



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

UNDERGRADUATE MEDICAL EDUCATION (UME)
Medical Doctor Program (MD)

COURSE OUTLINE

Course Number:	MDCN 360
Course Name:	Course 2- Musculoskeletal and Dermatology
Dates:	October 13 – December 17, 2020
Schedules and classroom locations:	http://www.ucalgary.ca/mdprogram/current-students/pre-clerkship-years-1-2/timetables Detailed scheduled is located online in OSLER

	Name	Email
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Course Description
<p>Please refer to the University Calendar: http://www.ucalgary.ca/pubs/calendar/current/medicine.html#8554</p> <p>Integrated Clinical Presentations related to the Musculoskeletal System and Dermatology. Students will learn how to diagnose, investigate and manage clinical presentations such as painful limb, joint pain, fractures and dislocations, skin lesions, etc.</p> <p>Course Hours: (148 hours) NOT INCLUDED IN GPA</p>

Prerequisites
Not applicable in the MD program.

Supplementary Fees/Costs
<ul style="list-style-type: none"> • Lab Coat • Stethoscope • iClickers

COVID-19

Due to the effects of COVID-19, the MD program pre-clerkship curriculum has been modified to comply with University of Calgary COVID-19 regulations.

- Course large group content is being delivered online as a combination of podcasts and live events via Zoom.
- Small groups are also delivered via Zoom.
- Midterm exams/quizzes will be written online via Dolphin.
- Final MCQ examinations will be written in person following UME protocols for exams which include the use of multiple theatres (no more than 30% capacity), spaced seating ensuring appropriate social distancing of students and the use of PPE by all parties during the exam.
- OSCE examinations will also be in person and adhere to CSM approved UME social distancing and PPE protocols.

As of September 1, the curriculum will be mixed delivery which will include some in-person teaching for hands-on skills that cannot be taught via online means.

- These include courses/units such as Physical Exam, Procedural Skills, Communications, as well as clinical teaching such as clinical correlation, electives and Family Medicine Clinical Experience.
- For these events, students will be individually assigned or in small groups and adhere to social distancing and PPE regulations as outlined by UME.

Learning Objectives		
Section	Lecture(s)	Objectives
Radiology	<i>Radiology (Podcasts and small group session)</i>	<ol style="list-style-type: none"> 1. To review radiographic anatomy for all major joints 2. To review common imaging modalities utilized in MSK imaging 3. To review an organized approach to fracture description 4. To review common dislocations 5. To review radiographic soft tissue signs of trauma
Orthopaedics	<i>Lower extremity connective tissue injuries</i>	<ol style="list-style-type: none"> 1. Formulate a differential diagnosis and describe appropriate investigations for individuals presenting with an acute knee injury 2. Describe the function of the meniscus and recognize the clinical presentation of meniscal pathology and associated treatment options 3. Describe the function of the major ligaments of the knee, recognize common mechanisms of injury and appropriate treatment options 4. Recognize the common mechanisms of injury and clinical presentation of extensor mechanism injuries of the knee
Orthopaedics	<i>Fractures in the elderly</i>	<ol style="list-style-type: none"> 1. Discuss the incidence of hip fractures and other fractures in the elderly population 2. Describe the contribution of osteoporosis and other metabolic bone diseases to fracture risk 3. Discuss the importance of fall prevention in the elderly and the morbidity of falls 4. Outline an approach to decreasing the risk of fractures in older patients that incorporates both the management of osteoporosis and the prevention of falls

