Undergraduate Medical Education
Faculty of Medicine

Clerkship Manual - Year 3
2015-2016

Please do not save a copy of this manual. The UGME website now provides much of the information referenced in this manual and in addition frequently used forms, policies and manuals. The original is always available on the website.
http://www.medicine.dal.ca/departments/core-units/undergraduate/current-students/policies-regulations.html
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PRINCIPLES FOR THE CLINICAL CLERKSHIP

The Clinical Clerkship program is designed to reaffirm the principles of the undergraduate program approved by the Curriculum Committee. This program was designed to provide a broad-based medical education that also allowed the student the maximum time required for selecting a career choice. Clinical learning throughout the Maritimes will increase opportunities for clerks to participate in community experiences. The clerkship program is adapted to the reality of current and future health care and patients’ health care needs. The clerkship will prepare students to enter postgraduate programs in Family Medicine or Royal College Specialties, or to undertake medical research.

MEDICAL STUDENTS IN HOSPITALS AND OTHER CLINICAL SETTINGS

Medical students are enrolled in the Dalhousie Faculty of Medicine program leading to the M.D. degree. The clinical settings include patient contact on hospital wards, in operating rooms, emergency and outpatient departments, in the offices of preceptors, public health clinics, other health facilities, and on home visits. While in the hospital, students are subject to the rules of the hospital as well as those of the Faculty of Medicine.

All policies on the UGME website –
http://www.medicine.dal.ca/departments/core-units/undergraduate/current-students/policies-regulations.html

STUDENT CONDUCT

Students’ behavior is expected at all times to be in accordance with the criteria set forth as part of the Promotion and Assessment Regulations and Professionalism: Policy and Procedures for Students and Faculty.

STUDENT IDENTIFICATION

Each student shall wear his/her name tag. The name tag may be the one provided by the Faculty of Medicine, or one provided by the hospital if the hospital prefers. The name tag identifies the student by name, as "Medical Student.”

On meeting a patient or family member for the first time, the student shall identify himself/herself by name and level of training and name his/her preceptor or attending physician. For instance: "Hello Mrs. Jones. I’m Mary Smith, a medical student working with Dr. Comeau.”

STUDENT DRESS AND APPEARANCE

Operating room scrubs should be worn only in appropriate clinical setting and accordance with hospital policy. Scrubs should not be removed from hospital premises. Please ensure that you are familiar with the Dress and Appearance Policy for each hospital where you will be completing a rotation. Please see general guidelines for professional dress below.

HOURS

During Clerkship, students will conform to the schedule of the clinical service to which he/she is assigned, which normally includes evenings or weekends.
**Night and Weekend Call**

Evening, night, and weekend call may be a required part of Dalhousie clerkship rotations. Decisions about the type of call to be required (in-house vs. home call), as well as the hours and frequency of call, will be made by the individual Clerkship Director in consultation with their faculty and may differ among rotations and sites. Please refer to the On-Call Clerkship Protocol for more information.

Clerks will not be asked to be on-call more frequently than 7 nights out of any 28-day period. The maximum period of time for in-house call will be 25 hours (24 hours plus a maximum of 1 hour for sign-over). Clerks who have been on call in-house will be dismissed at the end of 25 hours and are not required to attend clinics or teaching sessions on that day.

Clerks who take call from home must be able to return to the hospital within 20 minutes. Clerks taking call from home will not typically be excused from responsibilities the day after call. However, if the clerk has been called into the hospital between midnight and 6 a.m. or has been called repeatedly during that time period resulting in major disruption of sleep, he/she will be excused following morning sign-over (typically by 9 a.m.). In such situations the clerk must ensure that the relevant attending staff and clinical service are aware of his/her post-call status.

Clerks will not be on-call overnight on the final night of a rotation. During exam time please refer to the Clerkship Manual (p. 11) Policy regarding Release of Clerks from Service Prior to Examination Days.

**Holidays**

Clinical clerks work according to the schedule of their preceptor or hospital. If additional holiday time is to be taken for religious reasons it is the student’s responsibility to request permission under the requirements of the Clerkship Time-Off Protocol.

**Storm Days**

If Dalhousie University is closed due to Inclement Weather clerkship rotations are not necessarily cancelled. Clinical clerks must contact the appropriate person as advised during orientation of the unit for reporting instructions. However, a student’s personal safety comes first. Please refer to the UGME Office Storm Policy.

**Illness**

A clinical clerk who becomes ill should notify the attending physician (or as instructed in Unit orientation) as soon as possible to ensure that responsibilities are transferred to others. Leaving a message with the hospital switchboard or ward clerk is not considered adequate notification. The UGME office must also be notified of your absence by emailing ugme@dal.ca.

**Appointments**

All appointments, such as specialist, dentist, lawyer, and so forth should be scheduled outside of your schedule clerkship hours. If you are required to attend an appointment during clerkship hours, approval must be granted in accordance to the Clerkship Time-Off Protocol.

**Liability Insurance**

Through the University’s insurance policy, registered students are insured against liability claims in respect of any activity related to the discipline in which they are registered whether conducted on or off campus.
CONFIDENTIALITY
Students shall respect a patient's right to privacy. All transactions between a student and patient are confidential and must not be discussed, except with other members of the clinical team or the student's preceptor. Such discussions should not take place within hearing of other patients, visitors or staff.

DEGREE OF RESPONSIBILITY
Patient care responsibilities must only be assigned to students to a degree commensurate with their ability and in a volume estimated to provide optimum learning without diminishing the quality of patient care.

The degree of responsibility will be graded, progressive and consistent with the student's capabilities. Students will only have responsibility for the care of patients where educationally advantageous or in an emergency.

No student may have any personal, educational, or professional involvement with a patient except at the direction and under the supervision of a faculty member or duly qualified health professional to whom instruction has been delegated (with hospital privileges, when such involvement takes place in a hospital). The student will exercise judgment as to whether another member of the health care team or family member should be present during an examination.

