As the incoming medical class, you are entering into some of the most memorable years of your life. For the next four years you will be surrounded by your U of A family during your journey to master the art and science of medicine. This is a very exciting time for you as the hurdle of admission is no longer in your way – enjoy it! There is a long but wholly enjoyable road ahead, full of learning and excitement.

This guide was written with the intent of answering many of the questions you may have as you start med school (as well as later into your education). In this guide you will find information about where you can go for help if you are running into academic difficulty, what events your fellow students run during the year, what CaRMS is, extracurricular opportunities at U of A med, as well as descriptions of the curriculum - blocks and rotations - for all four years of medical school. At the end of the guide is a list of contacts for the MSA Council, the 2018 Class Council, MSA club leaders, and the UME Office.

We hope this guide comes in handy whenever you have a question about the who, what, why and how of med school here at U of A (you’ll get the ‘where and when’ during the school year!).

Cheers, congrats, and welcome again!

Savita Rani and Jaskiran Sandha
Senior MSA Communication Officers, Survival Guide editors
AKNOWLEDGEMENTS
The editors would like to extend a sincere thank you to all those who have helped us edit and compile this year’s guide - faculty curriculum coordinators, members of the MSA, UME staff, university staff, and students. Special thanks go out to Dr. Andrea Davila-Cervantes for reviewing the entirety of this guide. The making of this guide has been a true team effort and is a reflection of the close-knit, supportive community we have here at the U of A Faculty of Medicine and Dentistry. Thank you again to everyone who was involved.

EDITORS’ NOTE
The editors have made every effort to ensure that the contents of this guide are as up-to-date and clear as possible. However, if you are unsure of anything discussed in the survival guide, please ask any upper year student, faculty member and/or UME staff for more clarity and definitive information!
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professionalism

“Doing the right thing when no one is watching.”

PRACTICAL PROFESSIONALISM FOR MEDICAL STUDENTS

Congratulations on getting into Medicine at the U of A! Acceptance into medical school comes with acceptance into a professional program. You now represent the medical profession and your words and actions can carry a lot of weight. Medical students are expected to conduct themselves professionally, but what is professionalism anyway? There are many definitions of professionalism, but simply stated it means striving to uphold the tenets of the medical profession (respect, compassion, trustworthiness, justice, altruism, etc.) by being mindful of our words and actions. We encourage you to approach professionalism as a mindset rather than a set of rules to obey. We can demonstrate professionalism just by treating each other with respect and by being aware of how our behavior may be interpreted by others.

Many of the ideas and concepts of professionalism are common sense; however, it is not uncommon for students to run into trouble when it comes to putting these concepts into practice. Although some professionalism-related situations are black and white, many are grey. A valuable part of our education involves learning how to navigate through ambiguity. To help with this transition, we have provided some basic guidelines below.

CLASSROOM BEHAVIOUR

We are very fortunate to have excellent instructors in our Faculty who give their time freely to ensure the high quality of our medical education. We are also fortunate to have a lecture space with advanced technologies. It is important that we demonstrate the utmost respect to our lecturers, colleagues and lecture space by:

• Arriving to class on time and prepared for lecture and mandatory sessions.
• Turning off the volume on our phones and other electronic devices.
• Stopping all conversations immediately when the instructor begins
lecture.

- Being tidy and disposing of our garbage appropriately.
- Sign into mandatory sessions only for yourself and not others.

**FEEDBACK FOR INSTRUCTORS**
Throughout the year, students have regular opportunities to provide online feedback for all instructors. These evaluations are not edited or filtered; the raw comments are provided directly to the instructors to help improve their teaching and our learning. The faculty takes our feedback very seriously and adapts the curriculum accordingly. Please make an effort to complete these evaluations and please keep your comments constructive, helpful, and respectful.

