- There is abundant teaching during the day.
- Emergency consults
  - At Winnipeg's Health Science Centre and at the Children's.
  - You will admit all psychiatry patients that require an admission.
  - The ER tends to be busy but the exposure is excellent. Cases are diverse and very interesting.
- Call
  - You will do one 24h call per week.
  - You will get a post-call day.

## PEDIATRICS & MANDATORY SELECTIVE BLOC

### LECTURES

- Both the Pediatric and Mandatory Selectives groups attend the same lectures.
- They are held on every Wednesday afternoon of the 12-week bloc at CHEO.
- The schedule and slides are on one45.

### PEDIATRICS

*For more information, please refer to the Anglophone guide's section on pediatrics.*

### CONTACT INFORMATION

#### Coordinator

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### CLINICAL

Your six weeks rotation is split between three weeks of wards, one week of NICU and two weeks of emergency medicine.

#### Wards: three weeks

- Three teams: red, bronze and purple. They each cover different wards.
- Red: very busy, infant and toddler medicine, general pediatric patients with some subspecialty patients.
- Bronze: less turnover, oncology, rheumatology, nephrology with a mix of general pediatric patients.
- Purple: busy, general pediatrics with subspecialties including gastroenterology, endocrinology and respiratory.
- You will be assigned 3-4 patients and will be responsible for them during the length of their stay.
- You will work on a team composed of 1 staff, 1 senior paediatric resident, 1 junior paediatric resident, 1-2 family medicine residents and 2-4 medical students.
- Here is an example of a typical day:
  - Meet with your team at 8:00 in the residents' lounge (CHEO basement).
  - The resident on call overnight will run the list and give a brief update on all patients.
  - The patients will be divided among medical students and junior residents.
  - At the end of handover, you will go to the ward and round on your own patients.
  - At 10:00, the whole team will round together. This may take a few hours depending on the list.
    - You will have to present your patient (ID, reason of admission, active issues, exam, labs, plan).
    - While a colleague is presenting his patient, grab the chart and write the orders. Have them co-signed by a junior.
  - In the afternoon, you will write your progress notes, make phone calls, prepare discharge etc.
  - Before going down to PAL, handover any active/unfinished issue to a junior.
  - At 15:30, you will attend PAL.
  - You are expected to return to the ward after PAL to complete your work.
- You are responsible to dictate discharge summaries for your patients. A hand-out explaining how to structure them will be distributed at the start of your rotation.
- All wards are busiest during winter/early spring.
- This is a good example of the CTU experience Anglophone students get in internal medicine.

### **Emergency: two weeks**

- Slower weeks compared to wards.
- Two shifts/week and one teaching shift/week.
- Typically three shifts on the acute side and one on the ambulatory side.
- You may review with staff or residents depending on the preference of the staff.
- You are responsible to get an evaluation completed at end of each shift.
- You still have to attend PALS every day of the 2 weeks so do not plan to go away!

### **Neonatal: one week**

- Exposure to NICU and neonates.
- Different sites nearly every day – TOH, Civic and Montfort.
- You must collect signatures for various activities (i.e. 15 newborn exams) throughout the week, in a yellow book given at orientation.

### **LECTURES**

- Lectures are held every Wednesday afternoon as described above.

### **PRESENTATIONS - PALS**

- All students are required to do individual one-hour presentations in English, on a pre-assigned topic.
- Presentations are given Monday to Thursday from 15:30 – 16:30 and are mandatory for everyone.
- Topics, supervisor and presentation dates are pre-assigned.
- Some articles on the assigned topic will be given to you at orientation.
- You must arrange to meet with your supervisor at least 1 week in advance to discuss your presentation.

### **CALL**

- Four to five 24-hour calls over the 3 weeks of wards.
- One to two calls during the weekend.
- Students are responsible to make their own call schedule.
- You will get post call days.

### **PRECEPTORS' EVALUATION OF STUDENTS**

- Wards: one evaluation sent via one45 for the 3 weeks on ward.
- Emergency medicine: daily paper evaluations.
- NICU: evaluation is via the yellow booklet.
- You are required to get 2 mini-CEX forms filled by a preceptor of your choice.

### **LANGUAGE**

- Rotation is with the English stream; therefore, all activities including lectures and presentation are in English.
- French remains very useful clinically, as there are many Francophone families receiving treatment.