The preceptor is responsible to the hospital and/or the provincial College of Physicians and Surgeons for any actions of a student under his/her supervision that affect patient care. All notes by a student in the medical record, including referrals and requisitions, must be legible and be signed by the student indicating the student’s level of training (e.g. Mary Smith, Clinical Clerk). All such notes must be promptly signed by a physician who thereby takes responsibility for the accuracy of the content of the note. This physician may be the patient's resident. No order for an investigation or treatment may be acted upon unless countersigned.

ATTENDANCE AT PROFESSIONAL CONFERENCES
If students have abstracts accepted for presentation at conferences/meetings, they must request the time off to attend the meeting. Requests must meet the criteria as outlined in the UGME Clerkship Time-Off Protocol.

RELEASE OF CLERKS FROM SERVICE PRIOR TO EXAMINATION DAYS
Students completing rotations outside of their home campus, (outside being considered greater than 100 km outside of exam site), will be released from service at 6:00 pm two days prior to the MCQ or OSCE, whichever comes first. There will be no on-call or additional service responsibilities. Students will not be expected to return to that service following the exams.

Students completing rotations within 100 km of exam site will be released from service at 6:00 pm the night prior to the MCQ or OSCE, whichever comes first. There will be no on-call or additional service responsibilities. Students will not be expected to return to that service following the exams. Release of Clerks from Service Prior to Examination Days Policy

NEEDLE STICK POLICY
Participation in the undergraduate medical education program carries with it the risk that a medical student may be exposed to an infectious or environmental hazard. The purpose of this policy is to ensure that appropriate processes are in place to ensure that medical students know which policies to follow in the event of such an exposure, and are directed to appropriate treatment and follow-up. Please familiarize yourself
with the health and safety policies on the UGME website and follow the directions on your card in the event of a needle stick injury. Your card is meant to be carried daily, clipped to your ID badge.

**Non-Metro Clerkship Bursary – Under Revision**
Funding is dependent on annual return of investment for these endowments.

**General Structure of the Clerkship**

**How the Schedule Works**
The clerkship consists of two phases completed over two academic years. In Phase 1 clerks will participate in an initial PIER 1, followed by rotations in Internal Medicine (12 weeks), Family Medicine (6 weeks) Psychiatry (6 weeks), Surgical (9 weeks), Pediatrics (6 weeks), Obstetrics and Gynecology (6 weeks), Emergency Medicine (3 weeks) with PIER 2 occurring during the course of the year. There is a total of three weeks of vacation during Phase 1, two weeks at the end of Unit 1 and 1 week at the end of Unit 2.

Phase 2 consists of PIERs 3 and 4, along with designated electives.

[Academic Dates and Exam Schedule Class of 2016](#)

**Assessment Overview**

**End-of-Unit Exams:**
In Phase I of Clerkship students will write two exams at the end of each unit except when completing Internal Medicine as this is a 12-week unit and will be the only exam completed at that time. All exams are online, typically in multiple-choice format and are allotted 2 hours with the exception of Surgery, which is allotted approximately 3 hours.

[Exam Schedule Class of 2016 – (BbLearn: Med 3-Assessment Information)](#)

**OSCE Exams**
In Phase I of Clerkship there is a formative Skilled Clinician OSCE in September. A second summative OSCE occurs during Phase 2. Any students who are identified as possibly benefiting from remediation after the OSCE will be notified and will be required to pass or participate in remediation. Students who are not successful on the OSCE will be required to participate in remediation.

**ITERS (In-Training Evaluation Report)**
Formative ITERS will be completed by preceptors at the end of each 2, 3 or 4 week rotation segment. A summary ITER will be completed by the Clerkship Director at the end of each unit, after review of the formative ITERS. Summative ITERS are only required for students who require remediation on a formative ITER.

If a student requires remediation within a unit, this will be arranged by the Clerkship Director. Information regarding specific areas for remediation will be forward-fed to the next preceptor within the
unit and the Clerkship Director will complete an overall summative ITER at the end of the remediation to determine the pass/fail status of that remediation. Students who fail a summative ITER will be required to remediate the unit at the end of the year. In this case, specific areas requiring remediation will be forward fed to subsequent Clerkship Directors for the remainder of the year. The summary ITER (pass/fail of the Unit) remains incomplete until the summative ITER is submitted.

**PROCESS FOR ITERs FOR 12 WEEK UNITS –**

1. In-Training Evaluation Reports (ITER) are distributed to preceptors electronically by the department administrators at least 5 days prior to the completion of a rotation and 3 weeks into a 6 week rotation. The electronic evaluation program is called One45. A list of UGME Program departments (IM, FM, EM, Psych, Peds, Obs/Gyn, Surg) and contact information for the administrators is included below. (Contact information for additional administrators within a specific service, such as Urology or PM&R, will be provided to you at the time of your orientation for the department.)

2. Evaluation forms are **NOT** to be completed on paper.

3. Students are responsible to make an appointment with their preceptor during the 3rd week of a 6-week rotation AND the last week of all rotations to discuss the formal feedback on their ITERs. Please contact the department administrator should you not be given an opportunity to meet with your Preceptor to discuss the ITER in your last week of service.

4. ITER forms completed by preceptors on students’ performance are available to students for review and electronic signature via One45 in their To Do list as soon as the form is submitted by the evaluator.

5. Any evaluations completed of you or by you will remain available to you throughout your time in Clerkship via One45. You will be able to print copies if you wish for CaRMS purposes. Evaluations are not considered complete until you have signed it electronically. Incomplete ITERs cannot be used for promotion to the next unit or Year.

6. There are Formative, Summative and Summary ITERs. Formative ITERs are used to provide you with feedback to improve your performance. All units will provide a summary ITER which indicates the pass/fail for each unit. Summative ITERs are used to determine Pass or Fail for any required remediation during that unit. Successful completion of the remediation is required to pass the unit.

7. Comments that appear in the ‘CONCERNS’ section of the Formative ITER will be included on your Dean’s Letter along with ‘STRENGTHS’. ‘Suggestions for Improvement’ will **not** be included on your Dean’s Letter as they are for your professional improvement only.

**CLERKSHIP LOG**

Completion of all log items is mandatory. Although you have until the end of Med 3 to complete all items, each Clerkship Director is responsible to ensure you complete the items on the list specific to their department. Please be sure to log completed items in One45 as they are done. This is the only way your
preceptor and the Clerkship Director can monitor your progress and accurately complete the log questions on the formative and summary ITERs.