Orthopaedics	<i>Bone biology and fracture healing</i>	<ol style="list-style-type: none"> 1. Describe the normal steps of bone and fracture healing 2. List modifiable and non-modifiable risk factors for altered bone healing 3. Identify metabolic abnormalities which can result in abnormal bone and abnormal bone healing
Orthopaedics	<i>Pediatric fractures</i>	<ol style="list-style-type: none"> 1. Explain the anatomy of the physis 2. Discuss the Salter-Harris classification for growth plate injuries
Orthopaedics	<i>Non-accidental trauma</i>	<ol style="list-style-type: none"> 1. Recognize features of non-accidental trauma presentation 2. Describe the appropriate physician responsibilities to suspected non-accidental trauma
Orthopaedics	<i>Common pediatric problems</i>	<ol style="list-style-type: none"> 1. List the differential diagnosis for a limping child 2. Describe the clinical features of worrisome diseases in common orthopaedic pediatric complaints including: <ol style="list-style-type: none"> a. Pulled elbow b. In toeing and out toeing c. Hip dysplasia d. Flat feet e. Bow legs and knock knees
Orthopaedics	<i>Adult orthopaedic trauma</i>	<ol style="list-style-type: none"> 1. Students will understand the stages of fracture healing 2. Students will understand that trauma is a disease entity with epidemiology, a patient population, preventative strategies and treatment 3. Students will understand the ways to diagnose a dysvascular limb as it pertains to compartment syndrome and vascular injury 4. Students will understand basic ATLS principles and the basic principles of fracture splinting, diagnosis, description and treatment
Orthopaedics	<i>Spine</i>	<ol style="list-style-type: none"> 1. Compose a structured history in a patient presenting with subacute low back pain <ol style="list-style-type: none"> a. Describe the population impact of this problem using population incidence and/or prevalence 2. Describe 3 pertinent features on history for each of these clinical syndromes: radiculopathy, neurogenic claudication and myelopathy 3. List 5 potential causes of compressive patho-anatomy of neural elements in the spine 4. Identify urgent spine pathology including infection, fracture, neoplasm and cauda equina syndrome
Orthopaedics	<i>Lower extremity: Foot & ankle</i>	<ol style="list-style-type: none"> 1. Discuss common traumatic conditions of the foot & ankle 2. Discuss common non-traumatic conditions of the foot & ankle 3. Learn the Ottawa Ankle Rules for diagnosing ankle

		fractures versus sprains
		4. Discuss management principles for common conditions of the foot and ankle
Orthopaedics	<i>Lower extremity: Hip and knee</i>	<ol style="list-style-type: none"> 1. Discuss the composition of articular cartilage 2. Explain what happens to cartilage with aging and degenerative arthritis 3. Describe radiographic features of osteoarthritis 4. Create a management plan for patients with osteoarthritis of weight-bearing joints 5. Differentiate between osteoarthritis and osteonecrosis. 6. List the risk factors for osteonecrosis
Orthopaedics	<i>Upper extremity: shoulder/elbow AND hand/wrist</i>	<ol style="list-style-type: none"> 1. Apply anatomical knowledge and clinical patterns to generate a differential diagnosis for patients presenting with shoulder or elbow conditions 2. Explain the mechanism/etiology/features of common traumatic and atraumatic conditions of the shoulder and elbow including: <ol style="list-style-type: none"> a. Fractures and dislocation of the upper extremity b. Arthritis c. Rotator cuff syndrome and other tendon disorders of the upper extremity 3. Define the role of common investigations in narrowing the differential diagnoses and apply the pyramid of treatment modalities available to these specific clinical scenarios 4. Apply anatomical knowledge and clinical patterns to generate a differential diagnosis for patients presenting with hand and wrist conditions 5. Explain the mechanism/etiology/features of common traumatic and atraumatic conditions of the hand and wrist including: <ol style="list-style-type: none"> a. Fractures of the forearm and wrist b. Common nerve compression conditions seen in the upper extremity c. Soft tissue injuries/ infections seen in the hand and wrist 6. Define the role of common investigations in narrowing the differential diagnoses and apply the pyramid of treatment modalities available to these specific clinical scenarios
Orthopaedics	<i>Sports medicine</i>	<ol style="list-style-type: none"> 1. Understand the physiology of soft tissue and bone injury healing 2. Differentiate between acute and chronic musculoskeletal injuries and understand risk factors for musculoskeletal injury 3. Explain the diagnosis and management of common soft tissue injuries including muscle, tendon, ligament, fascia and bursa problems 3. Explain the cause and management of bone periostitis and stress fractures 4. Explain the cause and management of shoulder adhesive

