

## Year 3 MSI Teaching Pocket Cards & Material

### Attendings and Residents,

While you are working on CTU, you are required to have a **POCKET CARD** that lists the **Must-See/Do Patient Encounters and Procedures** for the **Year 3 MSIs**. The pocket card can be slipped onto the clip holding your ID badge and **should be with you at all times while on the CTU, for teaching and accreditation purposes**. You may review the Year 3 Internal Medicine Objectives here.

If you require one, the CMR will provide you with a pocket card at CTU Orientation. If you misplace the card, please request a new one as soon as possible.

For your review and information, please also find the following documents attached:

- **IM Year 3 Core Objectives**
- UBC Clinical Clerk **Requirements for Supervision & Service**
- **Teaching Tips / Reminders** for UBC Residents & Fellows
- ISMP Canada **List of Dangerous Abbreviations**

## Year 3 IM Core Objectives

### Internal Medicine Core Clerkship

#### Year 3 Rotation Objectives

##### Patient Encounters:

Please strive to provide access to these experiences during this rotation if students have not yet met these requirements

##### Year 3 MUST-SEEs

[Note: Minimum patient encounters in Internal Medicine]

##### MUST manage patients with conditions:

- Anemia, Adult
- Arrhythmia
- BP, High
- BP, Low and Shock
- Chest Pain
- Congestive Heart Failure
- Delirium
- Dementia
- Diarrhea, Adult
- Dyspnea
- Electrolyte Disorders (incl Na, K)
- Fever, Adult
- GI Bleed, Acute
- Glucose Disorder (incl Diabetes)
- Heart Murmur
- Leukocytosis
- Liver abnormality, Adult
- Renal Failure

### Internal Medicine Core Clerkship

#### Year 3 Rotation Objectives

##### Procedures:

Please strive to provide access to these experiences during this rotation if students have not yet met these requirements

##### Year 3 MUST-SEEs

[Note: Minimum clinical procedures in Internal Medicine]

##### Perform:

- Acid Base and ABG Interpretation
- CXR (Reading)
- ECG (Reading) (interpretation)

# UBC Clinical Clerk Requirements for Supervision & Service



a place of mind

In the UBC MD Undergraduate Program, the third and fourth years of our four-year program are both clerkship years: Year 3 is considered junior and “core”; Year 4 is considered senior.

Students may provide a spectrum of medical services, with stipulations as follows:

1. They must be **supervised directly or indirectly at all times**, by a post-graduate resident or an attending physician or an accredited health professional within their scope of practice.
2. Year 3 students involved in patient care must be appropriately supervised at all times to ensure student comfort and patient safety. The student should have graded responsibilities based on their level of training and comfort. The supervisor can be a resident, physician or another allied health professional that is trained and licensed to practice in the area the student is being supervised. If at any time the student feels the responsibilities are beyond their capacity, they should immediately inform the most responsible physician, preceptor, DSSL or clerkship/site director. Ultimately, it is the most responsible physician who is responsible for the patient safety
3. Histories and physicals must be completed, reviewed, and countersigned by the attending physician or resident **within 24 hours of admission**.
4. **Orders**: Orders written by clerks under appropriate supervision are recognized by the hospital as equivalent to orders written by other members of the resident and medical staff. “Appropriate supervision” in this section is defined as: **previous discussion** of such orders with a resident or attending staff physician. Clerks must sign all their orders as follows:
  - Signature*
  - Printed name*
  - Year 3, Class 2016
  - College of Physicians and Surgeons of British Columbia identity number (CPSID) Pager or Cell #:
  - Discussed with Dr. \_\_\_\_\_

When ordering medications, students must follow the guidelines for abbreviations to be avoided and the correct designation to be used as outlined on the Institute for Safe Medication Practices (ISMP) of Canada website.

Document can be found at the following link:

<http://www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf>

The clerk shall (except in Emergency Medicine where the attending physician is evident), write the name of the resident or attending physician with whom the orders have been discussed after this signature. The above orders must be countersigned by the responsible resident or attending physician (except Emergency Medicine).

Preferably, the responsible resident or attending staff physician should countersign orders before they are carried out. If this is not possible, the order may be carried out and then countersigned at the earliest opportunity.

In the Emergency Department, all written and signed orders **require prior discussion with an on-site resident or attending staff physician** before the orders can be carried out.

# UBC Clinical Clerk Requirements for Supervision & Service



a place of mind

5. **Procedures:** Clerks may perform certain procedures under appropriate supervision. “Appropriate supervision” in this section means the supervising medical and/or resident staff shall ensure that the clerk has been sufficiently trained to carry out the particular procedure and that he/she is capable of performing the particular elements of patient care. It is also the responsibility of the clerk to ensure that he/she is competent to undertake these elements of patient care. Patient and student safety must be ensured by supervisors in clinical settings. Students must not be required to attempt procedures that they are inadequately trained to perform or procedures with any significant potential risk – e.g. attempting to suture an agitated HIV/Hepatitis C patient. It is a professional responsibility and a Year 3 expectation that students will keep CPR certification (knowledge and skills) updated and current.
6. Clerks may **not make a decision** to discharge a patient from a ward in the hospital, from the Emergency Department, or the Outpatient Department. Patients can only be discharged once approval has been given by a senior resident or attending.
7. Clerks **cannot sign** birth and death certificates, Mental Health Certificates or other medico- legal documents, although they may carry out the clinical task of certifying death.
8. Prescriptions to be filled outside the hospital **cannot** be signed by clerks.
9. Physicians and clerks are advised to exercise care and caution during introductions to hospital staff and patients, so that the role of the clerk is not misinterpreted. Each department, service or hospital to which a clerk is attached must be able to identify by name the person responsible for the educational experience of the clerk while he/she is attached to the department, service, or hospital. Temporary registration is provided to the clerk under Section 38 [2] (d) of the Medical Practitioner’s Act.
10. Learning how to prepare discharge summaries or consultation letters under supervision has potential educational value and should be encouraged. In settings in which the organizational (hospital, clinic) rules permit clerks to dictate discharge summaries or consultation letters, the preceptor may allow the clerk to dictate these notes based on the clerk’s skills and knowledge of the case. Clerks must be given feedback on these documents by the Preceptor on whose behalf the documents are prepared. That Preceptor bears responsibility for the document produced on his/her behalf. The dictation should be directly related to the student’s learning and not a service requirement.