It is expected that students actively seek these experiences and notify staff and Faculty you have been able to achieve them despite your efforts. Getting these experiences on rotation is preferred, but if near the end of the block you find you have not been able to log particular skills based on your rotation experiences, an alternative is to work through the alternative experiences provided. The list is on BbLearn: Med 3 >> General and Assessment Information >> Clerkship Overview. You will notice that in a lot of instances an alternative cannot be provided.

Carefully read the instructions below for completing the Clerkship Log. (They are repeated at the top of the New Log Entry window on One45)

- The log items below represent the mandatory patient/clinical encounters, physical exam skills and procedural skills that students are expected to document that they have completed.

- The very minimum frequency required for documenting your participation in these activities on One45 is once. However, it is to the student’s benefit to log as many encounters and procedures as they have seen, and clerks are encouraged to continue logging beyond the minimum requirement. Logging into One45 is the only way your preceptor, and the Clerkship Director, can review your logging activity; it is very important One45 is up-to-date to avoid low performance flags on your ITER.

- The green or shaded color indicates where you will most likely get an experience; however, students are able to document any item regardless of the rotation. i.e. logging Abdominal Pain in any rotation completes the Abdominal Pain requirement for FM, EM & Surgery.

- These lists are not meant to limit students to these presentations and skills alone. Students are expected and encouraged to engage in all learning opportunities presented to them, provided that they have the appropriate supervision.

- Completion of a log item does not require that the student has performed an initial assessment of a patient presenting with the specific clinical complaint.

- Assessing, synthesizing information and managing a patient with a previously diagnosed condition is acceptable.

**Physical Exam/Procedural Skills Log - level of experience expected:**
Perform the physical exam/procedure on a stable patient under supervision in a controlled clinical setting.

**Clerkship Clinical Encounters Log** level of experience expected:
Assessing, synthesizing information and formulating a management plan under supervision.

**Self-Report for Log Completion Process**

- You will be required to self-report any outstanding log items from past rotations.
- This request will come to you Friday, August 12th, as a form/survey to your To Do box on One45. It will need to be completed and submitted no later than Thursday, Aug 18th.
• If you report that you have incomplete log items from past rotations, you will be required to meet with the Assistant Dean, Clerkship.

• You will be provided guidance to complete the outstanding items between August 22nd and September 9th.

• If you are worried about not having the opportunity to complete log items expected to be done in your final rotation, please bring your concern to the preceptor or Clerkship Director for the rotation at that time.

• **Students with incomplete Patient/Clinical Encounters or Physical Exam/Procedural Skills, as of Thursday, September 9th, 2016, may have this reflected in their MSPR letter.**

• The One45 log record will be verified for completion by the UGME office.

• Falsely reporting that you have completed log items is considered a breach of professionalism and will be pursued according to the *Process for Addressing Breaches of Professionalism.* [Link](http://www.medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/undergrad/Breaches_of_Professionalism_Policy_June2011%28%29.pdf).

**HOW DO I TRACK MY PATIENT AND PROCEDURE LOG REQUIREMENTS?**
https://support.one45.com/ics/support/KBAnswer.asp?questionID=297#.UxnTtc69b91

**LOW PERFORMANCE FLAGS (LPF)**

A Low Performance Flag is a notification sent via One45 that alerts a predetermined set of people when a question on an ITER is answered negatively. A LPF is not punitive; it is a common assessment tool notification used to alert those who need to know that you may require some support. It is important to note that a chronic history of not logging could be looked at more closely. Be sure to ask at the beginning of your rotation what the expectations are.

You could receive a Low Performance Flag for the following reasons:

1. **Low rates of logging** will prompt the evaluator completing the formative ITER to answer “Yes; there are significant gaps in this student’s log”.

2. **If you have not completed all items for a department during your time there and/or if you haven’t entered all items into One45, the Clerkship Director will be prompted to answer “No; this students log is not complete” while completing the summery ITER.**

The answers to the log questions on the ITERs do not get carried to the Medical Student Progress Report (Dean’s Letter). Samples of the ITERs are available on BbLearn.

**CLERKSHIP - PHASE I (MED 3)**

**PIER I**

This three-week unit is held at the beginning of Med 3. It is designed to: refresh basic clinical and procedural skills learned in Med 1 and Med 2; introduce you to the hospital-based clerkship behaviours, procedures and processes; and provide opportunities to learn and practice clinical problem solving in various settings.
PIER 2

This one-week unit is held in December of Med 3. It is designed to support and enhance your ability to successfully navigate through your clerkship rotations.

INTERNAL MEDICINE
The internal medicine unit incorporates the objectives of general internal medicine as well as the subspecialties of internal medicine. You will complete four weeks in general medicine, four weeks in a ward-based medicine subspecialty, two weeks in a clinic-based subspecialty (must be 100% ambulatory care) and two weeks in geriatric medicine. As part of the learning experience you will take in-house calls for internal medicine.

FAMILY MEDICINE
During this unit clerks will complete six weeks in Family Medicine. During the six weeks in Family Medicine, clerks have the choice to complete either two 3-week rotations or one 6-week rotation. Family Medicine rotations are completed throughout the Maritimes, with a limited number of rotations within the Halifax Metro area. Students can select to work with physicians with particular interests such as Emergency Medicine, Obstetrics, or Geriatric Medicine – please refer to Family Medicine Specialty Rotation Policy for further details. A computerized match process will take place in the spring prior to the start of the clerkship year. The rotation begins with a mandatory orientation and seminar day at the start of their 12-week block with Psychiatry.

PSYCHIATRY
During the Psychiatry Unit, clerks will be exposed to a variety of psychiatric disorders. Clerks will complete a 6-week rotation which will include inpatient, outpatient, community, short stay, and consultation liaison psychiatry. Rotations will be completed in the Halifax Metro Area as well as other sites throughout the Maritimes, including Saint John and Kentville.