**CLUBS/ACTIVITIES**
We have a very diverse collection of clubs within our faculty and a variety of representatives who coordinate and organize events for students. A great deal of time and effort goes into planning these events and students should only sign up if they are serious about attending. If circumstances change and you can no longer attend, please notify the representatives/leaders at least 24 hours in advance or as soon as possible so they can allow others on the waiting list to attend.

**ANATOMY LAB**
Starting in January, first year students will have the opportunity to work with cadavers in the Anatomy Lab. These cadavers are the students’ first patients and must be treated with the same respect that all patients are due. Inappropriate comments in or outside the lab are not tolerated. Out of respect for the people who have donated their bodies and for their families, please do not make any cadaver-related comments on social media (even positive ones, there are other ways we can show our appreciation).

**SOCIAL MEDIA**
Navigating the ins and outs of social media can be challenging as a medical student. It’s always a good idea to take a second before posting to consider how a post may be interpreted, especially if strong emotions are being experienced at the time. Social media should always be considered a public forum, regardless of privacy settings. It is never acceptable to compromise
It can be very challenging to keep your personal and professional lives completely separate on social media. As a student member of the medical profession, what we share online is often seen as a reflection of our profession, even if it is done on personal time. This does not mean that we can no longer enjoy the world of social media, or that we need to obsessively guard our online profiles. Instead, be aware of what information you share, how your information is shared, and how it might impact others.

**PATIENT CONTACT**

Students are expected to be well groomed and dressed appropriately when interacting with patients (real or standardized), either through shadowing, Physicianship sessions, or clinical skills sessions.

- Overly short skirts/dresses, revealing tops, tops with potentially offensive images/words should not be worn (may want to familiarize yourself with UME dress code).
- Appropriate footwear (closed toed shoes, easy to walk in) should be worn.
- Heavily scented body products (perfume/cologne, strong lotions etc.) should be avoided as a courtesy to those with scent sensitivities; these can be our patients and our colleagues.
- Students are expected to behave professionally at all times. No comments or jokes regarding sex/religion/race or topics that may be inappropriate or offensive should be made.

**SPONSORS/REPRESENTATIVES**

Medical students will have many opportunities to meet with representatives of various professional and financial organizations. These groups frequently host free sessions at lunch or provide complementary items at career fairs, AMSCAR and orientation week events. Students who choose to attend or speak with the representatives should do so with the utmost respect and not help themselves to free items or free food without participating fully.
WHOM TO APPROACH
Concerns or questions about professionalism can be brought to the attention of the class Professionalism Representatives, who will address all concerns with discretion and confidentiality. Alternatively, students may also approach their Class Representative, the Director of Professionalism for UME, or the Learner Advocacy and Wellness office.

IF AN UNPROFESSIONAL EVENT OCCURS, WHAT SHOULD YOU DO?
Try the following options.

Option 1: Talk to the individual about what you saw
Are you comfortable talking to this person? If you are, this is the most conservative way to resolve a professionalism issue. It keeps the issue between the two of you without the risk of any repercussions towards the individual. A lot of the time, we don’t realize that some of our actions can be perceived as unprofessional, so it’s helpful for one of our classmates to just talk to us about it.

Option 2: Talk to one of the Professionalism Reps
If you’re not sure what to do or are not comfortable approaching the individual, coming to your professionalism Reps is a great solution. We can:
1. Give you advice on how to resolve what you saw (ie. go to the LAW office, push the Red Button etc.)
2. Talk to the individual for you (while preserving your anonymity) or
3. Do nothing. If you come to us with an issue and after talking it through, you don’t want to do anything, then that’s fine with us. You are the one to decide whether action should be taken.

