

Rural Week: Students spend a four-day week (after Victoria Day in May) observing a rural physician in practice one-on-one. Ideally, the preceptor is a family physician. The purpose of this unit is to help students identify the characteristics of clinical practice in a rural setting, as well as healthcare delivery and resource access/use in rural areas. Students observe the determinants of health unique to the communities in which the preceptor is located.

OSCE Examiner: Observed Structured Clinical Examination (OSCE) Examiners evaluate students during the summative OSCE each spring. Examiners assess students based on a checklist and scoring rubric, evaluating communication, history-taking, physical exam skills and professionalism.

Research in Medicine (RIM) Mentor: The RIM unit is a three-year longitudinal program, beginning in September in year one, with completion in September of students' fourth year. All Dalhousie medical students are required to complete a RIM project during medical school. The RIM Mentor serves as the primary supervisor for the student's research. RIM is an unpaid role.

Procedural Skills: Physicians and Allied Health Professionals can assist students in learning procedural skills within the Skilled Clinician Unit. Skills in this unit include surgical scrub, Injections, IV, Suturing and Phlebotomy.



CAPE BRETON MEDICAL CAMPUS

If you would like to learn more about these physician educator roles or are interested in teaching with CBMC, contact:

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Become a Physician Educator

Cape Breton Medical Campus
(CBMC)



Inspire. Educate. Lead.



CAPE BRETON MEDICAL CAMPUS

The **Cape Breton Medical Campus (CBMC)** invites physicians to become tutors and preceptors for Med 1 and Med 2 curriculum.

CBMC follows Dalhousie Medicine's case-based learning (CBL) curriculum, integrating biomedical science with clinical reasoning through real-world patient scenarios. Students work in small groups to explore cases, advancing their critical thinking and communication skills and instilling a deeper understanding of patient-centred care.

Physicians gain rewarding opportunities to shape the next generation of medical doctors through CBL and clinical mentorship. Share your expertise and provide leadership in medical education. Training will be provided as needed to foster your success as an educator.



MED 1 UNITS

Foundations: Cases introduce students to fundamentals of biomedical and epidemiologic sciences. The unit examines Biochemistry and Molecular Biology, Anatomy and Histology, Pathology, Pharmacology and Clinical Reasoning and Evidence-Based Practice.

Host Defense: Cases introduce students to fundamentals of hematology, immunology and microbiology. The unit examines components of blood involved in pathogen defense, the types of pathogens affecting populations locally and globally and the basics of infection and infectious disease.

Metabolism: Cases introduce students to core concepts in nutrition, gastroenterology, endocrinology and oral medicine. The unit examines the biochemical role of nutrition, digestive and liver diseases and hormonal regulation of metabolism and growth.

Human Development: Cases introduce students to the foundations of reproduction, sexuality and urology, supported by anatomy, histology and medical genetics. The unit explores embryology, labor and delivery and the genitourinary system, with introductory material in obstetrics and gynecology linking basic science to clinical care.

Professional Competencies I: The unit introduces students to ethics, law, health policy and social determinants of health. The curriculum emphasizes professional skills, equity, patient safety and the ethical dimensions of care within community contexts. These sessions are co-taught with an Allied Health Professional.

Skilled Clinician I: In this unit, physicians help students develop core communication skills and the practical abilities needed to gather a structured medical history and perform a complete physical examination. Students also learn to present their findings clearly, both orally and in writing, building a strong foundation for future clinical learning.

MED 2 UNITS

Neuroscience: Cases introduce students to the structure and function of the nervous system, integrating neuroanatomy, physiology and clinical neuroscience. The unit emphasizes lesion localization, psychiatric diagnosis using a biopsychosocial approach and pharmacologic principles in treating neurologic and psychiatric conditions.

Metabolism II: Cases introduce students to major diseases of the cardiovascular, renal and respiratory systems. The unit emphasizes pathophysiology and clinical presentation across pediatric and adult populations, with integrated coverage of relevant physiology.

Professional Competencies II: The unit expands student knowledge of complex ethical and professional challenges in clinical care. Concepts covered come from population health, epidemiology, ethics, law, informatics, health policy and the humanities. The unit emphasizes equity, ethical reasoning and physician responsibility across diverse care settings. These sessions are co-taught with an Allied Health Professional.

Skilled Clinician II: Physicians guide students to advance their clinical skills, building on foundations gained during Skilled Clinician I. Teaching emphasizes practical procedures and supports the development of clinical reasoning, helping students to understand the significance of these skills, advancing their ability to interpret clinical findings.

Musculoskeletal & Dermatology: Cases in MSK/Derm introduce students to clinical assessment and management of conditions affecting mobility, function and skin health. The unit emphasizes team-based care, occupational and environmental health and the impact of these conditions on daily living and community well-being.

Palliative, Oncology & Geriatrics: Cases in POG introduce students to ethical and clinical challenges in caring for frail older adults and patients with cancer. The unit emphasizes interdisciplinary management, end-of-life care and patient and family-centered approaches to decision-making.

PRECEPTING AND EXAMINATION OPPORTUNITIES

Shadow a Doctor Day: On the first day of Dalhousie medical school, Med 1 students at the three Dalhousie campuses shadow a physician in an affiliated teaching hospital, health centre or clinic. This provides students with a first-hand look at a day in the life of physicians. Shadow a Doctor Day offers professional insight and early exposure to the realities of medical practice, helping students understand their future careers and fostering a deeper commitment to their studies.

Family Medicine Experience: Med 1 students complete a 6-week longitudinal Family Medicine rotation with a family physician, one half-day per week for six consecutive weeks. Guided by a family physician, this experience builds on their communication and physical examination skills introduced in Skilled Clinician I.

Elective Preceptor: For Med 1 and Med 2 students, the Elective is offered as a half-year option for 12 weeks. Elective preceptors are non-family physicians who connect with students in clinic or hospital settings. Physicians commit to a half-year with one student or a full year with two students.