### **MANDATORY SELECTIVES**

*\*\* Please refer to the Operating Room Behavioural Protocol section on p. 35 for details on the functioning of ORs\*\**

### **CONTACT INFORMATION**

#### **Coordinator - French**

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#### **Rotation Director - French**

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#### **Rotation Director - English**

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This rotation is comprised of:

- Two weeks of pediatrics for all students.
- One week of ophthalmology for all students.
- One week of ENT for all students.
- Two weeks of other specialties – The options will depend on the stream obtained after the lottery.

You have the option of completing this rotation with the French or the English stream, depending on your preference for your two weeks of specialties. Below is an outline of available options in each stream.

#### **Pediatrics (2 weeks)**

- Pediatric surgery: English only.
- Pediatric medicine: French and English.
  - French: community pediatrics at Montfort (only option for paediatrics offered in French language).
  - English: nephrology, endocrinology, respirology, cardiology, gastroenterology, community pediatrics, child and youth protection and haematology-oncology all at CHEO.

#### **ENT and Ophthalmology (1 week each)**

- French: you will be assigned to French (Montfort based).
- English: you will be assigned to English (TOH based).

#### **Mandatory selective (2 weeks)**

- French: Geriatrics, radiology, rehabilitation, pathology.
- English: Dermatology, radiology, geriatrics, palliative care, radiation oncology, laboratory medicine.

#### **CLINICAL**

- Your experience will vary greatly depending on your chosen stream and the rotations you are assigned to.
- Your schedule for each individual rotation will be sent at least one week in advance.

#### **LECTURES**

- Every Wednesday afternoon of the 12-week bloc.

#### **PRESENTATIONS**

- None

#### **EVALUATIONS**

- The format depends on the rotation. Sometimes you have one one45 evaluation for the entire week whereas other times you have daily paper evaluations.
- You will possibly have to get mini-CEX forms filled.

#### **MANDATORY SELECTIVES FRANCOPHONE STREAM**

Francophone preceptors can be spread out all over the city, including at Montfort, on Bank Street, and Montreal Road, or in Gatineau.

#### **ENT (MANDATORY - 1 WEEK)**

- You will be assigned to a preceptor and that you will follow for a week.
- You will do mostly clinic and a mix of minor and major procedures.
- Minor procedures, such as tube placement, and clinics are either at your preceptor's office or at Montfort.
- Major procedures are in the OR at Montfort.
- Procedures are mostly done by the preceptor. Observation through a microscope is possible.
- The amount of surgical assist is preceptor dependant.

### **OPHTHALMOLOGY (MANDATORY – 1 WEEK)**

- Assigned to preceptor and follow his or her schedule, which typically involves clinic, with a mix of minor and major surgery.
- Minor procedures such as laser treatment, are in clinic, at the Gatineau's hospital or the Riverside Hospital.
- Major procedures such as cataract surgery are at Gatineau's OR.
- At the Gatineau clinic, there is only one examination room therefore you primarily observe and if time permits, attempt to do the exam and see pathology.

### **COMMUNITY PEDIATRICS (MANDATORY – 2 WEEKS)**

- Hours at Montfort are 8:00 – 16:00.
- Different preceptor daily.
- The mornings are spent in the newborn clinic performing follow-up exams on newborns (weight checks, bilirubin checks, birth complications).
- The afternoons are spent in the nursery and the labour ward, performing newborn exams, attending deliveries and dealing with newborn complications.
- There is also the option of doing the pediatrics clinic, which includes consultations for more complex pediatric issues.

### **RADIOLOGY (OPTIONAL)**

- Hours at Montfort are 9:00 – 15:00, however you usually end around noon.
- Different preceptor daily.
- Primarily looking through collections of images and working through related questions.
- The Faculty will lend you a book, Radiology Made Ridiculously Simple, which is very helpful; specific chapters will be assigned as reading.
- Typically meet with a radiologist to review cases and pose questions in the afternoon.
- If interested, one can attend radiology examinations (U/S, interventional radiology, etc.) in the mornings or afternoons if you are interested.