SURGERY
The nine weeks of the Surgical Unit are intended to provide the clerk with the broad principles of surgery and the basics in the individual surgical specialties as a foundation for postgraduate training. The clinical rotations are organized into three segments of 3-weeks each. All rotations are in Halifax, primarily at the QEII, but with some experiences at the IWK Health Centre.

All clerks will complete a mandatory 3-week General Surgery rotation. There are two 3-week selective rotations that can be chosen from the following nine specialties: Cardiac, Neurosurgery, Otolaryngology, Pediatric General Surgery, Plastic Surgery, Orthopedics, Thoracic Surgery, Vascular Surgery, and Urology. Clerks will be scheduled for call duty, as these are important surgical experiences.

EMERGENCY MEDICINE
All clerks entering Phase 1 of the clerkship will be required to complete a 3-week core rotation in Emergency Medicine. Clerks whose rotations are scheduled in the Halifax Regional Municipality will also be required to attend mandatory weekly teaching seminars and departmental grand rounds at the QEII HSC. For those clerks scheduled outside the HRM, they will be required to attend academics rounds as scheduled by the individual Emergency Departments.

OBSTETRICS & GYNECOLOGY
The Obstetrics and Gynecology rotation will have 6-8 clerks located at the IWK Health Centre and 5-6 clerks will be at other sites. These include Kentville, Saint John and Charlottetown. All locations will be
structured to provide a broad view of reproductive health as it pertains to women, covering the full spectrum from birth to climacteric. The aim of the rotation is to provide opportunity for good clinical exposure.

**Pediatrics**

The 6-week rotation in Pediatrics will typically have 8 students at the IWK and 3 students in Saint John, and a total of 1-3 students at one or more of the other sites in the Maritimes, which many include Charlottetown, Summerside, Fredericton, Antigonish, Sydney, Truro, Kentville and Yarmouth. An academic half-day is scheduled on Wednesdays from 12:30 pm to 5:00 pm, during which seminar sessions are conducted and broadcast to students at other sites using video conference. Students also do a clinical case presentation and an adolescent interview during this rotation. At the Halifax site the experience is divided into 3-week ambulatory/ER and inpatient ward-based sections. The other sites offer an integrated experience over the 6 weeks.
TECHNOLOGY INFORMATION

- Video Conferenced Seminar Support information is found on BbLearn:
  - BbLearn Path: MED 3 (Class of 20XX) >> General and Assessment Information >> Resources and Seminar Support
  - Desktop Video Conference Overview: [http://youtu.be/Ztjb8NOgL1k](http://youtu.be/Ztjb8NOgL1k)
  - Collaborate for FM Seminars – Instructions provided in the FM folder on BbLearn

- Clerkship Log entries are completed on One45
  - Clerkship Log Lists are accessible on One45
  - provided in Excel and PDF on BbLearn
  - alternative ways to complete log items document is also on BbLearn

[How do I track my patient and procedure log requirements?](https://support.one45.com/ics/support/KBAnswer.asp?questionID=297#.UxnTtc69b91)

- UGME Policies, regulations & forms - [http://www.medicine.dal.ca/departments/core-units/undergraduate/current-students/policies-regulations.html](http://www.medicine.dal.ca/departments/core-units/undergraduate/current-students/policies-regulations.html)
STUDENT AFFAIRS OFFICE

The Office of Student Affairs provides support to medical students beginning at Orientation Week through to Convocation over four years of student life at the medical school. The office maintains an open door policy for students with concerns, issues, or questions. It is the goal of the Student Affairs office to provide students with the opportunity to develop professionally and personally and in addition to provide an environment that is supportive of the students’ non-academic interests.

Mandate
The primary mandate of the Student Affairs office is to create an environment through services, programs and opportunities that assists students with their personal and professional development throughout their years as an undergraduate medical student.

When Should I Contact Student Affairs?
Students should contact the office if suffering from any problems that interfere with studies or wellbeing. Problems that are small or that appear to be insignificant can grow to become troubling and disruptive. Satisfactory solutions can often be found in the early stages and students are encouraged to call early. The Student Affairs Office maintains an “arm’s length” relationship with the academic offices and provides a supportive and confidential service to students. Information is not shared without the students’ permission.

Questions About Career Counseling?
The Student Affairs office is located in the Clinical Research Centre (CRC), on the ground floor, Rm C-132 & C-124. The office hours are Monday through Friday, from 8:30 a.m. – 4:00 p.m. For contact information see page 16.
**IMMUNIZATION**

*Immunization Requirements:*

Your personal immunization record is located on DalMedix and monitored by the *Admissions and Student Affairs Office*. All immunizations as specified on the Immunization form on DalMedix must be complete, up-to-date, and on record (as an official photocopy) with the Student Affairs office. It is essential that you keep your immunization status up-to-date, as well as maintain documented records of your immunization status. You will require proof of your immunization status many times in the years to come. Failure to complete the immunization requirements will prevent you from being permitted on service.

![Warning Sign]

**Special Note: TB Test:**

All students must complete the Two Step TB test at entrance (this includes a test plus reading and then another test 2 weeks later plus reading), in addition to an annual One step test in each subsequent year of medical school. All Canadian Medical schools require that your TB tests are up to date and your applications for electives can be denied based on overdue immunization.
ADMISSIONS AND STUDENT AFFAIRS CONTACTS
C-124, 5849 University Avenue, Clinical Research Centre
Office Hours: Monday – Friday, 8:30 am – 4:00 pm
Phone: 494-1874 Fax: 494–6369
E-mail: medicine.admissions@dal.ca

http://medicine.dal.ca/departments/core-units/student-affairs.html

Dr. Andrea Rideout
Assistant Dean, Admissions
E-mail: andrea.rideout@dal.ca

Dr. Michael Teehan
Assistant Dean, Student Affairs
E-mail: michael.teehan@dal.ca

Sharon Forward
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Office of Medical Student Advisory
13H2 - 5850 College Street
Sir Charles Tupper Building
# Clerkship Directors and Clerkship Administrators