		capsulitis (frozen shoulder)
Orthopaedics	<i>Infection</i>	<ol style="list-style-type: none"> 1. Describe the cause and emergent management of necrotizing fasciitis 2. Discuss osteomyelitis and septic arthritis in adults and children 3. List and interpret the investigations used to diagnose septic arthritis and osteomyelitis 4. Be aware of the implications of an infected artificial joint replacement 5. Describe the management of traumatic open wounds to minimize the risk of infection 6. Recognize the emotional impact of an infectious complication
Orthopaedics	<i>Tumours</i>	<ol style="list-style-type: none"> 1. Understand non-aggressive to aggressive clinical features and imaging features of bone and soft tissue "tumours" (hole in bone/soft tissue mass); benign/malignant 2. List the primary malignancies that commonly metastasize to bone 3. Identify multiple myeloma as the most common primary malignant bone tumour in adults 4. Identify osteosarcoma as the most common primary malignant bone tumour in children 5. Be aware that children get malignant bone and soft tissue tumours too 6. Outline the principles of local and systemic staging in the investigation of primary and secondary bone tumours
Orthopaedics	<i>Physical activity in medicine</i>	<ol style="list-style-type: none"> 1. Epidemiology of physical activity and sedentary behaviour 2. Social and health determinants of activity and sedentary behavior 3. Health benefits of physical activity / risks of sedentary <ul style="list-style-type: none"> • Physical • Psychosocial 4. Risks of physical activity 5. Physicians as physical activity role models 6. Physical activity guidelines 7. Components of a physical activity history 8. Screening for physical activity participation 9. Components of a physical activity prescription <ul style="list-style-type: none"> • Healthy populations • Chronic medical conditions 10. Behaviour change for physical activity adoption, adherence, maintenance 11. Role of allied health in physical activity

Rehabilitation (with plastic surgery)	<i>Amputation and reconstructions</i>	<ol style="list-style-type: none"> 1. Discuss gait dynamics 2. Describe features of amputations at different levels. Understand the different prostheses 3. Describe the features and functional implications of pain after amputation, such as phantom limb pain 4. Be aware of the medical complications involving the residual limb 5. To understand the principles of evaluating wounds of the extremity 6. To understand the “reconstructive ladder” for coverage of wounds 7. To have a basic understanding of the options/techniques for reconstruction of an extremity wound
Rehabilitation	<i>Back pain and myofascial pain</i>	<ol style="list-style-type: none"> 1. To describe a diagnostic approach to low back pain 2. To identify common structures in the low back that contribute to pain 3. To identify the importance of both "red flags" and "yellow flags" in the treatment and prognosis of low back pain 4. To identify the common myofascial trigger points that contribute to low back pain 5. To recognize and prescribe non-operative treatment options for low back pain based on evidence and the Towards Optimized Practice (TOP) Guidelines
Rheumatology	<i>Heritable connective tissue disorders</i>	<ol style="list-style-type: none"> 1. Describe a basic understanding of genetic variability, epidemiology/pathophysiology and clinical presentations with Ehlers-Danlos, Marfans and other genetic variants 2. Understand basic investigations for screening and monitoring of these patients 3. Recognize basic principles of therapy including physiotherapy, joint protection, orthotics and pain strategies
Rheumatology	<i>Osteoarthritis</i>	<ol style="list-style-type: none"> 1. Describe the clinical presentation of osteoarthritis and how to differentiate from inflammatory arthritis 2. Identify features on physical exam to help in the differentiation 3. Outline investigations to further assist with diagnosis 4. To prescribe a basic management plan for treatment of osteoarthritis including non-pharmacological and pharmacological strategies
Rheumatology	<i>Approach to polyarticular arthritis</i>	<ol style="list-style-type: none"> 1. Develop an approach to a rheumatological history and physical exam 2. Outline a differential diagnosis for polyarthritis 3. To recognize initial investigations required for patients with polyarthritis 4. List initial treatment strategies for polyarticular disease management
Rheumatology	<i>Rheumatoid arthritis</i>	<ol style="list-style-type: none"> 1. Describe the epidemiology, pathophysiology and clinical

		<ul style="list-style-type: none"> manifestations of rheumatoid arthritis 2. Outline initial investigations for patient with suspected rheumatoid arthritis 3. Basic understanding of treatment strategies and the benefits of early diagnosis and therapy
Rheumatology	<i>Seronegative arthritis</i>	<ul style="list-style-type: none"> 1. Describe the epidemiology, pathophysiology, differential diagnosis and clinical manifestations of seronegative arthritis 2. Outline initial investigations for patient with suspected seronegative inflammatory arthritis 3. Basic understanding of treatment strategies and the benefits of early diagnosis and therapy for seronegative arthritis
Rheumatology	<i>SLE</i>	<ul style="list-style-type: none"> 1. Describe a basic understanding of epidemiology, pathophysiology and clinical manifestations of SLE 2. Recognize the variability of SLE among other connective tissue disease patterns 3. Understand basic investigations required for suspected SLE 4. Outline initial therapeutic approach for management of SLE patients
Rheumatology	<i>Crystal arthropathies</i>	<ul style="list-style-type: none"> 1. Understand epidemiology, pathophysiology and clinical manifestations related to crystal arthropathies 2. Describe differential diagnosis of various subset of crystal arthropathies including gout, calcium pyrophosphate deposition disease 3. Understand the importance of synovial fluid analysis for diagnosis 4. Describe basic therapeutic approaches for management
Rheumatology	<i>Uncommon rheumatic diseases</i>	<ul style="list-style-type: none"> 1. Recognize clinical presentations of vasculitis and other connective tissue disease 2. Describe differential diagnosis with atypical presentations in Rheumatology 3. Understand initial investigations including basic lab investigations and serology 4. Outline initial therapeutic options for vasculitis and other connective tissue diseases
Rheumatology	<i>Approach to monoarticular arthritis</i>	<ul style="list-style-type: none"> 1. Develop an approach to a rheumatological history and physical exam 2. Outline a differential diagnosis for monoarthritis 3. To recognize initial investigations required for patients with monoarthritis 4. List initial treatment strategies for polyarticular disease management

