MEDD 440: Senior Electives (24 Credits)

Purpose

The purpose of this syllabus is to provide students and their clinical teachers with an overview of the various clinical objectives of students 'daily clinical work during Senior Electives in Year 4. The overall Course Learning Outcomes are mapped to the UBC MDUP Exit Competencies, specifically the Enabling Competencies to Achieve Prior to Graduation, and form the basis of how the Program meets its Social Accountability Mandate, as articulated in the MDUP Mission Statement.

In addition to the MEDD 440 Course Learning Outcomes outlined below, students should review the specific clinical objectives that are required in preparation for their Summative Year 4 OSCE.

This syllabus also provides information pertaining to the delivery of MEDD 440 as well as links to the Year 4 Assessment Package, which outlines assessment process and requirements to pass MEDD 440.

Course Overview

This 24-credit course encompasses 6 months of the final year of medical school. Students will choose from available Electives that are 2 or 4 weeks in duration and are located either In Province, Out of Province (OOP) or Out of Country (OOC). They will ~~also~~ participate in all relevant clinical and academic activities associated with those Electives.

The overall goal of MEDD 440 is to provide students with core experiences across the breadth of medicine in disciplines and locations of their choosing through both clinical and academic learning opportunities. Students will interact with patients under the supervision of faculty members in order to develop a solid foundation of knowledge, skills, and abilities described by the UBC MDUP Exit Competencies. Clinical activities will occur in ambulatory, hospital-based, specialist clinics and rural and remote settings.

Variability in clinical exposure will draw on the strengths of each location. Research and non-clinical Electives will occur in the setting where they can best be completed and at the discretion of the supervisor.

A Research Elective is an opportunity to gain experience in Medical Research under the supervision of a Research Mentor and is meant to provide an opportunity for career exploration and development. In a Research Elective, there is no patient care involved. The Research Elective objectives align with the key exit competencies of the CANMEDS Scholar Role, specifically, competencies in teaching, discovery and integration of knowledge as a medical professional.

During MEDD 440, students will be given roles and responsibilities in keeping with the principle of graduated responsibility. Clinical rotations will include opportunities to perform admission history and physical examinations, create differential diagnoses, order and interpret investigations, initiate management and provide on-going care for patients as well as opportunities for scholarly pursuits. Students will participate in ward rounds, clinics, and night call where appropriate. Academic learning opportunities for students may, at the discretion of the Electives supervisor, include interactive seminars and patient-related small group sessions designed to address core topics and competencies in the

elective discipline. Students will also have the opportunity for asynchronous self-study using online materials. Foundational science principles are integrated into clinical and non-clinical (research) topics.

Furthermore, students in the MEDD 440 course may apply for Elective opportunities that are Out of Province (OOP) or Out of Country (OOC) as per the outlined UBC Elective rules.

Course Learning Outcomes and Competencies

MEDD 440 Course Learning Outcomes are organized by the UBC MDUP Exit Competencies. Some Course Learning Outcomes support multiple competencies, as listed below. By the end of this course, students will have achieved the following Learning Outcomes within the various CanMEDS competency domains.

1. Obtain a history adapted to the patient's clinical situation	
Medical Expert	1.a. Obtain consent from a patient or substitute decision-maker
	1.b. Identify the concerns and goals of patients and their circle of support for that specific encounter
	1.c. Gather a detailed or focused medical history, appropriate to the to the patient's context and situation
	1.d. Identify interpersonal and social factors that impact health
Collaborator	1.a. Demonstrate respectful and inclusive professional relationships across all environments
Communicator	1.a. Encourage the patient to reveal all their concerns by actively listening
	1.b. Elicit the patient's beliefs, concerns and expectations about their medical problem by actively listening
	1.c. Use verbal and non-verbal techniques to respond with empathy to the patient
	1.d. Demonstrate respectful communication that reflects sensitivity to race/ethnicity, age, socioeconomic status, gender, gender identity, sexual orientation, religion, spirituality, disabilities and other diversities in the patient's background
Professional	1.a. Deliver, within the limits of one's training, high quality care and maintenance of competence
	1.b. Treat ALL patients and colleagues with compassion and respect for their privacy, dignity, beliefs, values and human rights
	1.c. Apply current ethical and legal aspects of the consent and capacity process
2. Perform a physical examination adapted to the patient's clinical situation	
Medical Expert	2.a. Obtain consent from a patient or substitute decision-maker
	2.b. Conduct a detailed focused physical examination and/or a general physical examination adapted to the patient's clinical situation

