

CURRICULUM



Curriculum at Dal med is delivered in blocks. During your first year you will move through 4 major units or blocks while taking Skilled Clinician and Professional Competencies - blocks that run longitudinally through the whole year. Here are samples of what your week may look like depending on timing of your Skilled Clinician & elective sessions. Don't worry if none of this makes sense to you just yet, use the descriptions below to understand what each part of your week is.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30 am	Unit Lecture		Unit Lecture	Skilled Clinician (Clin Skills)	
9:30 am	Tutorial (Unit Case- Based Learning)		Tutorial (Unit Case-Based Learning)		
10:30 am					Unit Lecture
11:30 am					Unit Lecture
12:30 pm	RIM/Elective (After Christmas)				Unit Lecture (usually a weekly review)
1:30 pm		Professional Competencies (Pro Comp) Lecture		Unit Lab	
2:30 pm		Pro Comp tutorial (Case-Based Learning)			
3:30 pm					

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2:30 pm		Pro Comp tutorial (Case-Based Learning)			
3:30 pm					



Here at Dal our main curriculum in first and second year runs in units (also referred to as blocks). During each of the four Med 1 units (Foundations, Host Defense, Metabolism I and Human Development) you will have about 5 unit lectures per week. All of our lectures take place in Theatre A (Halifax)/ room 102 (Saint John) and are video conferenced to both campuses. The lecturer themselves may be at either campus and we have some awesome technology that lets us ask questions and communicate with the lecturer no matter where they are. Lectures are not mandatory and are recorded and uploaded to Brightspace so if you prefer to learn from home, or to re-watch lectures for something you missed you can! Note that the lectures are NOT live streamed though, they are usually posted within 1-2 business days. Each of the four Med 1 units are described in the 'Med 1 Blocks and Dates' section.

Unit Tutorial

Twice a week, after an hour long lecture, we break into assigned groups of ~8 students with a tutor (usually a MD or PHD expert in something related to the unit) and work through "cases". Cases are documents describing clinical scenarios with questions to fill in, you can find the cases on Brightspace and are expected to answer the questions in advance. In tutorial you work through the answers with your group and tutors. Tutors are great at helping you stay on track and often add clinical relevance and interesting perspective to what you are learning about. Attendance to tutorial is mandatory, excused absences are acceptable but notice must be given to the tutor and to UGME.

Unit Lab

Scheduled lab time is variable unit-unit. Some sessions are spent in the anatomy lab, examining prosections associated with the unit. Other sessions may be used to review histology that is relevant for the unit or be delivered in a lecture-like format to cover additional topics, review radiology, involve patient interactions, or be set up more like a tutorial. Lab sessions are rarely mandatory but are very helpful. Some lab material is tested on its own, while the rest is tested along with the rest of the unit lectures.

Professional Competencies

Professional Competencies (Pro Comp) covers topics such as ethics, health and law, population health and the social determinants of health. There is one lecture a week (recorded and not mandatory) followed by a tutorial. Pro Comp tutorials follow a similar structure to Unit tutorials, usually with two tutors per group. Pro Comp tutorials are mandatory and provide a great environment to share your opinion and gain different perspectives regarding pertinent issues that exist in health care.



Skilled Clinician

In Skilled Clinician (Clin Skills) you are divided into groups of 4 and working with a physician assigned to your group will learn how to effectively communicate and build rapport with patients and, by the end of Med 1, complete a full patient history and physical exam. Each week you work with either a 'simulated patient' or volunteer patient. Simulated patients are trained actors/actresses that take on the roles of characters or patients and follow a loose script providing a great opportunity to try different communication approaches in a safe environment. Simulated patients are also trained to give great feedback to help you learn and improve. Volunteer patients are healthy individuals from the community that come in for your session and allow you and your peers to practice the history taking and physical exam skills associated with each system as you learn them. Clin Skills sessions are mandatory and you are expected to dress and behave in a professional manner for these sessions.




RIM

RIM is an acronym for Research in Medicine. This program involves completing a research project under the supervision of a preceptor. There is a lot of flexibility and different opportunities for your project and you have your whole four years to complete it, although most students aim to complete it before entering clerkship at the beginning of third year. Until January of Med 1 you will have online modules aimed at familiarizing the class with different types of research and what kinds of potential projects are available to you.