Rheumatology	<i>Pain between the joints</i>	<ol style="list-style-type: none"> 1. Develop an approach to a rheumatological history and physical exam for soft tissue related rheumatological conditions 2. Outline a differential diagnosis for pain between the joints 3. Recognize treatment strategies including both pharmacological and non-pharmacological approaches
Rheumatology	<i>Principles of treatment</i>	<ol style="list-style-type: none"> 1. Review basic principles of acute and chronic treatment strategies of rheumatological diseases 2. Understand monitoring of pharmacological treatments and review side effects
Rheumatology	<i>Pediatric rheumatology</i>	<ol style="list-style-type: none"> 1. Describe epidemiology, pathophysiology and clinical manifestations of juvenile inflammatory arthritis (JIA) 2. Review initial investigations and differential diagnosis of pediatric rheumatic diseases 3. Outline initial treatment strategies and prognosis of the different types of JIA
Dermatology	<i>Course Introduction and Morphology</i>	<ol style="list-style-type: none"> 1. Differentiate between primary and secondary skin lesions 2. Recognize the basic primary lesions, papules, macules, patches, plaques, nodules, vesicles, bullae 3. Recognize secondary lesions (excoriations, lichenification, edema, scale, crust, fissure, erosion, ulceration, atrophy, scar, hypo/hyper/depigmentation) 4. Describe the shape, arrangement, distribution, color and texture of skin lesions
Dermatology	<i>Common Skin Lesions Adult</i>	<ol style="list-style-type: none"> 1. Recognize the clinical features and correctly identify the following lesions in a clinical examination: <ol style="list-style-type: none"> a) Cherry hemangioma b) Venous Lake c) Dermatofibroma d) Spider Angioma e) Seborrheic Keratosis f) Acrochordons g) Fibrous Papule of the nose h) Pyogenic Granuloma
Dermatology	<i>Common Paediatric Skin Lesions</i>	<ol style="list-style-type: none"> 1. Recognize the pathognomonic sign for alopecia areata 2. Recognize the significance of a trigeminal distribution in a congenital vascular malformation
Dermatology	<i>Acneiform eruptions (facial lesions)</i>	<ol style="list-style-type: none"> 1. Recognize key differences between acne vulgaris and rosacea 2. Identify initial appropriate treatment options for acne vulgaris 3. List top 3 side effects for tetracycline antibiotics and the importance of avoidance of long term acne vulgaris