Option 3: Contact the Director of Professionalism for UME
The UME office has a specific person responsible for addressing professionalism lapses of students. The Director of Professionalism, Dr. Sita Gourishankar, is more than willing to meet with your in person and discuss the situation with you and provide guidance on how best to approach/resolve the situation. It is the responsibility of this individual to address the issues so the UME would prefer professionalism concerns about students be brought to the Director of Professionalism.
Option 4: Go to the LAW office
The LAW office is a great resource for professionalism lapses. This option, like the above, have no repercussions for the individual and their medical student file. One of the LAW staff will talk you through what your options are for the event that you saw and with your approval they may bring the student in to talk to (you will stay anonymous of course). This is a great solution for the student being unprofessional because the LAW staff can talk to the individual and find out why the event occurred and hopefully stop it from occurring again. Anything discussed at the LAW office is confidential.

Option 5: Go the the UME or push the Red Button
If none of the above options solved the incident or seemed appropriate to you, the next step is to press the Red Button. Note, however, that in the majority of cases the issue will be rerouted back to the Director of Professionalism in UME to address. Think the situation through. Does the event that occured need to be taken to the curriculum level? Realize that the individual will likely have the event recorded on their file. Think about if you were in the same situation as this individual, would you want the Red Button pushed on you or would you rather the situation be resolved in a less threatening way? A quick summary of this option is that you should stay away from it as much as you can when the incident concerns internal issues. Please note: if you get red buttoned you will know about it so there is no use worrying about you having issues on your file and not knowing about them.

CODE OF VALUES
In our journey to become successful practitioners, the students of the Faculty of Medicine & Dentistry have constructed this code of values, expectations and conduct to reflect the ideals that are integral to professionalism. The Faculty has endorsed this document, which is consistent with The
Faculty of Medicine & Dentistry Code of Conduct, and in turn, expects us as students, to commit to the code cited herein.

Honesty

- I will maintain the highest standards of academic honesty.
- I will neither give nor receive aid in examinations, unless such cooperation is expressly permitted by the instructor.
- I will be truthful with patients and not misrepresent my qualifications.
- I will record accurately all historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will conduct research in an ethical and unbiased manner; report results truthfully, and credit ideas developed and work done by others.

Confidentiality

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussions of patients to members of the health care team in appropriate settings.
- I will respect the privacy of my patients.
- I will uphold patient confidentiality in all communications, whether verbal, written, or electronic.

Respect for Others

- I will treat my patients and their families with respect and dignity both in their presence and in discussions with other members of the health care team.
- I will respect patient decisions and autonomy at all times. When a patient lacks the capacity to make treatment decisions I will consult with the appropriate family members or guardians.
- I will not discriminate on the basis of age, gender, medical condition, national or ethnic origin, appearance, physical or mental disability, political affiliation, race, religion, sexual orientation, family status, or socioeconomic status.
- I will uphold a classroom atmosphere conducive to learning.
- I will treat my teachers and colleagues and others with whom I interact with respect, privacy and dignity.
- I will respect the personal boundaries of others, including, but not limited to, refraining from making unwanted romantic or sexual overtures.
or physical contacts.

Responsibility

- I will constantly strive to have appropriate knowledge to serve and deliver competent patient care.
- I will set patient care as the highest priority in the clinical setting.
- I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation.
- I will abstain from the unfair exploitation of relationships with patients, colleagues, learners, or their families for emotional, financial, research, or educational purposes.
- I will conduct myself professionally in health care settings regarding my demeanor, use of language, and appearance.
- I will recognize that my statements and behavior in private and public forums, including electronic and via social media, reflect upon not only myself but my colleagues, this institution and the profession as a whole.
- I will not use alcohol or drugs in any way that could interfere with my academic, professional and clinical responsibilities.
- I will report professional and scientific misconduct and unskilled practice to the appropriate authorities or through established procedures, respecting the need to avoid impugning the reputation of other members of the healthcare and/or research team.
- I will decline to perform procedures which I feel are outside my area of competence or inconsistent with my personal beliefs.
learner advocacy and wellness

WHAT IS LEARNER ADVOCACY & WELLNESS (LAW)?
The Office of Learner Advocacy and Wellness (LAW) looks after issues pertaining to learner health, well-being and advocacy. Learner health and well-being encompasses all areas of physical and mental health. We provide counselling on both academic and personal matters and help provide accommodation for learners with special circumstances. Our aim is to ensure that undergraduate learners are not distracted by health or personal matters and are able to perform to the best of their abilities.