Elective

After Christmas in first year you have the opportunity to shadow physicians and/or clinicians of your choice for one afternoon a week and complete a project. Elective experiences vary a lot depending on the specialty and supervisor you work with, projects range from clinical diaries to research projects. You have time during your first semester to think about what specialties you are interested in gaining experience in.. Some elective opportunities (Family Medicine and Rotating) are in high demand so interested students can enter a lottery for these experiences. Other supervisors and/or departments can be contacted directly to set up electives. Don't worry about arranging any of this until you are in school, there is lots of support to figuring out how to set up your elective. (See section on choosing electives).



Quick Summary

Unit Lecture: Recorded; attendance not mandatory.

Unit Tutorial (Case-Based Learning): Attendance mandatory.

ProComp Lecture: Recorded; attendance not mandatory.

ProComp Tutorial (Case-Based Learning): Attendance mandatory.

RIM: Research project is mandatory. Online modules. Elective: Attendance mandatory. Begins in January. Skilled Clinician: Attendance mandatory.

Lab: Not usually mandatory. Recorded if in lecture format unless the session included a patient interaction.

Section 1

MED ONE BLOCKS & DATES



First year begins with Foundations - this introductory unit is designed to get everyone up to speed on fundamental topics and prepare you for future topics. Foundations introduces several core themes that are revisited throughout the rest of your medical education including: Cell & Molecular Biology, Anatomy & Histology, Clinical Reasoning & Evidence Based Practice, Pharmacology and Pathology. Different students will have different experiences in Foundations depending on backgrounds and strengths, don't worry if you seem to be studying more/less or differently than anyone else!

The other three Med 1 units are Host Defense which covers immunology, microbiology and hematology, Metabolism which covers oral medicine, nutrition, gastroenterology and endocrinology and Human Development. Human Development covers genetics, pelvic anatomy, embryology, urology, sexuality and obstetrics and gynecology. After Human Development, Med 1 ends with Rural Week. Rural week is a really awesome opportunity where every Med 1 student spends an entire week shadowing and working with a rural physician (usually in Family Medicine) somewhere in the maritimes. This is a great opportunity to see what rural medicine is like and students often describe this as one of the highlights of first year at Dal Med.

MED ONE BLOCKS & DATES

- ORIENTATION WEEK**
August 27-31
- FOUNDATIONS**
September 3 - October 12
- LAB EXAM**
October 11
- EXAM**
October 13
- HOST DEFENSE**
October 15 - December 14
- EXAM**
December 15
- HOLIDAY BREAK**
December 17 January 1
- METABOLISM I**
January 2 - March 8
- LAB EXAM**
February 28
- EXAM**
March 8
- MARCH BREAK**
March 11-15
- HUMAN DEVELOPMENT**
March 18 - May 10
- LAB EXAM**
May 10
- EXAM**
May 17
- RURAL WEEK**
May 21-27



Section 1

MED ONE BLOCKS & DATES

In Med 1 we are also responsible for participating in Interprofessional Education events and mini courses. Interprofessional education (IPE) aims to help increase the efficiency of the healthcare system while reducing redundancies in delivering care plans. IPE is currently a hot topic in the Canadian Healthcare System and with the opening of the new Collaborative Health Education Building (CHEB) and Centre for Collaborative Clinical Learning and Research (CCCLR-3rd floor), there are fantastic educational offerings and great IPE and research going on right here at Dal. Dalhousie University has the largest portfolio of health professions schools in Canada, which provides us a rich opportunity to learn from, about and with each other.