### **PATHOLOGY (OPTIONAL)**

- Hours at Montfort are 9:00 – 16:00 (approx.).
- One preceptor throughout the elective.
- Introduced to the process of "grossing", which entails dissecting a full specimen for individual microscopic slides.
- Observe pathology slides with preceptor, usually while receiving ample teaching and some quizzing.
- The bulk of the specimens received at Montfort are from Gastroenterology, General Surgery, OBS/GYN, Urology and Orthopaedics.
- Autopsies are not performed at Montfort hospital.
- Tends to be more of an observership elective. Learning is thus based on self-motivation.

### **REHAB & GERIATRICS (OPTIONAL)**

- Hours at Montfort are approximately 7:30 – 16:00.
- One preceptor for the week, and you will provide care to his or her patients.
- Typically, you "round" on patients in the morning and plan care in the afternoon with your preceptor.
- Possibility of going to Résidence St-Louis, nursing & convalescence care, in Orleans for 1-2 days.
- May also spend 1 day at La Clinique Interprofessionnelle de l'Université d'Ottawa near RGN (Altavista)..
- Between your early morning rounds and late afternoon session with your preceptor, you shadow paramedical specialties including social workers, physiotherapist and audiologist at Montfort and the inter-professional clinic.

### **MANDATORY SELECTIVES ANGLOPHONE STREAM**

*\*\*\*\*Please consult the English guide for information on the English Mandatory Selective rotations \*\*\*\**



# CLINICAL BASICS

## HISTORY-TAKING

Being able to take a complete and thorough history is an invaluable skill in clerkship. Whether it occurs in the emergency room or on the wards, medical students are frequently the first to see patients during their initial work-up and aid in collecting pertinent information to help the medical team decide on further investigations and management. Although taking a history will be modified based on the specialty you are in, there are basic components that will always be included and that students should not miss.

### BASIC HISTORY

1. **IDENTIFICATION** – this will include information such as the patient’s name, age, gender, and MRN. In specialties like psychiatry, the ID will be more detailed and include the patient’s relationship status, occupation, living situation, and number of dependents.
2. **REASON FOR REFERRAL** – unless you are on your emergency medicine rotation, consults that students perform will be requested from another specialty. The reason for referral or RFR should be a short section that explains why you were asked to see the patient. *Note: you may also use “chief complaint (CC)” instead of RFR.*
3. **HISTORY OF PRESENTING ILLNESS (HPI)** – this section of the history provides the details relevant to why the patient is being seen. A significant portion of the time spent with a patient will be focussed on this section. The HPI should focus on the timeline and events leading to admission/coming to the hospital. For taking this history, there are many mnemonics that can be used, but one of the most common is the **LMOPQRST** structure. It is also important to ask about **associated symptoms**, which will vary depending on the nature of the chief complain. Additionally, you always want to ask the patient has ever had an issue similar to this before (**déjà vu**) and how it has affected them.
  - Location.
  - Management – Have you taken anything for it?
  - Onset – When did the issue begin? What were the events surrounding it?
  - Precipitating/relieving factors – What makes it better? Does anything make it worse?
  - Quality – If the chief complaint is pain, is it sharp? Dull? Throbbing? Burning?
  - Radiation – Does it stay in one place? If not, where does it go? Is it shooting pain?
  - Severity – On a scale of 1 – 10, how do you rate the pain? 10 being the worst pain of your entire life and 1 being barely noticeable.
  - Timing – Is the pain/issue constant? Does it wax and wane? Is there a particular time of day when it is worst?
4. **PAST MEDICAL HISTORY (PMHX)** – there are many ways of completing this section of your history. While nothing will replace the information that is obtained by asking the patient about their PMHx directly, it almost impossible to remember every possible condition that could be contributing to their current illness. A useful question to ask patients is “are there any medical conditions you are followed for regularly?” With the use of Electronic Medical Records (EMR), much of a patient’s medical history is available to you before you even meet them. Information from the patient, their EMR, and collateral (family members, friends, family physician) can help you provide your residents and staff with a complete past medical history.
5. **PAST SURGIAL HISTORY (PMSX)** information for this section, like the PMHX, can be collected from the patient and their EMR. It is important to include the following details in this section:
  - When was the surgery?
  - Was it scheduled or emergent?