Learner advocacy ensures that the best interests of all learners are represented in Faculty and University considerations. This includes both advocating for students and residents and making sure that they are represented on all major policy committees.

WHEN SHOULD I CONTACT LEARNER ADVOCACY & WELLNESS?
The easy answer is any time you are having ANY kind of problem that you feel is interfering with your studies. Learners encounter a wide range of problems. These can include physical illness, personal or family crises, depression and anxiety, trouble with a partner, substance abuse, legal trouble, as well as many others. It is our job to help you deal with these types of problems. If we cannot help you, we will refer you to someone who can.

When deciding if you want to contact someone in LAW, remember that there is no problem too small or insignificant. If it is bothering you, we are here to listen. Many issues, if left unattended, grow into bigger and more disruptive problems. It is very common for us to hear, “I didn’t think it was a big deal,” or, “I thought I could deal with it,” or, “I was embarrassed to come to you” when someone is in serious academic trouble. Come to us before problems get out of hand!
It is important to note that LAW is “arms-length” from the academic offices. We do not share information with those making academic decisions on grades, promotions, etc. without your permission. Anyone facing academic difficulties should contact the Learner Advocacy and Wellness office for additional advice, support, and academic performance resources (e.g. multiple choice test taking skills, impromptu communication skills - useful for rounds in clerkship/OSCE performance, etc).

**WHERE IS LEARNER ADVOCACY & WELLNESS?**

Our office located at 1-134 Katz Group Centre for Pharmacy & Health Research. Please feel free to stop by, email or call to make an appointment, and checkout our website: [www.law.med.ualberta.ca](http://www.law.med.ualberta.ca)

Dr. Melanie Lewis  
Associate Dean, LAW  
Phone: 780-492-3092  
Email: ML5@ualberta.ca

Dr. Beverly Wilson  
Assistant Dean, Student Affairs, LAW  
Phone: 780-492-3092  
Email: bawilson@ualberta.ca

Ms. Marj Thomson  
Executive Secretary, LAW  
Phone: 780-492-3092  
Email: marj.thomson@ualberta.ca

Ms. Jaleh Shahin  
Psychologist, LAW  
Referral Required

Ms. Michelle Phillips  
Administrative Assistant, LAW  
Phone: 780-492-3150  
Email: michelle.phillips@ualberta.ca
MENTAL HEALTH

Although medical school is fun, exciting, and professionally rewarding, it also poses its own challenges. There are several reasons why students can become stressed while in medical school. First of all, your path to medical school dictated that you have to be the top of the class, however, that applied to all of your peers as well. Many medical students find themselves around average and that is perfectly okay (fun fact: 50% of the class will be below class average)! You are now learning information to help your future patients, not just to do well on tests. So if you are struggling in a subject, you may need to seek some help or put in extra work, but don’t sweat the numbers. Other potential problems students encounter are the long hours spent in class and on the wards, as well as the heavy course volume. You can become sleep deprived, which makes it harder to deal with any other stresses. Also, the financial pressures of spending another 4 years in school can become difficult for some students.

The reason we are pointing out all of these common problems is to illustrate just that: these problems are COMMON. Never feel like you are alone in your worries, it has been shown time and time again the majority of worries faced by medical students are shared with their peers. The best we can do for ourselves is to talk about it to someone; whether it be your advisor, a classmate, an upper year, or anyone from the Faculty of Medicine & Dentistry’s Office of Learner Advocacy & Wellness (see the Learner Advocacy & Wellness section of this guide for their office and website information). Also, medical students as a group tend to be more Type-A, anxious people, which is part of the reason they get accepted, but this can also put their mental health at risk. Many medical students will at some point struggle with anxiety or depression. Again, you are not alone. Whether you are extremely anxious or just want to talk about some of your day-to-day stresses, there are resources available to you. We are fortunate enough to have access to the LAW office. Some of their resources include optional support group sessions, optional sessions with student advisors who you can contact independently, as well as mandatory one-on-one student advisor appointments
in year 1. The LAW office also has a psychologist on staff who you can be referred to by Dr. Lewis or Dr. Wilson.