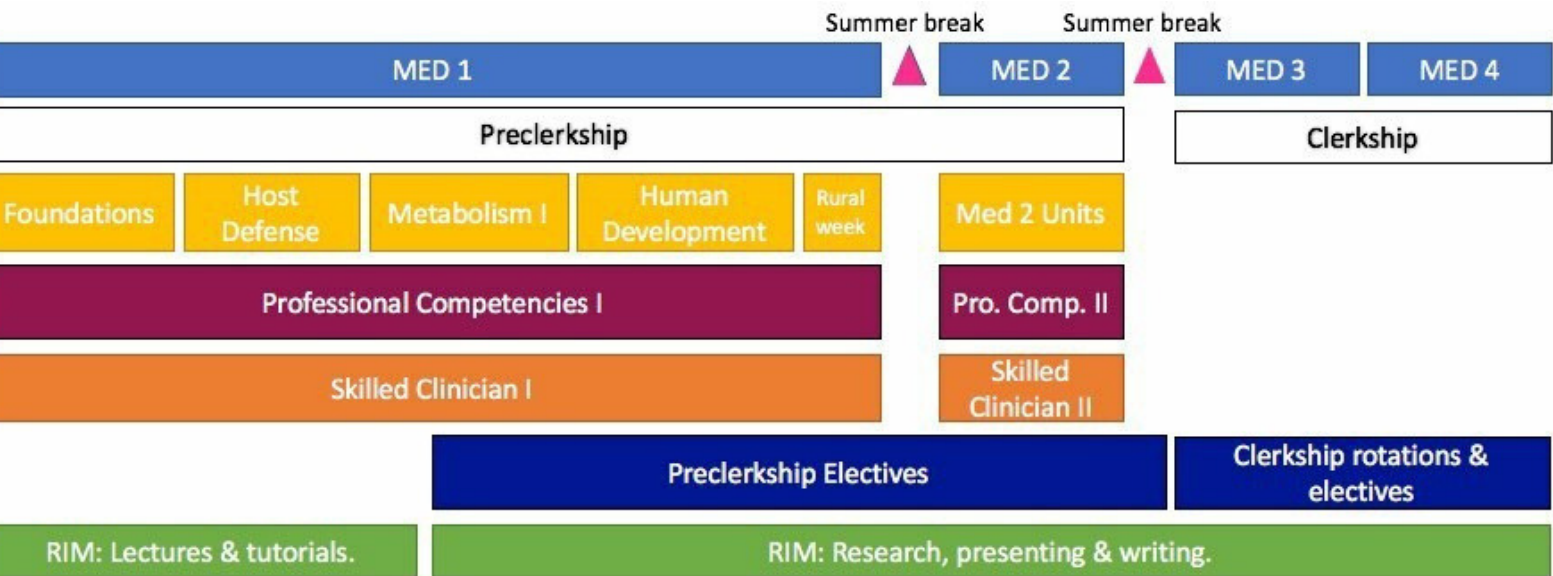
In your Med 1 Skilled Clinician Learning Portfolio you will have pages devoted to an IPE Passport. In Med 1 your whole class will participate in a 2-part large group IPE event in September and October. You will also be required to attend 2 IPE ini-courses during the course of the year, which will provide completion certificates to attach to your IPE passport in your Portfolio. There will be a menu of choices for IPE Mini course sessions, many of these are novel and unique with great opportunities for having some fun and learning. Go to "Dal.ca/IPE", click on "programs and initiatives" at the top of the screen, then click on "Mini-Courses" to see what courses will be available.

One other part of the curriculum you may hear people talking about are observer-ships. Observer-ships are essentially opportunities to shadow physicians or clinicians in an effort to learn more about a certain specialty. Observer-ships are different than electives in that electives include a project, show up on your transcript and are often of a certain amount of time. Observer-ships can be set up in virtually any field and for as long or as short of a time commitment as you like (as long as whoever you would like to shadow is affiliated with Dal and agrees).

Section 2

MED ONE BLOCKS & DATES

How it all comes together



Here is a general overview of what your 4 years of Medical School at Dal will look like, with a focus on first year. During first year you will complete 4 main units, described below, along with Professional Competencies I and Skilled Clinician I. During the first semester you will learn about the Research in Medicine (RIM) program and about how to find a preceptor and project that is a good fit for you. You will also learn about the elective process and have time to decide what field you would like to complete your first elective in. After Christmas, you will start working on the paper work necessary to get your RIM project underway, and you will start spending one afternoon or morning a week on your elective rotation.

Med 1 and 2 are collectively referred to as pre-clerkship as you spend most of your time on campus and in class. Med 2 is set up much like Med 1 with different blocks, Professional Competencies II and Skilled Clinician II. After Med 1 and Med 2 you get summer vacations (from about June 1st - mid-August). In Med 3 and 4, or clerkship, most of your time is spent in rotations in hospitals and the community, with some class time interspersed throughout and in blocks called PIERs.