	2.c. Demonstrate special (physical examination) tests to aid with the clinical diagnosis
Collaborator	1.a. Demonstrate respectful and inclusive professional relationships across all environments
Communicator	1.d. Demonstrate respectful communication that reflects sensitivity to race/ethnicity, age, socioeconomic status, gender, gender identity, sexual orientation, religion, spirituality, disabilities and other diversities in the patient's background
Professional	1.a. Deliver, within the limits of one's training, high quality care and maintenance of competence
	1.b. Treat ALL patients and colleagues with compassion and respect for their privacy, dignity, beliefs, values and human rights
	1.c. Apply current ethical and legal aspects of the consent and capacity process

3. Formulate and justify a prioritized differential diagnosis

Medical Expert	3.a. Generate a problem list
	3.b. Formulate a prioritized differential diagnosis for each problem, based on the clinical encounter and investigations done to date

4. Formulate an initial plan of investigation based on the diagnostic hypothesis

Medical Expert	3.c. Formulate an investigation plan based on the history and physical examination
Scholar	1.b. Identify, select, and navigate pre-appraised resources for given clinical scenarios

5. Interpret results of common diagnostic and screening tests

Medical Expert	3.d. Interpret the results of diagnostic laboratory tests and imaging based on the history and physical examination
	3.e. Describe more specialized investigations, the limitations of these diagnostic tests and implications of the results

6. Formulate and implement an appropriate care plan

Medical Expert	3.f. Integrate and apply knowledge of foundational disciplines and clinical topics together with clinical skills to diagnose common medical problems in patients
	4.a. Integrate and apply knowledge of foundational disciplines to co-construct management plans for common medical concerns
	4.b. Address psychological and social factors when assessing patients and developing investigation and care plans
	4.c. Establish a management plan with appropriate timelines and follow-up

	7.a.　Apply the concepts of health promotion and disease prevention including but not limited to healthy nutrition, anticipatory guidance and immunization
	7.b.　Consider and discuss occupational exposures and environmental health risks
	7.c.　Identify and apply screening tests appropriate at different life stages
	7.d.　Describe the evidence which supports the use of different disease prevention strategies
Communicator	2.a.　Appropriately adjust communication techniques to adapt to the socio-cultural expectations of the patient
	2.b.　Elicit the perspective of the patient, their circle of support and can incorporate these perspectives into the therapeutic plan

7. Present oral and written reports that document a clinical encounter

Collaborator	3.c.　Demonstrate comprehensive oral and written communication when seeking consultation that defines the reason for consultation, urgency of the request, and specific aspects that require consultation
	3.d.　Demonstrate comprehensive oral and written communication when providing consultation that outlines the reason for consultation, addresses the specific aspects that prompted consultation and describes next steps
	4.a.　Write a clear and accurate prescriptions for multiple medications (including those that are less commonly used)
	4.b.　Write (and enter into an electronic health record) admitting and other in-hospital orders
	4.c.　Perform an accurate and complete medication reconciliation
	4.d.　Request investigations or procedures, including all relevant and pertinent information
	5.a.　Perform structured verbal handover of care that includes all relevant information necessary for safe transition of care
	5.b.　Utilize standardized documentation tools and communication strategies for clear and timely exchange of patient information at care transitions
	5.c.　Participate in multi-disciplinary transitions of care
	5.d.　Demonstrate up-to-date record keeping of relevant transfer of care documents
Communicator	5.a.　Effectively organize the information using traditional schemata (e.g., SOAP)
	5.b.　Use language that is clear, accurate and appropriate for the intended reader
	5.c.　Convey clearly the clinical reasoning and rationale for care decisions
	5.d.　Use communication strategies that reflect patient centredness and inclusion