You may also access student-based well-being resources through the MSA or your Class Council. For example: the Medical Students for Mental Health Awareness Club, the MSA Well-Being Representative, or your Class Council Health & Wellness representatives. The point is this: know that there are support structures in place, and that you are encouraged to access them whenever you feel the need.

HEALTH & WELLNESS REPRESENTATIVES AND EVENTS

You will be electing your class’ Health and Wellness Representatives near the start of the school year to voice your ideas on what we can do as a class to assure everyone stays well—physically and mentally. Initiatives that have been brought forth in the last academic year included: Balance Night, Medical Student Cookbook, Top Condition Mission, various physical activity sessions, financial advice talks, and more!

Here is a brief description of each event:

- **Balance Night (Autumn):** A night of relaxation and de-stressing. There will be speakers providing their perspective on dealing with stress and finding “balance” in life. Dinner will be provided, music and prizes are an added bonus, and small group sessions to relax and hang out with friends!
- **Medical Student Cookbook (End of Winter Semester):** Submit your recipes to us so that we can add on to the cookbook we have compiled over the years. This is a great opportunity to share your ideas and everyone wins.
- **Top Condition Mission (Beginning of Winter Semester):** Reach your New Year’s resolution goals with some friendly competition! You earn points for doing healthy activities over a month which is tracked by a spreadsheet system. People who earn the points win prizes along with random draws for participation prizes!
- **Physical Activity Sessions (throughout the academic year):** From kickboxing to spin classes, we try to add some variety to your physical health.
• **Financial Talks (February):** Financial February is a month to help you understand how to budget during medical school along with in your future practice. You can also get your taxes filed for free.

There are many other great events so watch for emails from hlthwell@ualberta.ca! Feel free to contact your Senior Health and Wellness Representatives, Brandon Lieu and Meagan McLavish, for more info.

**PHYSICAL WELLNESS**

*University Health Centre (student walk in clinic)*
Phone: 780-492-2612  
General questions: uwell@ualberta.ca  
Located in Students’ Union Building (SUB)

*University Health Centre pharmacy*
Phone: 780-492-2634  
Open 9-5, Monday-Friday (also does immunizations if you have an Alberta health care card)  
Located in SUB

**Other pharmacy locations**
- Rexall in the Stollery Hospital, Medicine Shoppe in College Plaza: 8215 - 112 Street  
- Jasper Ave Medical Clinic: 11464 Jasper AVE NW, Edmonton, AB T5K 0M1 (downtown) | Phone: (780) 756-9212 | Accepts walk ins

**Lab Testing**
- DynaLIFE College Plaza: 303, 8215 - 112 Street, Edmonton, AB, T6G 2C8 | Phone: (780) 433-7562

**UALBERTA RECREATION FACILITIES**
- Van Vliet Complex: ice arena, main gym (basketball, volleyball, and badminton courts), 2 indoor pools, dance studio, squash and racquetball courts  
- Universiade Pavilion: 6-lane 200m indoor track, indoor soccer/field hockey, wrestling room, basketball/volleyball/tennis/badminton courts, climbing wall
PAW (Physical Activity and Wellness) Centre - two-story climbing wall, fitness centre (weights and cardio machines)

Varsity Field - multi-purpose green space with walking/running path located on the West side of the Van Vliet Centre

South campus facilities: Foote Field (Multi-use sport training and competition facility for track and field, field hockey, football and soccer) and The Saville Centre – 780-492-1000 (curling, fitness centre, indoor track, gymnastics, sports courts)

PLACES TO EAT

Students’ Union Building – University of Alberta
Includes: Subway, Marcos Famous, Edo, Daily Grind, and more