## UGME Clerkship and Coordination Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Assistant Dean, Clerkship</td>
<td>Dr. Simon Field</td>
<td>Office: 902-494-2757 Fax: 902-494-8884</td>
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<tr>
<td></td>
<td>C-125F, Clinical Research Center</td>
<td><a href="mailto:simon.field@dal.ca">simon.field@dal.ca</a></td>
</tr>
<tr>
<td></td>
<td>TBA (OBS/GYN, Peds, Surgery, EM)</td>
<td>Office: 902-494-1889 Fax: 902-494-8884</td>
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## PIER I & II

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<tr>
<th>Role</th>
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<tbody>
<tr>
<td>PIER I &amp; II: Clerkship Director</td>
<td>Dr. Lorri Beatty</td>
<td>Office: 902-473-8921 Fax: 902-473-3617</td>
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<td>EM, QEII – HI Site</td>
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<td>Administrators</td>
<td>TBA (OBS/GYN, Peds, Surgery, EM)</td>
<td>Office: 902-494-1889 Fax: 902-494-8884</td>
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## Family Medicine

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<tbody>
<tr>
<td>Clerkship Director</td>
<td>Dr. Kathleen Horrey</td>
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<td>8th Floor, Abbie J. Lane Bldg.</td>
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<tr>
<td>Administrator</td>
<td>Pamela Decker</td>
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## Psychiatry

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<tr>
<td>Clerkship Director</td>
<td>Dr. Cheryl Murphy</td>
<td>Office: 902-473-4883 Fax: 902-473-4545</td>
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<tr>
<td></td>
<td>Abbie J. Lane Bldg.</td>
<td><a href="mailto:murphyc@nshealth.ca">murphyc@nshealth.ca</a></td>
</tr>
<tr>
<td>Administrator</td>
<td>Mandy Eslinger</td>
<td>Office: 902-473-4883 Fax: 902-473-4545</td>
</tr>
<tr>
<td></td>
<td>Abbie J. Lane Bldg.</td>
<td><a href="mailto:mandy.eslinger@nshealth.ca">mandy.eslinger@nshealth.ca</a></td>
</tr>
</tbody>
</table>

## Surgery

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Director</td>
<td>Dr. Chad Coles</td>
<td>Office: 902-473-5599 Fax: 902-473-5569</td>
</tr>
<tr>
<td></td>
<td>Room 4856, QEII – HI Site</td>
<td><a href="mailto:coles@dal.ca">coles@dal.ca</a></td>
</tr>
<tr>
<td>Administrator</td>
<td>Sheila Reid</td>
<td>Office: 902-473-5570 Fax: 902-473-4442</td>
</tr>
<tr>
<td></td>
<td>Room 8-026, Cent. Bldg.</td>
<td><a href="mailto:sheila.reid@dal.ca">sheila.reid@dal.ca</a></td>
</tr>
<tr>
<td><strong>INTERNAL MEDICINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Clerkship Director** | Dr. Bakhtiar Kidwai  
QEII – HI Site    | Office: 902-473-4153  
Fax: 902-473-6293  
Bakhtiar.kidwai@nshealth.ca |
|                       | Dr. Lori Connors    | Office: 902-425-3927  
Fax: 902-425-3928  
Loriann.connors@medportal.ca |
| **Administrator**     | Karmal Brouwer  
Room 480, Bethune Bldg. | Office: 902-473-7722  
Fax: 902-473-4067  
DoMUndergrad@nshealth.ca |

<table>
<thead>
<tr>
<th><strong>OBSTETRICS AND GYNECOLOGY</strong></th>
</tr>
</thead>
</table>
| **Clerkship Director**        | Dr. Jill Coolen  
IWK Health Center | Office: 902-470-2619  
Fax: 902-425-1125  
jcoolen@me.com |
| **Administrator**             | Mary Boudreau  
C-2114 IWK Health Center | Office: 902-470-6675  
Fax: 902-425-1125  
mary.boudreau@iwk.nshealth.ca |

<table>
<thead>
<tr>
<th><strong>PEDIATRICS</strong></th>
</tr>
</thead>
</table>
| **Clerkship Director**       | Dr. Joanna Holland  
IWK Health Center | Office: 902-470-6866  
Fax: 902-470-6913  
joanna.holland@iwk.nshealth.ca |
| **Administrator**            | Bernice MacLellan  
IWK Health Center | Office: 902-470-8115  
Fax: 902-470-7216  
bernice.maclellan@iwk.nshealth.ca |

<table>
<thead>
<tr>
<th><strong>EMERGENCY MEDICINE</strong></th>
</tr>
</thead>
</table>
| **Clerkship Director**       | Dr. Chris Cox  
Suite 355, QEII - HI Site | Office: 902-473-8032  
Fax: 902-473-3617  
chriscox@dal.ca |
| **Administrator**            | Andrew Steel-Moore  
Suite 355, QEII - HI Site | Office: 902-473-8921  
Fax: 902-473-3617  
andrew.steelemoore@nshealth.ca |
# Clerkship Student Representation

## Class of 2016 – Council Reps

<table>
<thead>
<tr>
<th>Student</th>
<th>Email</th>
<th>Campus</th>
<th>Council Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marissa LeBlanc</td>
<td><a href="mailto:m.leblanc@dal.ca">m.leblanc@dal.ca</a></td>
<td>NS</td>
<td>President</td>
</tr>
<tr>
<td>Russell Christie</td>
<td><a href="mailto:Russell.christie@dal.ca">Russell.christie@dal.ca</a></td>
<td>NS</td>
<td>President</td>
</tr>
<tr>
<td>Sowmya Sharma</td>
<td><a href="mailto:s.sharma@dal.ca">s.sharma@dal.ca</a></td>
<td>NS</td>
<td>Vice President</td>
</tr>
<tr>
<td>Jefferson Hayre</td>
<td><a href="mailto:jefferson.hayre@dal.ca">jefferson.hayre@dal.ca</a></td>
<td>DMNB</td>
<td>Vice President</td>
</tr>
<tr>
<td>Mona Al Taha</td>
<td><a href="mailto:mona.altaha@dal.ca">mona.altaha@dal.ca</a></td>
<td>NS</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Kellie Cloney</td>
<td><a href="mailto:kellie.cloney@dal.ca">kellie.cloney@dal.ca</a></td>
<td>NS</td>
<td>Curriculum</td>
</tr>
<tr>
<td>Meghan McGrattan</td>
<td><a href="mailto:m.mcgrattan@dal.ca">m.mcgrattan@dal.ca</a></td>
<td>DMNB</td>
<td>Curriculum</td>
</tr>
<tr>
<td>Shawn Brophy</td>
<td><a href="mailto:shawn.brophy@dal.ca">shawn.brophy@dal.ca</a></td>
<td>NS</td>
<td>Euphoria</td>
</tr>
<tr>
<td>Brittany Cameron</td>
<td><a href="mailto:br971650@dal.ca">br971650@dal.ca</a></td>
<td>NS</td>
<td>Euphoria</td>
</tr>
<tr>
<td>Janet Conrad</td>
<td><a href="mailto:janet.conrad@dal.ca">janet.conrad@dal.ca</a></td>
<td>NS</td>
<td>Euphoria</td>
</tr>
<tr>
<td>Lauren Andrew</td>
<td><a href="mailto:Lauren.andrew@dal.ca">Lauren.andrew@dal.ca</a></td>
<td>DMNB</td>
<td>Euphoria</td>
</tr>
<tr>
<td>Meghan McGrattan</td>
<td><a href="mailto:m.mcgrattan@dal.ca">m.mcgrattan@dal.ca</a></td>
<td>DMNB</td>
<td>Euphoria</td>
</tr>
</tbody>
</table>