	5.e. Adhere to the policies governing secure communication media such as email, etc., set out by regulatory bodies
	5.f. As supported by their preceptor, disclose medical records to patient families, physicians or other health care providers and third parties involved in the patient's care only when necessary to provide care and only with the patient's consent or with appropriate legal authority
Professional	2.a. Maintain patient confidentiality at all times, collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and only within the patient's circle of care
	2.b. Avoid health care discussions, including in personal, public, or on social media, that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their circles of support or the general public
8. Recognize a patient requiring urgent or emergent care, seek help, and begin stabilization	
Medical Expert	5.a. Identify a patient who requires emergency care
	5.b. Identify potential underlying causes of a patient's deterioration
	5.c. Apply BCLS and ABCDE management as needed
	5.d. Initiate a "code blue" when required
	5.e. Effectively call for help as needed using a structured communication tool (e.g., ISBAR)
	5.f. Participate in the initial emergency care plan for a patient with common life-threatening conditions
	5.g. Demonstrate familiarity with emergency life-saving protocols (e.g., Advanced Cardiac Life Support (ACLS) and Acute Trauma Life Support (ATLS))
	5.h. With support from a preceptor, update patient's circle of support about the patient's condition
	5.i. Elicit goals of care as early as possible (and ideally prior to patient deterioration)
	6.a. Justify whether or not to perform a procedure, explain indications and contraindications and describe common complications
	6.b. Prepare a patient for a procedure including attention to patient safety and comfort
	6.c. Perform essential medical procedures (as defined in the Year 3 syllabus) in a supervised or simulated setting, re-evaluating as needed
	6.d. Following the procedure, monitor for complications intervening if complications occur and arrange for follow-up
Collaborator	3.a. Identify clinical situations that require expertise beyond one's own, and demonstrate the ability to recruit the appropriate colleague or health care team members to assist

	3.b. Prioritize the need for consultation in a manner cognizant of the quality of patient care, resource allocation and safe delivery of care
	3.c. Demonstrate comprehensive oral and written communication when seeking consultation that defines the reason for consultation, urgency of the request, and specific aspects that require consultation
	3.d. Demonstrate comprehensive oral and written communication when providing consultation that outlines the reason for consultation, addresses the specific aspects that prompted consultation and describes next steps
Professional	1.a. Deliver, within the limits of one's training, high quality care and maintenance of competence
	1.c. Apply current ethical and legal aspects of the consent and capacity process

9. Provide and receive the handover in transitions of care

Collaborator	1.a. Demonstrate respectful and inclusive professional relationships across all environments
	3.a. Identify clinical situations that require expertise beyond one's own, and demonstrate the ability to recruit the appropriate colleague or health care team members to assist
	3.b. Prioritize the need for consultation in a manner cognizant of the quality of patient care, resource allocation and safe delivery of care
	3.c. Demonstrate comprehensive oral and written communication when seeking consultation that defines the reason for consultation, urgency of the request, and specific aspects that require consultation
	3.d. Demonstrate comprehensive oral and written communication when providing consultation that outlines the reason for consultation, addresses the specific aspects that prompted consultation and describes next steps
	5.a. Perform structured verbal handover of care that includes all relevant information necessary for safe transition of care
	5.b. Utilize standardized documentation tools and communication strategies for clear and timely exchange of patient information at care transitions
	5.c. Participate in multi-disciplinary transitions of care
	5.d. Demonstrate up-to-date record keeping of relevant transfer of care documents
Communicator	5.a. Effectively organize the information using traditional schemata (e.g., SOAP)
	5.b. Use language that is clear, accurate and appropriate for the intended reader
	5.c. Convey clearly the clinical reasoning and rationale for care decisions

	5.d. Use communication strategies that reflect patient centredness and inclusion
10. Communicate care plan with patients and their caregivers in an empathetic manner	
Collaborator	1.a. Demonstrate respectful and inclusive professional relationships across all environments
	1.b. Promote an inclusive and respectful environment by actively inviting patients and others to participate in processes, activities and decision-making in order to address inequities in power and privilege
Communicator	1.a. Encourage the patient to reveal all their concerns by actively listening
	1.b. Elicit the patient's beliefs, concerns and expectations about their medical problem by actively listening
	1.c. Use verbal and non-verbal techniques to respond with empathy to the patient
	1.d. Demonstrate respectful communication that reflects sensitivity to race/ethnicity, age, socioeconomic status, gender, gender identity, sexual orientation, religion, spirituality, disabilities and other diversities in the patient's background
	2.a. Appropriately adjust communication techniques to adapt to the socio-cultural expectations of the patient
	2.b. Elicit the perspective of the patient, their circle of support and can incorporate these perspectives into the therapeutic plan
	2.c. Lead care conferences, soliciting shared decision making with alternate decision makers, and arranging for interpretive services
	3.a. Use language that is understood by the patient and their circle of support when summarizing information, clarifying information, or requesting patient feedback
	3.b. Check to ensure that the patient and their circle of support understand the information being presented
	3.c. Demonstrate a compassionate, holistic and nuanced approach during difficult conversations
	4.a. Anticipate how one's own and the patient's emotional states may impact the interaction
	4.b. Recognize that communication challenges may arise from emotions such as fear, anger and distress
	4.c. Respond to strong emotions with compassion, understanding and respect using a range of communication strategies to manage the flow of the clinical encounter
	4.d. Recognize and adhere to appropriate professional boundaries in emotional situations