- Who performed the surgery and at which hospital?
  - Were there any complications?
  - What type of anesthetic was used (general, epidural, spinal, local)
6. **FAMILY HISTORY** – any history of the current condition should be explored, as well as other conditions that may present in a similar manner. Since most patients will not have a list of their family member’s medical issues, it is your responsibility to ask the patient about common and/or relevant conditions that may be associated with the chief complaint. For example, if a patient presents with diarrhea, it is important to ask about a family history of inflammatory bowel disease and celiac disease.
  7. **MEDICATIONS** – be sure to include dose, time of day they are taken, route (PO = by mouth, subcutaneous injection, IV). Ask about any recent changes or additions to their medications, which can exacerbate pre-existing medical conditions. Many medications can be used to treat different illnesses, for example, beta-blockers can be used for angina, cardiac arrhythmias, while gabapentin is used as an anti-epileptic as well as for neuropathic pain. You must find out why the patient is on the medication and how effective it is for that issue.
  8. **ALLERGIES**– while it is important to ask about food and seasonal allergies, you want to make sure to ask specifically about medications and the associated reaction. For example, if a patient states they are allergic to penicillin, it is important to know the severity of the reaction (rash vs. anaphylaxis).
  9. **SOCIAL HISTORY** – this section will include information about the patient’s occupation, marital status, and substance use. Substances you want to ask about are alcohol, cigarettes, cannabis, and other illicit drugs. In addition, you want to be able to quantify their substance use.
    - Alcohol – How many drinks per day? Per week?
    - Cigarettes – How many cigarettes per day? How long have they been a smoker?
      - Cigarette smoking is generally reported in **pack years**: # of packs/day x # of years they have been smoking.
      - If they say they do not smoke **currently**, you should ask if they have **ever** smoked
    - Cannabis and illicit drug use – Yes or No. If they have used, when? What route? How often?

### **SPECIALTY ORIENTED ADDITIONAL INFORMATION**

As previously mentioned, each specialty will have a slightly different focus when performing a history. Below are some additional sections or topics to cover based on specialties.

#### **PSYCHIATRY**

1. **Included in the HPI:**
  - a. Screen for depression (MSIGECAPS)
  - b. Screen for mania (GST PAID)
  - c. Screen for anxiety (general anxiety disorder, panic disorder +/- agoraphobia, OCD, PTSD)
  - d. Screen for psychosis (hallucinations, delusions, negative symptoms of schizophrenia)
2. **Past Psychiatric History**
  - a. What was the diagnosis? When was it made? What treatments has the patient had for this diagnosis (pharmacological, psychological)?
  - b. Have there been any hospitalizations for psychiatric illness? If so, when were they and how long?
  - c. Is the patient followed by a psychiatrist or other healthcare professional for this diagnosis?
  - d. Is there any history of self-harm or suicide attempts? If so, when? How many? How often? What were the circumstances?
3. **Forensic History**
  - a. Past criminal activity
  - b. Any incarceration?

#### 4. Suicidal and homicidal ideation, plan and intent

#### 5. Mental Status Exam (ABC STAMPLICKER) – the Psychiatry “Physical” Exam

- |                             |                           |
|-----------------------------|---------------------------|
| a. Appearance               | h. Perception             |
| b. Behaviour                | i. Level of consciousness |
| c. Cooperation              | j. Insight and judgement  |
| d. Speech                   | k. Cognitive functioning  |
| e. Thought form and content | l. Knowledge base         |
| f. Affect                   | m. Endings (suicide)      |
| g. Mood                     | n. Reliability            |

### OBSTETRICS & GYNECOLOGY

#### 1. Obstetrical history

- How many pregnancies? What were the outcomes? You should present this information in the following form: G (gravida = how many pregnancies), T (term = how many babies born after 37 weeks GA), P (preterm = how many babies born between 20 and 37 weeks GA), A (abortions), L (living)
- For each pregnancy, you want to know how far along the pregnancy went, gender of the child, birth weight, method of delivery (spontaneous vaginal delivery, assisted vaginal delivery, c-section), and any complications during the pregnancy and the delivery.
- It is also important to note how these pregnancies were conceived – natural, intrauterine insemination (IUI), in vitro fertilization (IVF).