		antibiotic monotherapy
Dermatology	<i>Eczematous Eruptions</i>	<ol style="list-style-type: none"> 1. Recognize common eczematous eruptions: atopic dermatitis, seborrheic dermatitis, allergic and irritant contact dermatitis, venous stasis dermatitis 2. List topical therapeutic choices for dermatitis (see topical therapy) Understand the need for compression therapy for stasis dermatitis
Dermatology	<i>Topical Therapy</i>	<ol style="list-style-type: none"> 1. Examine the rationale for choosing a topical corticosteroid 2. Develop an approach for choosing an appropriate therapy 3. List the common side effects of topical corticosteroids
Dermatology	<i>Common Benign Melanocytic Skin Lesions</i>	<ol style="list-style-type: none"> 1. List the clinical features of benign melanocytic nevi 2. Recognize the clinical presentation of a congenital nevus and the importance of its size
Dermatology	<i>Reactive Skin Lesions, fever and rash, dermatology in systemic disease</i>	<ol style="list-style-type: none"> 1. Recognize the clinical presentation of a morbilliform drug eruption 2. Know the common medications responsible for this type of drug eruption 3. Recognize the features of Leukocytoclastic Vasculitis (LCV) 4. Outline an approach to diagnosis and treatment of LCV 5. Describe the classic clinical presentation of Urticaria 6. Understand the difference between urticaria and angioedema 7. Review severe adverse cutaneous drug eruptions and common culprit medications 8. Recognize pyoderma gangrenosum, sweet's syndrome and erythema nodosum
Dermatology	<i>Psoriasis and Other Papulo-squamous Diseases</i>	<ol style="list-style-type: none"> 1. Recognize the clinical features which distinguish psoriasis 2. Understand the Koebner phenomena 3. Know the features of psoriatic nail disease 4. Outline an approach to the treatment of psoriasis
Dermatology	<i>Other Papulosquamous Diseases</i>	<ol style="list-style-type: none"> 1. Recognize the clinical presentation of: <ol style="list-style-type: none"> a) Pityriasis Rosea b) Pityriasis Rubra Pilaris c) Erythroderma 2. List the differential diagnosis of: <ol style="list-style-type: none"> a) Erythroderma
Dermatology	<i>Malignant Skin Lesions</i>	<ol style="list-style-type: none"> 1. Recognize the clinical presentations of: <ol style="list-style-type: none"> a) Actinic keratosis b) Basal cell carcinoma c) Squamous cell carcinoma d) Outline treatment options for each condition e) Know the use of the ABCDE and ugly duckling sign of pigmented skin lesions f) Nodular malignant melanoma (MM) g) Superficial Spreading MM h) Develop an approach to the initial treatment of MM

		i) Review important public health interventions to prevent skin cancer: sun protection, tanning beds
Dermatology	<i>Skin Infections</i>	<ol style="list-style-type: none"> 1. Recognize the clinical presentations of Pityriasis Versicolor <ol style="list-style-type: none"> a) Candida intertrigo b) Varicella zoster c) Herpes simplex virus d) Recognize the clinical features of Human Papilloma Virus (HPV-warts) and molluscum e) Understand the critical role that HPV has in carcinogenesis, particularly in immunocompromised skin f) Outline an approach to treatment of HPV and molluscum g) The various clinical presentations of Staphylococcus aureus and Streptococcal infections of the skin
Dermatology	<i>Burns</i>	<ol style="list-style-type: none"> 1. Diagnose burns according to depth and percentage total body surface area (TBSA) involved 2. Describe the classification of depth of injury based upon clinical characteristics 3. Outline the initial management of major thermal trauma patients according to Advanced Trauma Life Support protocol 4. Calculate fluid replacement using the Parkland formula 5. Conduct an effective initial plan of management for a patient with burns, specifically the use of the Parkland Formula for fluid resuscitation 6. Describe the local (necrosis, inflammation) and systemic (fluids and electrolytes, hypermetabolism) manifestations of thermal injury
Dermatology	<i>Blisters</i>	<ol style="list-style-type: none"> 1. Recognize the clinical characteristics of bullous pemphigoid, pemphigus vulgaris and dermatitis herpetiformis
Dermatology	<i>Wound Healing</i>	<ol style="list-style-type: none"> 1. Describe the phases of wound healing 2. Outline a practical approach to a patient with a chronic wound 3. List the 4 commonest causes for the development of non-healing wounds

Course Text(s)/Recommended Reading/Learning Resources
<p>RECOMMENDED RESOURCES</p> <p>Please note that no single text provides a source for all of the relevant information for the course. Students may use a variety of reference sources including the examples below. Some additional references are listed in specific subsections of the core document.</p>

Anatomy & Physical Examination

Physical Examination of the Spine & Extremities. Stanley Hoppenfeld. Appleton & Lange, 1976

Anatomy : an essential textbook: Anne M. Gilroy author, Markus M. Voll illustrator, Karl Wesker illustrator. New York, NY: Thieme; Second edition. 2017

Netter's Concise Atlas of Orthopaedic Anatomy. 2nd edition. Jon C Thompson. Saunders Elsevier, 2015

Aids to Examination of the Peripheral Nervous System (MRC). Michael O'Brien. 5th edition, Elsevier Canada. 2010.

TBL & Orthopaedics

The following two references are at a higher level of complexity than what is taught in Course 2. They can be used together with other resources as reference texts.