Professional	1.a. Deliver, within the limits of one's training, high quality care and maintenance of competence
	1.b. Treat ALL patients and colleagues with compassion and respect for their privacy, dignity, beliefs, values and human rights
11. Communicate respectfully and collegially with all health care providers	
Collaborator	1.a. Demonstrate respectful and inclusive professional relationships across all environments
	1.b. Promote an inclusive and respectful environment by actively inviting patients and others to participate in processes, activities and decision-making in order to address inequities in power and privilege
	2.a. Promote mutual regard by acknowledging differences, clarifying misunderstandings, and managing conflicts
	2.b. Demonstrate different strategies to seeking help and advice in challenging situations of conflict in the clinical environment
	3.a. Identify clinical situations that require expertise beyond one's own, and demonstrate the ability to recruit the appropriate colleague or health care team members to assist
	3.b. Prioritize the need for consultation in a manner cognizant of the quality of patient care, resource allocation and safe delivery of care
	3.c. Demonstrate comprehensive oral and written communication when seeking consultation that defines the reason for consultation, urgency of the request, and specific aspects that require consultation
	3.d. Demonstrate comprehensive oral and written communication when providing consultation that outlines the reason for consultation, addresses the specific aspects that prompted consultation and describes next steps
	5.a. Perform structured verbal handover of care that includes all relevant information necessary for safe transition of care
	5.b. Utilize standardized documentation tools and communication strategies for clear and timely exchange of patient information at care transitions
	5.c. Participate in multi-disciplinary transitions of care
	5.d. Demonstrate up-to-date record keeping of relevant transfer of care documents
Communicator	5.a. Effectively organize the information using traditional schemata (e.g., SOAP)
	5.b. Use language that is clear, accurate and appropriate for the intended reader
	5.c. Convey clearly the clinical reasoning and rationale for care decisions
	5.d. Use communication strategies that reflect patient centredness and inclusion

	5.e.	Adhere to the policies governing secure communication media such as email, etc., set out by regulatory bodies
	5.f.	As supported by their preceptor, disclose medical records to patient families, physicians or other health care providers and third parties involved in the patient's care only when necessary to provide care and only with the patient's consent or with appropriate legal authority
Leader	1.a.	Demonstrate emotional intelligence in clinical teamwork
	1.b.	Identify the leadership styles and strengths of members of a clinical team
	1.c.	Apply one's personal leadership style appropriately in providing collaborative care
Professional	1.a.	Deliver, within the limits of one's training, high quality care and maintenance of competence
	1.b.	Treat ALL patients and colleagues with compassion and respect for their privacy, dignity, beliefs, values and human rights
	2.a.	Maintain patient confidentiality at all times, collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and only within the patient's circle of care
	2.b.	Avoid health care discussions, including in personal, public, or on social media, that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their circles of support or the general public
	2.c.	Recognize and manage privacy requirements within training and practice environments, taking steps when extracting data from the patient record to ensure it is kept secure
	2.d.	Strictly comply with privacy conditions of access

12. Participate in health quality improvement initiatives

Leader	3.a.	Demonstrate approaches to patient care that respects the principles of resource stewardship
	3.b.	Describe practical strategies to mitigate waste and/or overuse of healthcare resources
	3.c.	Rationalize investigations and treatments to mitigate patient harm
	4.a.	Regularly engage in and model safety habits (e.g., universal precautions, hand washing, donning and doffing personal protective equipment, team time-outs, medication reconciliation, surgical checklists)
	4.b.	Identify situations that may jeopardize patient safety
	4.c.	Demonstrate how to report a patient safety incident that occurs in a clinical setting in a constructive manner