## Class of 2016 - Med 3 Track Reps

<table>
<thead>
<tr>
<th>Student</th>
<th>Email</th>
<th>Campus</th>
<th>Track</th>
<th>Unit 1</th>
<th>Unit 2</th>
<th>Unit 3</th>
<th>Unit 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tommy Brothers</td>
<td><a href="mailto:thomas.brothers@dal.ca">thomas.brothers@dal.ca</a></td>
<td>NS</td>
<td>1</td>
<td>Int Med</td>
<td>FM/Psych</td>
<td>Surg/EM</td>
<td>Peds/ObsGyn</td>
</tr>
<tr>
<td>Kristyna Cleminson</td>
<td><a href="mailto:k.cleminson@dal.ca">k.cleminson@dal.ca</a></td>
<td>DMNB</td>
<td>1</td>
<td>Int Med</td>
<td>FM/Psych</td>
<td>Surg/EM</td>
<td>Peds/ObsGyn</td>
</tr>
<tr>
<td>Kellie Cloney</td>
<td><a href="mailto:kellie.cloney@dal.ca">kellie.cloney@dal.ca</a></td>
<td>NS</td>
<td>2</td>
<td>FM/Psych</td>
<td>Int Med</td>
<td>Peds/ObsGyn</td>
<td>Surg/EM</td>
</tr>
<tr>
<td>Andrew Borodovski</td>
<td><a href="mailto:andrew.borodovski@dal.ca">andrew.borodovski@dal.ca</a></td>
<td>DMNB</td>
<td>2</td>
<td>FM/Psych</td>
<td>Int Med</td>
<td>Peds/ObsGyn</td>
<td>Surg/EM</td>
</tr>
<tr>
<td>Kayla Balderston</td>
<td><a href="mailto:kayla.balderston@dal.ca">kayla.balderston@dal.ca</a></td>
<td>NS</td>
<td>3</td>
<td>Surg/EM</td>
<td>Peds/ObsGyn</td>
<td>Int Med</td>
<td>FM/Psych</td>
</tr>
<tr>
<td>Christie van Steeg</td>
<td><a href="mailto:christie.smith@dal.ca">christie.smith@dal.ca</a></td>
<td>DMNB</td>
<td>3</td>
<td>Surg/EM</td>
<td>Peds/ObsGyn</td>
<td>Int Med</td>
<td>FM/Psych</td>
</tr>
<tr>
<td>Erin Slaunwhite</td>
<td><a href="mailto:erin.slaunwhite@dal.ca">erin.slaunwhite@dal.ca</a></td>
<td>NS</td>
<td>4</td>
<td>Peds/ObsGyn</td>
<td>Surg/EM</td>
<td>FM/Psych</td>
<td>Int Med</td>
</tr>
<tr>
<td>Abby White</td>
<td><a href="mailto:ab484886@dal.ca">ab484886@dal.ca</a></td>
<td>DMNB</td>
<td>4</td>
<td>Peds/ObsGyn</td>
<td>Surg/EM</td>
<td>FM/Psych</td>
<td>Int Med</td>
</tr>
<tr>
<td>Alexandra Morris</td>
<td><a href="mailto:al513405@dal.ca">al513405@dal.ca</a></td>
<td>DMNB</td>
<td>LIC</td>
<td>LIC</td>
<td>LIC</td>
<td>LIC</td>
<td>LIC</td>
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</table>
## Non-Metro Accommodation Information

### Moncton, NB

<table>
<thead>
<tr>
<th>Dalhousie Medicine New Brunswick</th>
<th>Martine McKay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northumberland Ctr. for Medical Education &amp; Research</td>
<td>Office (506)860-2331</td>
</tr>
<tr>
<td>The Moncton Hospital</td>
<td>Fax (506)857-5661</td>
</tr>
<tr>
<td>135 MacBeath Avenue, Suite 1705</td>
<td>Martine <a href="mailto:McKay@HorizonNB.ca">McKay@HorizonNB.ca</a></td>
</tr>
<tr>
<td>Moncton, NB E1C 6Z8</td>
<td><a href="http://newbrunswick.medicine.dal.ca">http://newbrunswick.medicine.dal.ca</a></td>
</tr>
</tbody>
</table>

### Saint John, NB

<table>
<thead>
<tr>
<th>Medicine New Brunswick Medical Education Office</th>
<th>Rebecca Comeau</th>
</tr>
</thead>
<tbody>
<tr>
<td>3D South, Saint John Regional Hospital</td>
<td>Office: (506) 648-6595</td>
</tr>
<tr>
<td>PO Box 2100 Saint John, NB E2L 4L2</td>
<td>Fax: (506) 648-6833</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Rebecca.Comeau@horizonnb.ca">Rebecca.Comeau@horizonnb.ca</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://newbrunswick.medicine.dal.ca">http://newbrunswick.medicine.dal.ca</a></td>
</tr>
</tbody>
</table>