Section 3

ASSESSMENT



When the administration describes how you are tested or assessed for different parts of the curriculum they will often use the words summative and formative and this can be confusing at first:

Summative assessment: is what goes on your transcript, things you are formally graded on and need to pass. Things in this category include end of unit exams, bell-ringer style lab exams (excluding Foundations) etc.

Formative assessment: means assessment for your own growth and improvement. Things assessed formatively are there to get you used to a certain assessment modality (bell-ringer, OSCE) and/or to support your learning. Your performance will not be recorded anywhere or contribute toward passing or failing a unit. Doing poorly on a formative assessment may result in a meeting with student affairs or unit/component heads but this is meant to help you identify problem areas and improve, not as a punishment or failure.

Section 3

ASSESSMENT

Skilled Clinician Assessment: Skilled clinician manuals are distributed at the beginning of the year and must be kept and handed in at the end of each semester. These manuals will be read cover to cover so make sure you fill in each page, and don't just give fluffy short answers, they expect you to think about the questions and give complete, introspective answers. At the end of the unit, you will prepare for an OSCE (Objective Structured Clinical Examination) which sort of like an MMI except you go room to room collecting focused patient histories, performing targeted physical exams or answering questions on topics you contemplated in Pro Comp. In Med 1 the OSCE is completely formative and is just a way to get you used to the format.

Scaled scores: your written (multiple choice) and lab exams at Dal Med will be scaled. You will get plenty of lecture time explaining this process but essentially, your marks will be reported as your overall standardized scaled score, this is to prevent the effects of examinations that vary in their level of difficulty. In addition to the scaled score, you will also be able to see the number of points you earned for the exam.

Lab exams: Lab exams are bell ringer style and accompany the Foundations (formative), Metabolism and Human Development units. For Metabolism and Human Development, students are required to pass both the lab exam and the written exam for each unit by achieving a standardized scaled score of 65 in each exam.



Section 3

CHOOSING AN ELECTIVE

Here at Dal Med, we are very lucky to have the opportunity to choose electives as early as Med1, to help us explore different specialties and practice clinical skills. Beyond gaining knowledge and gathering new facts, electives provide us with great insight into the healthcare system, the role of the physician in an interdisciplinary team, and expose us to a wide variety of patient encounters.

Electives start second semester, where you have the option to either choose the rotating elective or a specific specialty. The rotating elective is literally what it sounds like: you get to rotate through the six core specialties in medicine, with two weeks spent in each rotation. Because of high demand, there's a lottery for the rotating elective. Similarly, there are many people interested in family medicine, so it too is a lottery. Otherwise, you are free to choose whatever you like, ranging from thoracic surgery to Global Health, and you get to spend half a day per week in that specialty.

Besides elective, we also can do observer-ships outside of our curriculum. Within our schedules, we have allocated time for electives. However, if you are interested in exploring a specialty but not dedicating an entire semester to this one specialty, you can spend a few days/weeks shadowing a physician by doing an observer-ship. This has to be completely arranged by yourself and your potential preceptor and occurs outside of regular school hours.

You'll get more info regarding electives later, but we thought it would be helpful to share some of our experiences in the various elective options and what we perceived to be the pros and cons. You might also find some useful tips and advice from your friendly 2020s! Note: not all specialties are included in this list!

Section 3

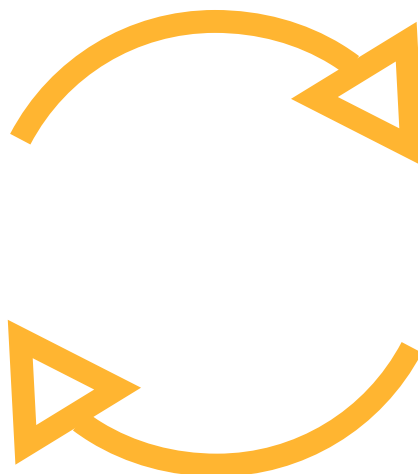
CHOOSING AN ELECTIVE

Rotating Elective

Pros: get to see a bit of everything, especially if you don't have any idea what specialty you're interested in. Even if you have an idea of what you want to do, it allows you to get an early glimpse into many different specialties. Since it gave exposure to many different aspects of medicine, there were multiple times that the experiences in elective lined up with what we were learning in class, and helped make class material more relevant and understandable. You get the chance to see many different doctors and how their personalities and styles influence how they practice.