Review of Orthopaedics 8th ed. Mark D. Miller and Steven Thompson. Saunders Elsevier, 2019

Netter's Concise Atlas of Orthopaedic Anatomy. 2nd edition (updated). Jon C Thompson. Saunders Elsevier, 2015

Rheumatology

Talley and O'Connor's Clinical Examination by Nicolas J Tally & Simon O'Conner

ISBN-13: 978-0729542593

Rheumatology Secrets by Sterling West- ISBN-13: 978-0323037006

The Canadian Clinician's Rheumatology Handbook by Dr. Lori Albert - ISBN-13: 978-1550596045

Dermatology

Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th Ed. Klaus Wolff, Richard Allen Johnson, et al. McGraw-Hill Professional, 2017

Principles of Dermatology. Lookingbill, Marks. W.B. Saunders Co, Feb, 2018

On-line Resources

core.ucalgary.ca

Evaluation and Course Requirements

Formative:

Each of these formative exams are mandatory and each student must complete these assessments in order to obtain a passing grade in this course.

1) *Mandatory Clinical Correlation:*

Your preceptor will be completing an evaluation for your participation in Clinical Correlations.

2) *Mandatory Team Based Learning (TBL):*

There are 3 TBL Sessions within ortho course. The format for each two-hour session is the same. In the first 30 minutes you will complete an Individual Readiness Assessment Test (iRAT), which is a 15-20 item MCQ online test. This is followed by a 30-minute Group Readiness Assessment Test (gRAT) online. The gRAT is the same 15-20 item MCQ test in which your group of 5-7 must come to consensus on each answer. During the gRAT you will discuss with your own team, but will not be speaking with other teams. In the second hour, 4 groups (approximately 24 students) will discuss the same clinical questions, led by a preceptor. Students will receive formative test results for each iRAT following each TBL session. Exam conditions are in effect for the virtual formative assessment. This iRAT is intended to be a closed book assessment, and exam questions should not be recorded/copied. The gRAT and subsequent preceptor discussion are intended to be open book, but exam questions should still not be shared/recorded. If you miss any TBL sessions, the Faculty of Medicine absence/deferral policy comes into effect. For TBL sessions missed due to Illness, Domestic Affliction or Religious Conviction, the UME Course 2 Program Coordinator must be notified.

3) *Cardboards:*

This will provide each student with the opportunity to work with a group of their peers and a preceptor using an online discussion “board” to ask questions about course material, and discuss clinical cases. Detailed instruction will be given during the first week of the course.

Summative:

1) *Mandatory Mid-term (Rheumatology, Dermatology): **35% of final grade***

2) *Final MCQ Examination (Orthopedics, Rheumatology, Dermatology): **65% of final grade***

This examination is a written MCQ exam taking place in the last week of the course. Questions will come from all of the examinable course content.

Calculators for MCQ exam – No calculators allowed

Grading	
The University of Calgary Medical Doctor Program is a Pass/Fail program. The grading system that will appear on a student's legal transcript is as follows:	
Grade	Description
CR	Completed Requirements
RM	Remedial Work Required
F	Fail
I	Incomplete
W	Withdrawal
MT	Multi-Term (Used for Part A Courses that fall under 2 different terms in the calendar year.
For Pre-Clerkship - A student's final grade for the course is the sum of the separate components. It is not necessary to pass each mandatory components separately in order to pass the course.	
For Clerkship - A rotation signed off as "Satisfactory with Performance Deficiencies" will appear as a credit on a student's medical school transcript.	

Assignments/Projects
N/A

Timeliness
In general, dates listed in Core Documents are intended to act as guidelines for assisting students to complete their learning activities and assignments in a timely fashion. Students encountering difficulties completing assignments due to health or other serious factors must contact the Course Chair to arrange a deferral of term work. A Physician/Counsellor Statement to confirm an absence for health reasons may be required.

Professional Conduct
As members of the University community, students and staff are expected to demonstrate conduct that is consistent with the University of Calgary Calendar. The specific expectations cited in the Calendar include: <ul style="list-style-type: none"> • respect for the dignity of all persons • fair and equitable treatment of individuals in our diverse community • personal integrity and trustworthiness • respect for academic freedom, and • respect for personal and University (or Host Institution) property. <p>Students and staff are expected to model behaviour in class that is consistent with our professional values and ethics. Students and staff are also expected to demonstrate professional behaviour in class that promotes and maintains a positive and productive learning environment. All students and staff are also expected to respect, appreciate, and encourage expression of diverse world views and perspectives. All members of the University community are expected to offer their fellow community members unconditional respect and constructive feedback. While critical thought, and debate, is valued in response to concepts and opinions shared in class, feedback must at all times be focused on the ideas or opinions shared and not on the person who has stated them.</p> <p>Where a breach of an above mentioned expectation occurs in class, the incident should be reported immediately to the Associate Dean or his/her designate. As stated in the University Calendar, students</p>

who seriously breach these guidelines may be subject to a range of penalties ranging from receiving a failing grade in an assignment to expulsion from the University.