Scholar *(continued)*	4.d. Seek help appropriately when patient or provider safety is at risk
	5.a. Describe physicians' accountability for system improvement and optimal patient outcomes
	5.b. Demonstrate involvement in adverse outcome detection, analysis and preventative measures
Scholar	1.a. For a given clinical scenario, formulate a well-structured question to guide the search for further information from the medical literature and other resources, using available frameworks such as PICO (population, intervention, comparison, outcome)
	1.c. Demonstrate cultural humility when partnering with patients and communities in health scholarship and community projects
	2.a. Adhere to responsible practices and ethical behaviors when contributing to or participating in health research
	2.b. Engage patients, communities and/or populations as partners in gathering and disseminating information

13. Demonstrate reliability and professionalism

Leader	2.a. Demonstrate a systematic (i.e., prioritizing) approach to learning and a time management strategy for clerkship
	2.b. Demonstrate punctuality in all settings (educational, administrative and clinical)
	2.c. Demonstrate adaptability in meeting clinical and administrative obligations
	2.d. Demonstrate short-, medium- and long-term learning goal setting and seek feedback and guidance on goal selection and attainment
Professional	1.a. Deliver, within the limits of one's training, high quality care and maintenance of competence
	1.b. Treat ALL patients and colleagues with compassion and respect for their privacy, dignity, beliefs, values and human rights
	1.c. Apply current ethical and legal aspects of the consent and capacity process
	1.d. Approach controversial ethical issues in a non-judgmental manner
	1.e. Provide preceptors with full and honest disclosure of medical errors or patient harm
	1.f. Demonstrate resilience and seek collegial support in learning from adverse events
	2.a. Maintain patient confidentiality at all times, collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and only within the patient's circle of care

	2.b. Avoid health care discussions, including in personal, public, or on social media, that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their circles of support or the general public
	2.c. Recognize and manage privacy requirements within training and practice environments, taking steps when extracting data from the patient record to ensure it is kept secure
	2.d. Strictly comply with privacy conditions of access
	3.a. Professional Standards of the UBC Faculty of Medicine
	3.b. UBC Faculty of Medicine Policies and Procedures
	3.c. Canadian Medical Association Code of Ethics and Professionalism
	3.d. College of Physicians and Surgeons of British Columbia Practice Standards and Professionalism Guidelines
	4.a. Identify and promote health and wellness services, and other resources, available to you and colleagues in need
	4.b. Seek help from qualified professionals for personal and professional problems that might adversely affect your health and your ability to engage in learning and patient care activities
	4.c. Collaborate in the cultivation of training and practice environments that provide physical and psychological safety and encourage help-seeking behaviours
	4.d. Seek mentorship to address professional development needs
	4.e. Report and manage witnessed or experienced mistreatment in the workplace
	5.a. Propose how one's responsibility will be expected to change from being a medical student to becoming a resident
	5.b. Demonstrate the consistent deployment of competencies across all relevant CanMEDS roles in the care of patients and populations
	5.c. Consider career options that will promote personal strengths and enhance well-being, while addressing the needs of society
Scholar	4.d. Report and manage mistreatment of others in the workplace
	4.e. Evaluate teachers and programs in an honest, fair, and constructive manner
14. Demonstrates capacity for self-assessment	
Leader	2.a. Demonstrate a systematic (i.e., prioritizing) approach to learning and a time management strategy for clerkship
	2.b. Demonstrate punctuality in all settings (educational, administrative and clinical)
	2.c. Demonstrate adaptability in meeting clinical and administrative obligations

	2.d. Demonstrate short-, medium- and long-term learning goal setting and seek feedback and guidance on goal selection and attainment
Scholar	3.a. Use reflective tools (e.g., journals, logbook or e-portfolio) to identify learning opportunities
	3.b. Use assessment results and feedback from patients, teachers and peers to enhance self-assessment and improve learning
	3.c. Identify and prioritize, with guidance, personal learning goals