HUB – University of Alberta
http://www.asinfo.ualberta.ca/RealEstateServices/HUBMall/HUBMall-Directory.aspx
Includes: Edo, Korean Restaurant, La Pasta Trattoria, New York Fries and more

Around Campus:
Includes: Sugar Bowl, High Level Diner and more

FOOD & NUTRITION

Nutrition consultations are available at the University Health Centre: 780-492-2612. Consultations are available by appointment only and can be made in person or by phone. Appointments are available between 9:00 AM and 2:30 PM on Fridays. Appointments take approximately one hour.

Grocery stores near campus:
- Old Strathcona Farmer’s Market: 10310 83 Ave NW – every Saturday from 8:00AM-3:00PM
- Sobeys: 8225-112 Street
- Safeway: 109 Street and Whyte Avenue
- No Frills: 10467 80th Ave NW
celebrate with ceremonies!

PROFESSIONAL STANDARDS FOR STUDENTS CEREMONY
At this mandatory ceremony, all first year Medical students, along with first year students in Dentistry, Dental Hygiene, Medical Laboratory Science and Radiation Therapy, will recite the Professional Standards for Students. These standards outline the behaviour expected of students who are entering the healing professions. Parents and/or significant others are invited to come and watch as you belt out these standards with the harmony and precision of an operatic soprano. Afterwards, you will sign a copy of this document, and with that, you’ve come one step further into the world of medical professionals. Yay!

WHITE COAT CEREMONY
Like the Professional Standards Ceremony, the White Coat ceremony is also mandatory for all first-year medical students. The Faculty leaders will present you with the long-awaited clinical jacket that you will carry with you all the way into clerkship. The presentation of the coats will be followed by the recitation of the Student Pledge and a reception. Again, you’ll definitely want to invite your folks and/or significant others as you get on that doctor swag!
ICE BOWL 2015

The Ice Bowl is one of the first of many events that make the medical school student experience unique and memorable. The Ice Bowl brings students from medical schools across western Canada together for a weekend long ice hockey tournament, including two evenings of social events. This year’s festivities will take place on the weekend of September 25-27, 2015 in beautiful (?) Saskatoon, Saskatchewan. Because of its early timing in the school year, students of all years are able to attend before increased workloads and stress can prevent involvement. Additionally, the inclusion of members from all four classes (2019s, Irrad18tors, Lobotom17ers, R16crackers) provides a great opportunity to establish relationships with students in upper years as well as your own classmates. Even if you don’t play hockey, Ice Bowl is still a great time to enjoy some awesome social events while showing U of A pride.

Ice Bowl has 3 divisions of play each year: competitive, non-competitive, and women’s. Our competitive team has won the previous 5 tournaments and are looking primed to make it 6 in the fall. While we take pride in winning the competitive division, this year we are setting our sights on the goal of winning all three divisions, establishing our school as the dominant hockey power of western Canada (medical schools). Whether you cheer for the Oilers, Flames, or Canucks, or couldn’t care less about being a hockey fan, Ice Bowl is a great opportunity to unite in support of University of Alberta and your new med family. For more info, contact Mack Jacobson and John Stimson, MSA Sports Representatives.

MSA SKI TRIP

As the year continues, the fun keeps coming with the MSA Ski Trip, this year in Fernie from January 22-24, 2016. The event is always an amazing time, giving skiers and snowboarders of all skill levels the chance to carve up the slopes of the Rocky Mountains. The trip is very popular, thus tickets are usually a hot commodity and sell out quickly. If you are interested, keep your eyes peeled for the registration email sent out by the MSA Sports Rep-
resentatives to get your hands on some tickets and join in with your class on the slopes!