University of Calgary Medical School – Student Code of Conduct
<http://www.ucalgary.ca/mdprogram/current-students/student-code-conduct>

Electronic Submission of Course Work

Most assignments will be submitted via email to the Program Coordinator, UME unless otherwise stated. Assignments may be submitted in MS Word or Rich Text formats. It is the student's responsibility to confirm with the Program Coordinator that the assignment has been received. This may be done through utilization of the return receipt function available on most email packages, or by a follow up confirmation email to the Program Coordinator.

It is the Program Coordinator's responsibility to reply to any confirmation email from the student, and to inform the student promptly if there are any problems with the file (unable to open attachment, damaged data, etc.). In such cases, it is the responsibility of the student to promptly consult with the Program Coordinator regarding an alternate delivery method (e.g. courier, fax, etc.). It is the student's responsibility to retain a copy of the original document.

One45 Overview

The MD Program utilizes the One45 Software Program for assessment purposes for all evaluations in Year 1, 2 and 3. Students are able to view completed evaluations online through this software program. Evaluations and assessment data is collected at regular intervals.

It is the student's responsibility to distribute their evaluations to preceptors during any given course and to follow up with preceptors if evaluations have not been completed by the deadline given out by the Undergraduate Medical Education Office.

In addition to assessments and evaluations, One45 is also utilized to evaluate your preceptors and to gather information from students on their learning experiences.

All students are provided training at the beginning of their program in Year 1. This would include a personal log in access code and password.

One45 is used throughout your training in the MD Program (Undergrad) as well as Residency (PGME).

Website Link to Access One45: <https://calgary.one45.com/>

Problems Accessing One45: Please contact the Academic Technologies at osler@ucalgary.ca

Course Evaluation/Feedback

Student feedback will be sought at the end of each learning session as well as at the end of each course through the electronic UME evaluation tool.

At the end of each learning activity (ie. Lecture, small group, orientations, etc.), students will be asked to complete online evaluation forms to provide feedback to instructors regarding the effectiveness of their teaching and achievement of the learning objectives. An overall course evaluation will be completed following course completion.

Students are welcome to discuss the process and content of the course at any time with the Course Chairs or Preceptors.

Clinical Core Overview (Pre-Clerkship Only)

Please refer to the Clinical Correlation Guidelines here:

<http://www.ucalgary.ca/mdprogram/about-us/ume-policies-guidelines-forms-terms-reference>

Course specific learning objectives for Clinical Core in the setting of this course can be found in the course document.

Clinical Correlation Rules of Conduct

Students and preceptors will not be used as patients for clinical correlation sessions. This means that students will not examine the preceptor, the preceptor will not examine the students and students will not examine one another.

UME Policies, Guidelines, Forms & TORs

Please refer to the MD program website

<http://www.ucalgary.ca/mdprogram/about-us/ume-policies-guidelines-forms-terms-reference>

Appeals

Please refer to the UME Student Evaluation: Reappraisals and Appeals for details regarding appeals (<http://www.ucalgary.ca/mdprogram/about-us/ume-policies-guidelines-forms-terms-reference>).

If the student appeals to the Student Evaluation Committee and disagrees with the decision, the student may further appeal to the Cumming School of Medicine Medical Student Appeals Committee (MSAC). (<http://ucalgary.ca/mdprogram/about-us/ume-policies-guidelines-forms-terms-reference>)

Academic Accommodation

Students needing an accommodation because of a disability or medical condition should contact Student Accessibility Services in accordance with the Procedure for Accommodations for Students with Disabilities available at https://www.ucalgary.ca/policies/files/policies/procedure-for-accommodations-for-students-with-disabilities_0.pdf.

Student Accessibility Services, please contact their office at (403) 220-8237, address: MacEwan Student Centre room 452 or email: access@ucalgary.ca. Students who have not registered with the Student Accessibility Services are not eligible for formal academic accommodation.

Accommodations on Protected Grounds Other Than Disability

Students who require an accommodation in relation to their coursework or to fulfil requirements for a graduate degree, based on a protected ground other than disability, should communicate this need, preferably in writing, to the appropriate Assistant or Associate Dean

Students who require an accommodation unrelated to their coursework, based on a protected ground other than disability, should communicate this need, preferably in writing, to the Vice-Provost (Student Experience).