15. Educate patients on disease management, health promotion, and preventative medicine

Medical Expert	7.a. Apply the concepts of health promotion and disease prevention including but not limited to healthy nutrition, anticipatory guidance and immunization
	7.b. Consider and discuss occupational exposures and environmental health risks
	7.c. Identify and apply screening tests appropriate at different life stages
	7.d. Describe the evidence which supports the use of different disease prevention strategies
Health Advocate	1.a. Apply principles of the Canada Health Act in practice
	1.b. Support a patient in accessing health services and resources that align with their health goals
	1.c. Participate in practices that promote equitable access to care
	2.a. Support patients to achieve their health goals, leveraging strengths, supports and resources, recognizing when behavior change is not a patient goal
	2.b. Work with patients and others to mitigate the negative health effects of current and historic structural and systemic factors
	2.c. Promote and engage in anti-racist and anti-oppressive practices
	3.a. Work with others to actively advance relevant recommendations of the Truth and Reconciliation of Canada Calls to Action
	3.b. Apply principles of the Canadian Charter of Rights and Freedoms, the BC Human Rights Code and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in practice
	3.c. Participate in activities that improve the health of a community or population by addressing underlying social, structural, systemic, economic and political factors that affect health
	4.a. Describe how health trends, major world events impacting health and key health system issues may exacerbate health inequities

	4.b. Identify public policies that are affecting health and contribute to health inequity for a patient
Scholar	4.c. Facilitate learning of patients and their circle of support
16. Demonstrate use of learning materials, preparation and knowledge base	
Medical Expert	3.f. Integrate and apply knowledge of foundational disciplines and clinical topics together with clinical skills to diagnose common medical problems in patients
	7.d. Describe the evidence which supports the use of different disease prevention strategies
Professional	1.a. Deliver, within the limits of one's training, high quality care and maintenance of competence
Scholar	1.a. For a given clinical scenario, formulate a well-structured question to guide the search for further information from the medical literature and other resources, using available frameworks such as PICO (population, intervention, comparison, outcome)
	1.b. Identify, select, and navigate pre-appraised resources for given clinical scenarios
	3.a. Use reflective tools (e.g., journals, logbook or e-portfolio) to identify learning opportunities
	4.a. Contribute to a positive atmosphere in clinical learning settings
	4.b. Facilitate learning of peers and faculty the findings of scholarly studies and their application to clinical issues

Course Format

During the course of MEDD 440, students will have variable schedules, which may include evening, overnight, weekend and holiday call, providing them with clinical experiences in a variety of health care delivery contexts including hospitals and primary care offices. For details on the requirements of scheduling students in clinical activities, including on-call, please refer to the Policy 010: Scheduling Medical Students in Required Clinical Learning Experiences.

Each 2 or 4-week Elective experience is based on the schedule provided by the respective Elective Owner or Home Site Elective Administrator and will be provided to the student in advance of the Elective start date. Contact information can be found on Entrada under the MEDD 440 community page.

Course Requirements

The requirements for this course are successful completion of Year 3, and enrolment in Year 4 of the UBC Faculty of Medicine MDUP.

In order to complete the required learning outcomes for this course, students will be required to travel to various hospitals, clinics, and rural clinical locations.

Attendance Policy and Absence Procedure

Please refer to [Entrada.](#)