### Fredericton, NB

<table>
<thead>
<tr>
<th>Dalhousie Medicine New Brunswick</th>
<th>Mallory Flowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Everett Chalmers Regional Hospital</td>
<td>Phone: (506) 447-4487</td>
</tr>
<tr>
<td>700 Priestman Street, P.O. Box 9000</td>
<td>Fax: (506)</td>
</tr>
<tr>
<td>Fredericton, NB E3B 5N5</td>
<td><a href="mailto:mallory.flowers@horizonnb.ca">mallory.flowers@horizonnb.ca</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://newbrunswick.medicine.dal.ca">http://newbrunswick.medicine.dal.ca</a></td>
</tr>
</tbody>
</table>

### Waterville, NB

<table>
<thead>
<tr>
<th>Dalhousie Medicine New Brunswick</th>
<th>Deborah Lutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper River Valley Hospital (Zone 3)</td>
<td>Phone: (506) 375-2922</td>
</tr>
<tr>
<td>Horizon Health Network</td>
<td>Fax: (506) 375-2680</td>
</tr>
<tr>
<td>11300 Rte. 130, Waterville, New Brunswick</td>
<td><a href="mailto:Deborah.lutes@horizonnb.ca">Deborah.lutes@horizonnb.ca</a></td>
</tr>
<tr>
<td>E7P 0A4</td>
<td><a href="http://newbrunswick.medicine.dal.ca">http://newbrunswick.medicine.dal.ca</a></td>
</tr>
</tbody>
</table>

### Miramichi, NB

<table>
<thead>
<tr>
<th>Dalhousie Medicine New Brunswick</th>
<th>Tara Allison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Health Network</td>
<td>Tel: (506) 623-3341</td>
</tr>
<tr>
<td>Miramichi Regional Hospital</td>
<td>Fax: (506) 623-3347</td>
</tr>
<tr>
<td>500 Water Street, Miramichi, NB E1V 3G5</td>
<td><a href="mailto:tara.allison@HorizonNB.ca">tara.allison@HorizonNB.ca</a></td>
</tr>
<tr>
<td>Tel: (506) 623-3341 Fax: (506) 623-3347</td>
<td><a href="http://www.HorizonNB.ca">www.HorizonNB.ca</a>, or Cynthia Power</td>
</tr>
<tr>
<td></td>
<td>Medical Education Coordinator</td>
</tr>
</tbody>
</table>
Here is a bit of information regarding our accommodations in New Brunswick, each site offers the same options and opportunities - subject to availability.

Our furnished 2 bedroom apartments are fully equipped with eating/cooking utensils, pots/pans, TV/DVD play and internet access. There is free parking and coin operated laundry facilities located on the premises. Linens including bedding, towels/face cloths, dish towels, etc. are NOT supplied. Absolutely no pets permitted and housekeeping services not provided. A calling card is required for long distance. All apartments for clinical clerks are double occupancy.
PRINCE EDWARD ISLAND

PEI Medical Education Program
Queen Elizabeth Hospital
60 Riverside Drive
Charlottetown, PE C1A 8T5

Verna McInnis, Interim contact
Office: (902) 894-2537
Fax: (902) 620-3896
vlmccinnis@ihis.org
www.healthpei.ca

PEI offers a list of accommodations that have been viewed for suitability and approved as appropriate places to stay. Unfortunately, we do not have access and are not equipped with dedicated housing. Islanders over the years have opened their homes to many visiting trainees. The PEI Medical Education Program currently has a listing of the Charlottetown, Summerside and Kensington areas. Medical Education can also provide information on areas like O’Leary and Montague. If trainees are unable to make suitable arrangements using the lists provided, the program will gladly aid in the search. As it stands the accommodation listing for PEI includes private homes with rooms to rent, B & Bs, hotels/motels, cottages and a few apartments.

Some suggested sites if choosing to search on your own are:

KENTVILLE, NS

Annapolis Valley Health
15 Chipman Drive
Kentville, NS B4N 3V7

Angie Davidson
Office: (902) 538-3424
Fax: (902) 538-3432
adavidson@avdha.nshealth.ca
www.avdha.nshealth.ca

In Fidelis House the kitchen and living room areas are yours to share with other guests. Application for accommodations must be received by Valley Regional Hospital at least one month prior to requested dates for accommodations. Confirmation of accommodations will be sent as soon as possible after receipt of application. To find out more information about Fidelis House, please check the website at http://www.nsnet.org/fidelishouse/index.html

See the application on the Annapolis Valley Website.

Please note: Part of the application for hospital privileges asks that you to provide a confirmation of your status in the program and proof of medical insurance coverage. The Med 3 Coordinator at the UGME office does these two parts of the application for each Dal student in advance. You DO need to complete their application but you do not need to repeat these two steps. Just make a note that the confirmation of status and proof of medical insurance was sent to Angie Davidson in Sept 2011.

TRURO, NS

Undergrad Program
207 Willow Street
Truro, NS B2N 5A1

Judy MacKay
Office: (902) 893-5530
Fax: (902) 893-7653
judy.mackay@cehha.nshealth.ca
www.cehha.nshealth.ca
The Colchester East Hants Health Authority provides co-ed, shared housing for medical students coming to the area on a first-come, first-serve basis. The apartment is in a residential neighborhood in Truro. It is a 2 bedroom, 1 bath basement apartment, with separate, outside entrance, located approximately a 5min drive (25min walk) to the Colchester Regional Hospital. It is fully furnished, with cable TV, high speed Internet, microwave, dishes, pots/pans, towels, bed linens, washer & dryer, etc., the only thing needed is food. The students are responsible for the day-to-day cleaning of the apartment with turnover cleaning provided. Each student has their own bedroom but must share the common areas (living room, bathroom, kitchen).

There is also a one-room/evening meal provided boarding arrangement available in a private residence if needed. This is in the home of one of our hospital staff.