For additional information on support services and accommodations for students with disabilities, visit www.ucalgary.ca/access/.

Academic Integrity

The University of Calgary is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold

the policies of the University in this respect.

It is expected that all work submitted in assignments should be the student's own work, written expressly by the student for this particular course. Students are referred to the section on plagiarism in the University Calendar (<http://www.ucalgary.ca/pubs/calendar/current/k-5.html>) and are reminded that plagiarism is an extremely serious academic offence.

Student Misconduct

A single offence of cheating, plagiarism, or other academic misconduct, on term work, tests, or final examinations, etc., may lead to disciplinary probation or a student's suspension or expulsion from the faculty by the Dean, if it is determined that the offence warrants such action. A student is defined as any person registered at the University for credit or non-credit courses.

Freedom of Information and Protection of Privacy

The Freedom of Information and Protection of Privacy (FOIP) Act indicates that assignments given by you to your course instructor will remain confidential unless otherwise stated before submission. The assignment cannot be returned to anyone else without your express permission. Similarly, any information about yourself that you share with your course instructor will not be given to anyone else without your permission.

Emergency Evacuations and Assembly Points

Assembly points for emergencies have been identified across campus. The primary assembly point for the Health Sciences Centre (HSC) building is HRIC - Atrium. For more information, see the University of Calgary's Emergency Management website: <http://www.ucalgary.ca/emergencyplan/assemblypoints>

Emergency Evacuation Procedures- <https://www.ucalgary.ca/emergencyplan/system/files/hsc.pdf>

In the case of an emergency during exam, immediately stop writing the examination and follow the direction of the invigilator and go to the nearest exit. Students should not gather personal belongings.

Internet and electronic device information and responsible use:

Students are welcome to use laptops and other electronic note-taking devices in this course unless otherwise stated. Please be considerate of others when using these devices.

Supports for student learning, success, and safety

Student Advising and Wellness (SAW): <http://www.ucalgary.ca/mdprogram/current-students/student-advising-wellness>

AMA Physician and Family Support Program:

<https://www.albertadoctors.org/services/physicians/pfsp>

Student Union Wellness Centre: <https://www.ucalgary.ca/wellnesscentre/>

Safewalk: <http://www.ucalgary.ca/security/safewalk>

Campus security - call (403) 220-5333

Student Success Centre: <https://www.ucalgary.ca/ssc/>

Library Resources: <http://library.ucalgary.ca/>

Student Union (<https://www.su.ucalgary.ca/about/who-we-are/elected-officials/>) or Graduate

Student's Association (<https://gsa.ucalgary.ca/about-the-gsa/gsa-executive-board/>) representative contact information

Student Ombudsman: <http://www.ucalgary.ca/ombuds/role>

Copyright

It is the responsibility of students and professors to ensure that materials they post or distribute to others comply with the Copyright Act and the University's Fair Dealing Guidance for Students. Further

copyright information for students is available on the Copyright Office web page (<http://library.ucalgary.ca/copyright>). It is the responsibility of each individual to ensure compliance with copyright regulations. Individual questions and concerns should be directed to copyright@ucalgary.ca. Copyright and Fair Dealing for Students: http://library.ucalgary.ca/files/library/guidance_for_students.pdf

Wellness and mental health resources

The University of Calgary recognizes the pivotal role that student mental health plays in physical health, social connectedness and academic success, and aspires to create a caring and supportive campus community where individuals can freely talk about mental health and receive supports when needed. We encourage you to explore the excellent mental health resources available throughout the university community, such as counselling, self-help resources, peer support or skills-building available through the SU Wellness Centre (Room 370, MacEwan Student Centre, <https://www.ucalgary.ca/wellnesscentre/services/mental-health-services>) and the Campus Mental Health Strategy website (<http://www.ucalgary.ca/mentalhealth/>).

Research ethics

If a student is interested in undertaking an assignment that will involve collecting information from members of the public, he or she should speak with the Assistant Dean, Research (UME) and consult the CHREB ethics website (<https://ucalgary.ca/research/researchers/ethics-compliance/chreb>) before beginning the assignment.

ATSSL Guidelines

Please refer to the ATSSL Web Lab PPE Requirement: <http://www.ucalgary.ca/mdprogram/about-us/ume-policies-guidelines-forms-terms-reference>