#### 1. Gynecological history

- Age of menarche
- Date of last menstrual period (LMP)
- Frequency of menstruation - cycles can be anywhere from 21-35 days in length
- Length of menstruation
- Features of menstruation – Menorrhagia? It is important to quantify because what is “heavy” to one woman may be light to another. Dysmenorrhea? If so, do they require medication? You can use **LMOPQRST**.
- Is the patient sexually active? If so, what form(s) of contraception are they using? How long?
- History of sexually transmitted diseases – if positive, were they treated? When? Partner as well?

## ADMISSION ORDERS

You collected a complete and accurate history, finished your physical exams, and have presented this data with the relevant lab work and investigations to your senior resident and staff. Now, they want you to admit the patient – what do you now? Admission orders! An easy way to approach admission orders is using the acronym ADD DAVI<sub>4</sub>D.

### ADD DAVI<sub>4</sub>D

- Admit patient to \_\_\_\_\_ (SPECIALTY) under Dr. \_\_\_\_\_ (ATTENDING STAFF).
- Diagnosis – include the suspected diagnosis. If a diagnosis is uncertain, you can write the issue plus “NYD” (not yet diagnosed). Examples:
  - Acute Appendicitis
  - Ectopic Pregnancy
  - Psychosis NYD
- DNR Status – do NOT write DNR status! Instead, you write the patient’s category status: Category 1, 2, 3; if unknown, do not write anything. Someone may see DNR and not read the rest.
- Diet – examples include: DAT = diet as tolerated, renal diet (low K and low Na), heart healthy (low sodium, low fat), diabetic diet, NPO = nothing by mouth.
- Activity – AAT = activity as tolerated; bed rest; fall risk

6. Vitals - every 4 hours (q4h), every 8 hours (q8h), in the morning (qAM), at shift changes (qshift)
7. Instructions to nurse – this may include daily weights, capillary blood sugar monitoring, monitoring urine output, etc.
8. I.V. Orders – examples:
  - a. I.V saline lock (ensures patient has IV in place, but nothing running through it),
  - b. IV TKVO (to keep vein open) = very low rate to keep IV patent (10-20 ml/hour)
  - c. IV rate with IV fluid type
9. Investigations – blood work, radiology, EKGs, consultations
10. Isolation status - airborne, contact, droplet
11. Drugs – this includes all the medications the patient needs. This section must include the drug name, dose, route of administration, how frequently it is to be given, and if it is continuous or as needed (PRN). Don't forget the 6 P's:
  - a. Pain
  - b. Pus (antibiotics)
  - c. Poop (laxatives or stool softeners)
  - d. Puke (antiemetics)
  - e. Prophylaxis (DVT/PE)
  - f. Past medications (home meds)

### **WRITING ADMISSION ORDERS**

- Avoid abbreviations – drugs and diseases can be confused if you use abbreviations. While it may take more time to write out the entire word, it will save you from having to clarify your orders in the future.
- All orders need to have the date, time, signature and printed name with your “rank” (MS3, MS4, R1, etc.). You should use the 24-hour clock for orders.
- Remember that all your orders need a co-sign before your patient can get any care \*it is your responsibility to get orders co-signed\*.

### **SAMPLE ADMISSION ORDER CASE**

- Ms JB – 75 y o woman you are admitting to hospital for hip fracture requiring surgical repair. She will be admitted under Dr Lewis.
- She will be going to the OR within the next 24 hours as soon as there is OR time available.
- Her past medical history is significant for atrial fibrillation and hypertension.
- Her medications include Coumadin 2 mg po daily, Metoprolol 50 mg po bid and Ramipril 5 mg po bid.
- She is having moderate pain from the hip fracture.

### **ADMISSION ORDERS**

1. Admit to orthopedic surgery under Dr Lewis
2. Diagnosis: right hip fracture
3. CPR and Plan of Treatment: Category 1, see attached order sheet
4. NPO
5. Bedrest until OR – non-weight bearing
6. Vital signs q 8 hours
7. Start intravenous and infuse 2/3 / 1/3 plus 20 mmol KCl at 75 mL/hour
8. Stat INR now – please call MD with result
9. CBC, electrolytes, BUN, Cr now and tomorrow AM
10. ECG now
11. Medications – see medication reconciliation form
12. Tylenol 325-650 mg po q 4 hours prn for pain
13. Hydromorphone 0.5 mg sc or 1 mg po q 4 hours prn for pain
14. Metoclopramide 5-10 mg iv or po q 6 hours prn for nausea
15. Anesthesia consult – notified and consultation request filled

## PROGRESS NOTES

Progress notes are an important form of communication of a patient's medical progress. They are used by all members of the multidisciplinary team and, therefore, need to be concise and accurate. There are two formats for writing progress notes:

- SOAP format: used for patients with a single issue.
- Issue based format: best used when a patient has a multiple concerns. The main difference for issues based notes is that you have multiple assessments (each issue) and each assessment has its own plan.