Course Schedule

2024					2025		

Date Range	Course
27 May to 07 July, 2024	Summer Vacation (6 wks)
08/Jul/24 to 14/Jul/24; 15/Jul/24 to 21/Jul/24; 22/Jul/24 to 28/Jul/24; 29/Jul/24 to 04/Aug/24	MEDD 440 Elective (4 wks)
05/Aug/24 to 11/Aug/24; 12/Aug/24 to 18/Aug/24; 19/Aug/24 to 25/Aug/24; 26/Aug/24 to 01/Sep/24	MEDD 440 Elective (4 wks)
02/Sep/24 to 08/Sep/24; 09/Sep/24 to 15/Sep/24; 16/Sep/24 to 22/Sep/24; 23/Sep/24 to 29/Sep/24	MEDD 440 Elective (4 wks)
30/Sep/24 to 06/Oct/24; 07/Oct/24 to 13/Oct/24; 14/Oct/24 to 20/Oct/24; 21/Oct/24 to 27/Oct/24	MEDD 440 Elective (4 wks)
28/Oct/24 to 03/Nov/24; 04/Nov/24 to 10/Nov/24; 11/Nov/24 to 17/Nov/24; 18/Nov/24 to 24/Nov/24	MEDD 440 Elective (4 wks)
25/Nov/24 to 01/Dec/24; 02/Dec/24 to 08/Dec/24; 09/Dec/24 to 15/Dec/24; 16/Dec/24 to 22/Dec/24	MEDD 449 FLEX (4 wks)
23/Dec/24 to 29/Dec/24; 30/Dec/24 to 05/Jan/25	Winter Vacation (2 wks)
06/Jan/25 to 12/Jan/25; 13/Jan/25 to 19/Jan/25	MEDD 448 TIPP 1 (2 wks)
20/Jan/25 to 26/Jan/25; 27/Jan/25 to 02/Feb/25; 03/Feb/25 to 09/Feb/25	CaRMs Interviews (3 wks)
10/Feb/25 to 16/Feb/25; 17/Feb/25 to 23/Feb/25; 24/Feb/25 to 02/Mar/25	MEDD 448 TIPP 2 (3 wks)
03/Mar/25 to 09/Mar/25; 10/Mar/25 to 16/Mar/25; 17/Mar/25 to 23/Mar/25; 24/Mar/25 to 30/Mar/25	MEDD 440 Elective (4 wks)
31/Mar/25 to 06/Apr/25; 07/Apr/25 to 13/Apr/25; 14/Apr/25 to 20/Apr/25; 21/Apr/25 to 27/Apr/25	MEDD 448 TIPP 3 (4 wks)

Match Day: Tuesday March 04, 2025
Second Iteration Match Day: Thursday April 17, 2025

Elective Rules:

1) No more than **8** weeks in any one CaRMs entry position*
2) **4** weeks must be in specialties providing definitive care to the undifferentiated patient. Please refer to "Patient Care" field in the One45 Elective Rotation Information page. In general, the acceptable disciplines are:
    · Family Medicine
    · Emergency Medicine
    · General Pediatrics & Pediatric Emergency Medicine
    · Geriatric Medicine
    · General Internal Medicine
3) Minimum **12**/24 weeks of electives take place at UBC, maximum **8**/24 weeks taken Out of Country
4) Maximum of **8** two-week rotations (total of 16 weeks)
5) No repeat Electives at the same site

An additional 8 weeks underlined combined is permitted in R3 subspecialties (i.e. Peds & IM subspecialties which are part of the Medicine Subspecialty Match or Pediatric Subspecialty Match). Please refer to "8-week rule" field in the One45 Elective Rotation Information page to determine what discipline the Elective maps to. See also the AFMC Electives Cheat Sheet on Entrada for your reference.

Elective Cancellation Deadlines:

Elective Period C2025	Elective Start Date	Cancellation Date	Elective Start Date	Cancellation Date
Elective 1: Jul 8 – Aug 4, 2024	8-Jul	26-May	22-Jul	9-Jun

Elective 2: Aug 5 – Sep 1, 2024	5-Aug	23-Jun	19-Aug	7-Jul
Elective 3: Sep 2 - Sept 29, 2024	2-Sep	21-Jul	16-Sep	4-Aug
Elective 4: Sept 30 - Oct 27, 2024	30-Sep	18-Aug	14-Oct	1-Sep
Elective 5: Oct 28 - Nov 24, 2024	28-Oct	15-Sep	11-Nov	29-Sep
Elective 6: Mar 3 - 30, 2025	3-Mar	19-Jan	17-Mar	2-Feb

Assessment, Evaluation and Grading

Please refer to Entrada for the Year 4 Assessment Package.

Required and Recommended Readings

A list of any required and/or recommended reading course materials are based on the Elective experience and will be provided by the Elective Owner as appropriate and will be available here: https://courses.library.ubc.ca/

Academic Integrity

The academic enterprise is founded on honesty, civility, and integrity. As members of this enterprise, all students are expected to know, understand, and follow the codes of conduct regarding academic integrity. At the most basic level, this means submitting only original work done by you and acknowledging all sources of information or ideas and attributing them to others as required. This also means you will not cheat, copy, or mislead others about what is your work. Violations of academic integrity (i.e., misconduct) lead to the breakdown of the academic enterprise, and therefore serious consequences arise and harsh sanctions are imposed. Careful records are kept in order to monitor and prevent recurrences. A more detailed description of academic integrity, including the University's policies and procedures, may be found in the UBC Academic Calendar.