Cons: won't be able to know your preceptor well, less hands-on. It's a lottery system to get placed in a rotating elective.

Recommend? Absolutely - especially if you're not sure what you want to do. I really valued the chance to see many different specialties. I think it's given me insight into what specialties I am leaning toward, and which I am not interested in.



Section 3

CHOOSING AN ELECTIVE

Anesthesia

Pros: Great exposure to different types surgeries, hands-on opportunity to do procedures such as intubation, putting in IV catheters etc, anesthesia has a very friendly group of attendings and residents so learning is a very pleasant experience.

Cons:

If doing an anesthesia elective in Med 1, be aware that we have zero background in the physiology and pharmacology of the discipline. Compared to other electives, this means that you won't be able to draw from your lectures and clin skills learning, and it can be overwhelming at first.

Recommend? Yes! Esp if you are aiming to decide between surgery and medicine in your first year.

Tips:

Anesthesia can be a common elective choice so start early and ask around about good preceptors. Having the right preceptor for your learning style makes all the difference.

If possible, ask to come in for early morning surgeries. Things are more calm and medical students get to do more stuff.

Meet face to face with a potential preceptor before deciding. Many in anesthesia specialize in certain areas (Obs, cardiac, neuro, regional) so it would be helpful to get a feel for what you would see beforehand.

Section 3

CHOOSING AN ELECTIVE

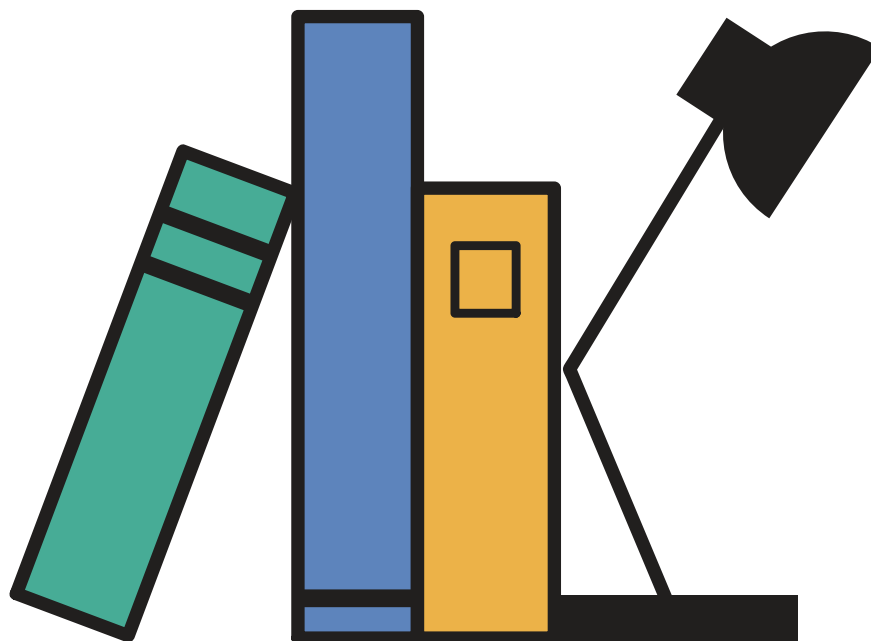
Family Medicine

Pros: Amazing teachers, time to spend with patients, get to see real-world family medicine, variety, lots of history-taking and practicing what we learned in clin skills, get to see wide variety of cases and referrals, get to see logistically how primary care communicates with specialists

Cons: Lottery, you don't get to pick specific preceptor and spend a lot of time watching. It is never with same person week-week because of different residents.

Recommend? Definitely!

Tips: Take the opportunity to do things when offered (histories etc) don't be shy. If asked questions you aren't sure of take a guess anyway, the residents are super helpful at guiding your learning. Ask the residents about resources they use - in my experience they've been eager to share some great things.



Section 3

CHOOSING AN ELECTIVE



General Internal Medicine (Rotating)

Pros:

- You get to watch a variety of clinicians tackle differential diagnoses and display their brand of bedside manner,
- You are exposed to many environments that make up common IM practice (Medical Teaching Unit (MTU), Consult Service, Outpatient Clinic, ED consults, Intermediate Care Unit (IMCU))
- This elective supplements the Metabolism and Host Defense Units well, and gives students the opportunity to encounter class material in real life.