All notes must include a date, time, and identifying information about the writer (clinical clerk – CC; medical student – MS), and begin with an identifying statement, such as: "75 year old female admitted for exacerbation of COPD". The final component of the note should include a disposition or discharge plan (e.g. home, long term care facility, etc.).

Things to consider:

- Avoid abbreviations – it may take you a minute longer to finish the note, but it will ensure that there is no confusion about what you are prescribing or ordering.
- Document all findings and be specific
  - Include pertinent positives and negatives.
  - If something is not included, it will be assumed that it was not done/asked.

### SOAP NOTE

S – Subjective (patient's perception).

O – Objective (includes the physical exam, relevant laboratory testing, and/or imaging).

A – Assessment (your impression of the situation).

P – Plan.

### SAMPLE NOTE

Medicine – Medical Student

February 9<sup>th</sup>, 2014

**ID:** 75 year old woman from home, admitted 2 days ago with gastroenteritis and dehydration.

**S:** Feels better, only 5 bowel movements in the past 24 hours, taking fluids orally.

**O:** Looking well, BP 165/90, afebrile, JVP 3 cm, mucous membranes moist, abdomen is soft, non-tender with no evidence of peritonitis.

**Labs/Investigations:** K = 3.7, Cr = 100, stool positive for Norwalk virus (with date of test time).

**A:** Resolving gastroenteritis secondary to Norwalk virus.

**P:**

- 1) Advance diet today, discontinue if fluids
- 2) Remove urinary catheter.
- 3) Physiotherapy consult.
- 4) Home in 24 hours if tolerating diet and ambulating well.

Name, MS 3, signature

## POST – OPERATIVE NOTES

Whether you are on your surgery, obstetrics and gynecology, ENT, or Ophthalmology rotation, all completed procedures will require a post-operative note. This note highlights pertinent information regarding the procedure, why it was done, findings, complications, and diagnoses. It is expected that the medical student will write the post-operative note.

The following template can be used in most surgical specialties, however, not all headings will be required for all surgeries:

- Surgeon – Who is/are the primary surgeons?
- Assistant – This includes residents and medical students. Be sure to include the rank of each assistant beside his or her name.
- Anesthesia – Name of Anesthesiologist and type of Anesthesia used should be noted.
- Pre-operative Diagnosis.
- Post-operative Diagnosis (usually the same as the pre-operative diagnosis).
- Procedure.
- Findings – What was observed/found in the OR.
- Pathology – Samples or specimens taken during the procedure.
- Complications – Were there any unexpected issues or problems that arose during the procedure? What was done?
- Drains – Does the patient have drains in place from surgery? This can include a Foley catheter, Jackson Pratt (JP) drain, etc.
- Estimated Blood Loss (EBL) – This is the best guess at how much blood was lost during the procedure itself.
- Disposition – How was the patient when they left the OR? Where are they going now (PACU, ICU, ward)?

NOTE: It is important that the information in this note is correct, so if you are unsure about something that happened during the surgery, be certain to ask your residents and/or attending staff for help.

## DISCHARGE SUMMARY

Discharge summaries are the main way that information is passed from the treating team in the hospital to the treating team in the community. Discharge from hospital is a time of transition and proper communication can help ensure that appropriate measures are taken and that proper patient follow-up occurs.

Discharge summaries should be timely and concise. They should include relevant information, medication reconciliation and have a follow-up plan.

Many students fall into the habit of ‘copying and pasting’ the consultation note into the discharge summary and completing everything at the last minute. The best way to write a thorough and accurate discharge summary is to take the time to update it every day starting from admission.