The Faculty of Medicine documents on [Professional Standards and Policy](#) and [Processes to Address Unprofessional Behaviour](#) can be found on the Faculty of Medicine website by using the link below. These documents apply to all students, staff, faculty and administrators.

**Professional Standards:**

<http://med.ubc.ca/files/2012/02/Professional-Standards-for-the-Faculties-of-Medicine-and-Dentistry.pdf>

**Policy and Process to Address Unprofessional Behaviour:**

<http://med.ubc.ca/files/2012/02/Policy-Process-to-Address-Unprofessional-Behavior-Including-Harassment-Intimidation.pdf>

# Teaching Tips / Reminders for UBC Residents & Fellows

Similar to care being patient centered, teaching should be learner centered.  
Here are a few tips to help you think about your learners ...

## Learn about your learner ...

- **Look at the rotation objectives**
  - on the Clinical Clerk Objectives card given to you at the start of your rotation
  - website provided at your rotation teaching orientation – full set of objectives
- **Ask your students about their learning goals**
  - what areas do they still feel weak in and need your support learning
  - which “must see” & “must do” items they need to focus on
- **Observe your student**



## Ask questions ...

- **Use questions to understand what areas to focus on**
- **When providing answers, justify your decision**
- **Vary the types of questions you use – have your learners**
  - explain why ...
  - think about different scenarios (“what if ...”, “how is that different than ...”)
- **Avoid asking only rote recall questions**



## Give constructive feedback ...

- **Start with students’ perspectives (first ask them how *they* thought they did)**
- **Make suggestions rather than criticize (e.g., “next time try ...”, “if you did x rather than y ...”)**
- **Positive feedback is important**
- **Be specific (e.g., *what* & *how* was done well)**
- **Make suggestions for any follow-up action (e.g. reading about the topic or seeing similar cases if possible)**



## General tips when you are busy ...

- **Get students to do one part of the task (e.g., “history of past health”, “1 or 2 sutures”)**
- **Demonstrate and talk out loud (students learn by watching especially if you explain)**
  - What you will do (or did do) and why
  - What you are doing and why
- **Remember to give feedback – it can take less than 30 seconds**



## Want to find out more ...

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

<http://www.residentteachers.com/video/vcpredotoral01.html>

[http://www.med.ubc.ca/faculty\\_staff/faculty\\_development/resources\\_preceptors.htm](http://www.med.ubc.ca/faculty_staff/faculty_development/resources_preceptors.htm)



***Remember, you are a role model ... your students will learn from watching you,  
how you interact with people, your habits and other behaviours.***

# Do Not Use

## Dangerous Abbreviations, Symbols and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported as being frequently misinterpreted and involved in harmful medication errors. They should NEVER be used when communicating medication information.

Abbreviation	Intended Meaning	Problem	Correction
<b>U</b>	unit	Mistaken for "0" (zero), "4" (four), or cc.	Use "unit".
<b>IU</b>	international unit	Mistaken for "IV" (intravenous) or "10" (ten).	Use "unit".
<b>Abbreviations for drug names</b>		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO <sub>4</sub> (morphine sulphate), MgSO <sub>4</sub> (magnesium sulphate) may be confused for one another.	Do not abbreviate drug names.
<b>QD QOD</b>	Every day Every other day	QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).	Use "daily" and "every other day".
<b>OD</b>	Every day	Mistaken for "right eye" (OD = oculus dexter).	Use "daily".
<b>OS, OD, OU</b>	Left eye, right eye, both eyes	May be confused with one another.	Use "left eye", "right eye" or "both eyes".
<b>D/C</b>	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications).	Use "discharge".
<b>cc</b>	cubic centimetre	Mistaken for "u" (units).	Use "mL" or "millilitre".
<b>µg</b>	microgram	Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.	Use "mcg".
Symbol	Intended Meaning	Potential Problem	Correction
<b>@</b>	at	Mistaken for "2" (two) or "5" (five).	Use "at".
<b>&gt; &lt;</b>	Greater than Less than	Mistaken for "7" (seven) or the letter "L". Confused with each other.	Use "greater than"/"more than" or "less than"/"lower than".
Dose Designation	Intended Meaning	Potential Problem	Correction
<b>Trailing zero</b>	ℵ.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use "ℵ mg".
<b>Lack of leading zero</b>	.ℵ mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use "0.ℵ mg".

Adapted from ISMP's List of *Error-Prone Abbreviations, Symbols, and Dose Designations 2006*

Report actual and potential medication errors to ISMP Canada via the web at [https://www.ismp-canada.org/err\\_report.htm](https://www.ismp-canada.org/err_report.htm) or by calling 1-866-54-ISMPC. ISMP Canada guarantees confidentiality of information received and respects the reporter's wishes as to the level of detail included in publications.