You observe mostly common illnesses (Infection, HTN, DMT2, CAD, etc.) and so will get lots of relevant exposure, yet you also see enough interesting cases to break any tedium you may perceive in medical management.

Internal medicine can sometimes feel a little like detective work. Patients arrive with suspected diagnoses, but it is your preceptor's job to work them up and better establish a diagnosis - this is pretty awesome!

Section 3

CHOOSING AN ELECTIVE

There is little continuity between preceptors, so your level of involvement is fairly stable throughout the 12-week period, while other students may be given more responsibility as they work with their preceptors.

Cons:

Recommend?

I would recommend this elective, though I preferred some of the individual preceptors more than others. In taking this elective, you will have mostly enjoyable experiences, though if you are already connected to a IM doc that you know you like, I would aim to work with them first.

Reach out to preceptors before meeting to request material to review in advance of your time with them. Assert your role as a learner where appropriate: suggest interacting with patients on a one-on-one basis or trying to take their history. Even consider practicing an approach to relaying your findings and management plan to your preceptor, or charting these things.



Section 3

CHOOSING AN ELECTIVE

Geriatric Medicine.

Pros: My experience in geriatrics has been fantastic. The Geriatric Ambulatory Clinic is full of fantastic physicians and nurses who have worked hard to make sure I've had a meaningful experience during my time there.

Many different situations that you can find yourself while working with a geriatrician Working in the memory clinic, seeing patients who have been referred to a geriatrician for an assessment for cognitive decline. I've usually only seen one patient each morning spent in the clinic, but you can experience a wide variety of different encounters with just the one patient (initial cognitive assessment, physical exam, interview with the caregiver, consultation with the care team, etc.). It's a full morning!

Shadowing a senior internist for geriatric consults in the ER. Consultations with the Palliative and Therapeutic Harmonization (PATH) clinic. <http://pathclinic.ca/>

Working with patients that often have long and complex medical histories. This has really forced me to try and synthesize a large amount of medical information into something concise and understandable. Each case is incredibly comprehensive, involving a huge variety of medical, legal and social consideration of designing a care plan for a patient.

Section 3

CHOOSING AN ELECTIVE

Cons: There's a large amount of neuroscience referenced in clinic around the diagnosis of delirium/dementia/Alzheimer 's. The neuroscience unit isn't until Med2, so you may feel a bit behind the curve as a Med1 in a geriatrics elective. However, I've felt completely comfortable focusing on the aspects I'm familiar with (which are many) and thinking of my time in clinic as a primer for when I get to the neuroscience unit next year!

Recommend? YES.

Tips: Be somewhat familiar with the various types of dementia/delirium, etc. Your preceptor will not expect you to know everything about them, but it will certainly help you keep up!



Section 3

CHOOSING AN ELECTIVE

Medical Oncology:

Pros: An elective in Med Onc involves mostly clinic visits with patient interview/consult, and procedures on occasion (when required). Patients in Med Onc will most often come to your preceptor having already received their diagnosis, and they will be at variable points in their treatment or recovery. There are many opportunities for working interprofessionally with nursing staff, taking a history just as you learn in clinical skills, and assisting with/performing basic physical examinations (i.e. cardiac, respiratory, etc.). In my elective, I had to chance to learn to interpret parts of bone density scans, use risk/treatment calculation tools, and experience other interprofessional communications with surgical oncologists, radiation oncologists, pharmacists, and more. Med Onc also an elective where (again, depending on your elective preceptor 's cancer speciality) you will likely witness discussions about metastatic and terminal diagnoses, learn how delicately your preceptor handles these emotional discussions, and how he/she develops and maintains a supportive relationship with the patient.

Cons: If you want an elective that is very hands-on, especially for the practical skills you do in first year, medical oncology will likely allow you to practice them, but not in the same amount that an elective in family medicine would. It is also a bit of a nightmare pharmacologically, as Med Oncs know the name and origin of every chemotherapy drug that you've never heard of; however, remember that you are not expected to know these and they are always happy to answer your questions.