Practical tips:

- Put yourself in shoes of GP getting report – what do you need to know?
- Figure out how to get information to GP in timely fashion.
  - Use patient as courier or call GP yourself.
- Be diligent with medications – huge source of error and big patient safety issue.
- Make sure follow-up plan in place especially for results pending at discharge and “backup plan” indicated.
  - Who to call if something going wrong or more information needed.
  - Advice given to patient about when to return to hospital or seek medical care.
- Do not use abbreviations – receiving physician may not understand or use the abbreviation to mean something else.
  - Example: d/c – does this mean discharge, discontinue, or something else?
- Get feedback about your discharge summaries.

- At CHEO, you will be expected to dictate your discharge summaries and they should only be started AFTER the patient is discharged. The pediatric handbook that is provided during the rotation has a good outline for what should be included in your discharge summary and in what order.

#### SAMPLE DISCHARGE SUMMARY

Name: Patient X  
Admission Date: March 10<sup>th</sup>, 2012  
Discharge Date: March 17<sup>th</sup>, 2012  
Campus: The Civic Campus, The Ottawa Hospital  
Unit A5  
Physician: Dr K Wooller  
Service: General Medicine A

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#### **Diagnosis:**

Most Responsible Diagnosis: Cellulitis  
Preadmission Diagnosis: Diabetes  
Post-Admission Diagnosis: Renal Failure  
Preadmission Diagnosis: Hypertension

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#### **History and Physical Exam:**

67 yo M with 2 weeks of redness, swelling, pain of right arm. He has associated. Fever and chills on exam: T= 38.8, RR20, BP 109/70, HR 98  
right arm – red, swollen, indurated up to axilla with some pus filled vesicles.  
Heart Sounds normal, JVP not visible, no edema, mucous membranes dry  
Pertinent investigations on admission included a high white cell count (30) and elevated creatinine (270). His glucose was 30.  
He was admitted to hospital for cellulitis

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#### **Investigations:**

US Limb: abscess in upper arm measuring 5 x 7 cm with surrounding edema

Blood cultures: moderate growth of methicillin-resistant *Staphylococcus aureus*. Sensitive to clindamycin, Septra, Vancomycin.

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March 17, 2012 WBC 8

March 10, 2012 Creatinine 270

March 17, 2012 Creatine 110

CXR – normal

Echocardiogram: no vegetation, normal valves and LV function

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#### **Course in Hospital:**

This patient was admitted with cellulitis, elevated blood sugar and acute kidney injury. Issues were as follows:

1) Cellulitis and abscess: Arm US showed abscess which was drained by interventional radiology on March 11. He was treated with antibiotics (initially cefazolin but changed to vancomycin on March 12 once culture results available. Both blood and abscess cultures grew MRSA. He was followed by infectious diseases in the hospital (Dr G Rose). An echocardiogram was done to look for signs of endocarditis and was normal. He will finish another week of antibiotics and see infectious diseases for reassessment.

2) Acute kidney injury: likely due to pre-renal due to infection, poor oral intake and hyperglycemia. He was treated with iv fluids and his creatinine slowly normalized. He was also using ibuprofen for pain at home and we recommend he discontinue this as it can contribute to kidney injury.

3) Diabetes: Patients blood sugars were uncontrolled initially. He met the dietician and diabetic nurse educator and was started on gliclazide in addition to metformin which he was on previously. We have sent a referral to endocrinology (Dr Dora Liu) for further care. On discharge his blood sugars were 7-10.

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**Discharge Plans:**

Allergies: no known allergies

New Medications:

1. Vancomycin 1 gram iv q 12 hours for 7 days
2. Gliclazide 30 mg oral daily

Medications to be stopped:

1. Ibuprofen 600 mg oral daily – stopped due to renal dysfunction

Services on discharge:

1. CCAC

Follow-up Management Plan and Recommendations:

1. Family doctor in 1 week. Please repeat electrolytes and kidney function and check blood sugar results.
2. Follow up with Dr. Rose of infectious diseases. His office will call you with your appointment.
3. Follow a diabetic diet as suggested by the dietician and check your blood sugar daily until you see your family doctor. The diabetes clinic (Dr. Liu) will call you with an appointment in 2 – 3 months.
4. Return to hospital if fever, increased arm redness or pain, or new diarrhea.
5. Call Dr. Wooller's office if you or your family doctor have any questions (613-737-8899).