Updated Aug 23, 2012

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**CAPE BRETON**

<table>
<thead>
<tr>
<th>Undergraduate Program</th>
<th>Kathleen Williams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1482 George Street</td>
<td>Office: (902) 567-7741</td>
</tr>
<tr>
<td>Sydney, NS B1P 1P3</td>
<td>Fax: (902) 567-7992</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:williamsk@cbdhanshealth.ca">williamsk@cbdhanshealth.ca</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.cbdha.nshealth.ca">www.cbdha.nshealth.ca</a></td>
</tr>
</tbody>
</table>

The Cape Breton District Health Authority provides co-ed, shared housing for medical students coming to the area on a **first-come, first-serve basis** @ $50/week. The apartment is in a residential neighborhood in Sydney. It is a modest 3 bedroom, 1 bath house located approx a 5min drive (25min walk) to the Cape Breton Regional Hospital. It is fully furnished, has a TV, DVD, Internet, microwave, coffee maker, dishes, pots/pans, towels, bed linens, washer & dryer, alarm clock, etc., the only thing needed is food and a calling card should long distance calls be made. The students are responsible for the day-to-day cleaning of the apartment. Each student has their own bedroom but must share the common areas (living room, bathroom, kitchen). Please keep in mind that all students are not based out of Sydney; some have placements in Glace Bay, New Waterford or North Sydney. These communities are all located within an approx. 25 minute drive from the apartment. For those students who are placed in one of our rural locations (Baddeck, Inverness, Cheticamp or Neil’s Harbour), I ask that they contact me for details on those accommodations. – Updated Aug 12, 2010
GUIDELINES FOR PROFESSIONAL DRESS

Adapted from CDHA Dress Standards CH 40-095

Employee, physician, students and patient safety is paramount and cannot be compromised by inappropriate or unsafe attire, accessories, footwear, facial hair, unsecured hair, personal product scents and odors.

Image

Patients have indicated via research/patient surveys that the appearance and identification of the care provider impacts the patients’ sense of confidence in the care. We want to reflect an image of professionalism and to inspire confidence in patients, visitors and others. It is essential that personal grooming (such as hair, nails and odors) and appearance (clothing and tattoos, body piercings) are appropriate or inconspicuous.

Hair

Style in such a way that it does not come into contact with the patient and does not obscure vision. If involved in direct patient care or performing medical tests, neatly tie back long hair. Keep beards and/or moustaches clean, well-trimmed and neat.

Jewelry & Body Art

Restrict the wearing of jewelry in patient care areas to small pieces (i.e. wedding bands, rings with no protruding edges, earrings and watches). Do not wear dangling necklaces, earrings, bracelets or any other jewelry that may impede patient care or safety of the employee.

Keep all body piercing objects tight to the body and ensure that such objects do not present any source of entanglements with moving objects. Ensure that all piercing are clean.

Cover any infection so that it is not visible or transferable and ensure precautions are taken to prevent transmission. {The prevention of transmission of infection is a concern with any broken skin (either from patient /environment to staff and vice versa)}.

Cover tattoos that would reasonably be considered offensive such as depicting violence, pornography, gang or racial messages.

Fingernails

Keep fingernails clean and trimmed. Do not wear artificial fingernails or nail enhancers if providing care or where there may be risk of infection or contamination.

Scents

Refrain from wearing personal products containing scents as they may cause headaches, nausea or respiratory distress for individuals who are compromised, ill or sensitive to the stimulus of scents or chemicals.
<table>
<thead>
<tr>
<th>Appropriate for Regular/Casual Wear</th>
<th>Inappropriate Wear</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PANTS</strong></td>
<td><strong>PANTS</strong></td>
</tr>
<tr>
<td>Business casual pants/slacks (e.g. khaki)</td>
<td>Sweat pants (both fleece and knit)</td>
</tr>
<tr>
<td>Dress pants</td>
<td>Overalls</td>
</tr>
<tr>
<td>Casual dresses/skirts</td>
<td>Shorts, skirts or dresses shorter than mid-thigh</td>
</tr>
<tr>
<td>Dress walking shorts/skorts</td>
<td>Cut-off shorts</td>
</tr>
<tr>
<td>Dark wash jeans in good repair for casual days (no patient interaction)</td>
<td>Spandex</td>
</tr>
<tr>
<td></td>
<td>Jeans or pants ripped/torn</td>
</tr>
<tr>
<td><strong>TOPS</strong></td>
<td><strong>TOPS</strong></td>
</tr>
<tr>
<td>Blouses</td>
<td>Sport tank tops</td>
</tr>
<tr>
<td>Sweaters</td>
<td>Transparent blouses and dresses</td>
</tr>
<tr>
<td>Turtlenecks</td>
<td>Low cut necklines</td>
</tr>
<tr>
<td>Shirts with collars (e.g. golf)</td>
<td>Strapless or halter tops without a covering (i.e. jacket or sweater worn at all times)</td>
</tr>
<tr>
<td>Button shirts</td>
<td>Spandex</td>
</tr>
<tr>
<td>Dress shirts</td>
<td>Any top that does not cover to pant, short or skirt top while providing care (i.e. reveals bare midriff)</td>
</tr>
<tr>
<td>Shirts without collar (this does not include T-shirts)</td>
<td>Muscle shirts, and/or shirts with monogrammed message (i.e. political, suggestive; offensive language, logos or images which promote alcohol, drugs, cigarettes, or violence)</td>
</tr>
<tr>
<td>Sweatshirts for casual days</td>
<td></td>
</tr>
<tr>
<td><strong>FOOTWEAR</strong></td>
<td><strong>FOOTWEAR</strong></td>
</tr>
<tr>
<td>Dress sandals may only be worn if there are no safety concerns</td>
<td>Flip flops</td>
</tr>
<tr>
<td>Loafers or deck shoes</td>
<td>Slippers</td>
</tr>
<tr>
<td>Dress shoes</td>
<td>Slippers, flip flops, or any footwear that may present a danger to health or safety (i.e. Crocs with a perforated covering)</td>
</tr>
<tr>
<td>Walking shoes</td>
<td><strong>MISCELLANEOUS</strong></td>
</tr>
<tr>
<td>High heels no higher than 2 1/4 inch</td>
<td>Baseball hats</td>
</tr>
<tr>
<td>Flats</td>
<td></td>
</tr>
</tbody>
</table>