Section 3

CHOOSING AN ELECTIVE

Recommend? Definitely recommend. You will have plenty of time with your preceptor every week. Depending on the type of cancer that your preceptor specializes in, an elective in oncology can cover the basics of the oncologic material covered in the first year curriculum (it's been great reinforcement so far!) and it is one of the internal specialties that reinforces the basics.

Tips: Perhaps look up a few basic facts about the type of cancer that your preceptor specializes in, but otherwise you can likely go to elective every week without doing a lot of preparatory work.



Section 3

CHOOSING AN ELECTIVE

Physical Medicine & Rehabilitation (emphasizes the prevention, diagnosis, treatment and rehabilitation of disorders that produce temporary or permanent functional impairment)

Pros:

Friendly, engaging staff and preceptors

You get to see a lot of neuro exams which is helpful for when you learn the neuro exam in Skilled Clinician.

Some preceptors allow you to practice the neuro exam on their patients (with their permission of course!) so you get a feel for muscle tone, strength, reflexes, etc. in patients with different neurologic conditions. Psychiatrists take long, detailed histories so you can learn their strategies for dealing with very talkative patients, families or those who don't open up as much.

There are many types of clinics you could be exposed to (e.g. neuromuscular, spinal cord injury, amputations, MSK, spasticity, ALS, MS, sports medicine, etc.)

There is a lot of interprofessional collaboration. Patients are seen by a speech language pathologist, dietitian and physiotherapist before the physician. You can sit in with these providers to learn their roles. Psychiatrists refer patients to occupational therapy a lot so you get to learn about OT as well.

Section 3

CHOOSING AN ELECTIVE

Cons:

Neuroscience isn't until Med 2 so if you don't have any background in the subject you need to be willing to do some self-directed learning to understand some of the conditions you will be seeing

There are limited clinics on Monday and Wednesday afternoons.

It's a small department so you won't stick with the same preceptor the entire time but they will try to schedule you with the same 3 or 4 preceptors.

Physiatrists don't perform a lot of procedures but you may see EMG guided botox injections to alleviate spasticity or cortisone injections.

Recommend?

This is a great speciality to ease yourself into the clinic atmosphere. Med 1's aren't asked a lot of questions but everyone is super excited to teach you. If you want to know more about neurological disorders before this elective then wait until after you complete neuroscience in Med 2. Physiatry is a lesser known specialty that you won't get a lot of exposure to in medical school so if you are interested in it do an elective in Med 1 or 2.

Tips:

Ask to go on the wards at least once during your elective. You get to participate in rounds and see patients who may be recovering from stroke or acquired brain injury. This provides a different learning opportunity from clinics.

Section 3

CHOOSING AN ELECTIVE

Rheumatology

Pros: Rheumatological diseases involve pretty much all systems, so you get to learn about more than just rheumatoid arthritis in the joints. You get some “weird” diseases that just get referred to rheum because no one knows what to think of them. Very reliant on physical exam - have palpated lots of livers and heard lots of lung crackles! The clinic is also just next door to the CHEB.

Cons: Have not had MSK/derm unit so you're learning things a year too early. Not many procedures to learn apart from joint injections/aspirations.

Recommend? I really enjoy my time there each week!

Tips: Think about saving this one until second year during MSK? Or do it in first year and you get to say “I don't know, I'm in med 1 and we haven't covered that yet.”



Section 3

CHOOSING AN ELECTIVE



Obstetrics/Gynaecology

Pros: There is a lot of variation to an Ob/Gyn elective. An Ob/Gyn generalist gives you exposure to the OR, gyne clinic, pre-natal clinic, and on-call shifts in the birth unit. In gyne clinic you are able to take histories and see the whole spectrum of concerns from following women through pregnancy, gynecological issues, as well as bladder function. Although related, the pre-natal clinic gives you experience with history taking and physical exam for pregnant women, and exposes you to reading ultrasounds. It's also perfect for people who aren't sure whether or not they enjoy the OR, because you can experience the OR, but are not confined to it for your whole elective if you feel like it is not for you. There are also sub-specialties you can pursue, such as gyne-oncology, maternal fetal medicine, reproductive therapy, uro-gynecology, or pediatric gynecology depending on the type of cases you find interesting. Finally, the last bit of your elective will line up nicely with the Human Development unit if you do this elective in Med 1, so you feel a bit prepared for some of the topics to come during the unit.

Section 3

CHOOSING AN ELECTIVE

Cons:

There isn't a whole lot of physical exam practice in terms of head and neck, resp, cardio, and MSK covered in Skilled Clinician, but you do some abdominal exams, and learn pelvic/speculum exam skills. It also doesn't line up perfectly with Human Development unit, as most of your elective will be done before the unit starts, but it does give you a great start as I mentioned above.

Recommend? Yes, mainly for the variety of environments and procedures you can see.

Tips: Unless you already have your heart set on a sub-specialty, take an elective with a generalist, to get exposure to the different fields.



Section 3

CHOOSING AN ELECTIVE

Ophthalmology

Pros: Ophtho is very interesting for an elective. The eyes are often underrated (especially in our current curriculum) in terms of their relation to not only quality of life, but systemic health overall. The clinics are fast, but expose you to a wide variety of ocular issues. Visual assessment is done at the start of any clinic visit (usually by the nurses) and it can be learned very quickly as a student.

There are also several different techniques used in clinical settings that are really interesting to watch and learn the methodology behind. In the OR it is quite unique, with the most common surgery being cataract surgery. This is a great way to get a basic understanding of eye anatomy, is a very quick surgery (usually 20-30 minutes), and since the patient is awake it gives you the opportunity to speak with not only the physician but also the patient throughout the operation.

There are also many different sub-specialties in Ophtho (Retina, Glaucoma, Neuro, etc) and so an elective here gives you a taste of what these areas might consist of. Finally, this is a very rewarding field as patients who can barely see as they're coming into surgery one week will have an enormous quality of life boost the next week as they're coming back for a post-op checkup. It is really amazing to see the techniques and methods available to restore someone's vision.

Section 3

CHOOSING AN ELECTIVE

Cons: Ophtho is a very specialized area, and you get nearly no information on this field in your regular Med 1 learning. This makes picking up on some concepts a bit more difficult. Also, much of the clinical assessments are done based on visually assessing the eye, which requires hours of practice and examination of hundreds of eyes (especially for retinal specialties). As such, it's difficult for a Med1 to be able to identify problems via visual inspection. Additionally, the surgeries are very precise so unlike other fields where you may have the opportunity to suture as a Med1, there is nearly nothing you can do in the OR as a Med1 except observe, ask questions, and talk to patients. Some self-directed learning is a must if you want to keep up.

Recommend? If Ophtho is something you see in your future I would absolutely recommend it. The clinics are interesting as there are a lot more visual problems than you might think, and although detailed understanding is needed for diagnosis, you pick up the basics of visual assessment very quickly. The OR is also interesting because you can see on the monitors exactly what the surgeon is doing. Just be aware that outside of the basic visual assessment, there isn't much active things a Med1 can assist with. This is not an elective I would select if you have no idea what you want, but if Ophtho is an interest of yours, I would definitely recommend it.



Section 3

CHOOSING AN ELECTIVE

Tips:

Ophtho doesn't have many elective spots. This is a bit of an issue, as your preceptor choice may be limited and the amount of direct teaching you get is largely dependent on your preceptor. I have a preceptor who is very busy in clinic and as such doesn't have a lot of time to explain things to students. If an Ophtho elective comes up, it might be best to try and meet with the physician beforehand to see what they're like. You still learn a lot, even if they're busy, but it's much more self-directed compared to an instructor who can take time to walk you through the process and identify what's wrong. I would suggest asking as many questions as you can, especially short, clarifying questions as you bounce from clinic to clinic to make sure you're not getting lost in the concepts. Again, if you choose this as an elective, make sure you have the curiosity about ophtho beforehand because it is fast paced and requires a lot of self-directed learning to pick up what's going on.



Section 3

CHOOSING AN ELECTIVE

General Pediatrics

Pros: lots of variety, can see team dynamic in in-patient wards vs. one-on-one in clinic, learning how to interact with kids of different ages, lots of great, friendly residents, learning how to interact with different types of families.

Cons: less hands-on, more observing, can be really, really sad
Recommend? Highly!

Tips: choose a preceptor who is working full-time, try to get into the clinic as much as possible