**ALBERTA MEDICAL STUDENTS’ CONFERENCE AND RETREAT (AMSCAR)**

The Alberta Medical Students’ Conference and Retreat (AMSCAR) is a well-attended and unique three-day event for medical students across Alberta, developed to promote the health and wellness of medical students. On January 29-31st 2016, the annual tradition will continue as U of A and U of C medical students will head to Banff for an amazing weekend filled with learning, professional development, fun activities and festivities! Upon arrival, the energy at AMSCAR is incredible, as students take full advantage of the welcome reception and celebrations to catch up with each other, and also begin meeting students from the U of C. Saturday is filled with a diverse range of conference sessions for students, including yoga, financial management, clinical skills, arts & crafts, fitness sessions, professionalism & ethics, wilderness medicine, and many more! Throughout the rest of the weekend, students will experience the best Banff has to offer by hitting the slopes, visiting the hot springs, exploring the town and celebrating at the local bars!

The event is heavily subsidized by both the U of A and U of C faculties as well as various medical organizations in Alberta, leaving students to cover only a fraction of the cost. This cost includes almost all of the meals over the course of the weekend, two nights at the hotel, bar nights, social events, transportation, and the conference sessions themselves! This weekend is easily one of the highlights of the year - don’t forget to register for it! For more info, contact AMSCAR President, Sharon Feng at sf1@ualberta.ca.

**BIRKEBEINER SKI RACE**

Volunteer for a great event! This is the largest cross-country ski race in Canada, held 45 minutes east of Edmonton on February 12-13th, 2016. Medical classes at the U of A have traditionally supplied first aid volunteers for the race. In January, we will be looking for a Junior Medical Chief from the class of 2018 as well as numerous first aid volunteers. Volunteering for this event is a unique and fun-filled experience and, to top it off, you get to fill your bellies with free delicious food and hot chocolate! For more info,
contact birkiemedchief@gmail.com.

READING WEEK TRIP
Last year’s trip to Cancun, Mexico was excellent and this year we plan to make it even better! Get away from the -40 °C Edmonton winter and spend a week with all the fabulous people in first and second year. Just don’t get TOO attached or you might get some post-reading week stress disorder when we get back!

MEDICINE CUP CHARITY TOURNAMENT (MCCT)
The MCCT is an outdoor hockey tournament that brings together allied health professionals and students and has raised over $100 000 over the last ten years for the Stollery Children’s Hospital Foundation. Team Dentistry won the big championship last year. This year’s hockey showdown will be held during the month of February and will feature the always legendary MCCT hall party. Fundraising activities in addition to the tournament are held throughout the year and require the help of student volunteers. Volunteers are also needed to help fundraise and organize the tournament, so keep an eye on your e-mail inboxes for a chance to get involved!

MED FORMAL
Sometimes we like to class it up! The annual formal event organized by the MSA promises all the pomp and circumstance you could ever want, as well as a four star dinner, dancing, and scores of entertainment. Camera bulbs will be flashing, as the faculty puts on its high couture and rolls out the red carpet for an evening gala extravaganza!

INTRAMURALS
The possibilities are endless for involvement in intramural sports. Many med students here are involved in one or more teams ranging from volleyball to dodgeball, from waterpolo to ball hockey, and yes, of course, there is ice hockey! The cost of joining is usually $4-20, and there are often multiple teams for varying skill levels. Look out for e-mails from the sports reps during O-week for the first round of intramural sign up. Stay tuned for other intramural signups throughout the year as well. In line with years of tradition, you will also have the chance to purchase your class's official ice hockey jersey!
INTERCLASS COMPETITIONS

It may already be clear to you 2019s that U of A Medical School LOVES sports, particularly when these sports are played against other class years! Throughout the year, there are many opportunities to face the years above you in showdowns of athletic prowess. These include the Winter Classic hockey game and inner-tube waterpolo between first and second years, and an interclass basketball tournament. Everyone is welcome and encouraged to play or to come out and support your classmates!

INTERPHASE HOCKEY

You know how the entire NHL season leads up to the Stanley Cup Finals? Well the entire school year leads up to the Interphase Tournament, held this year April 1-3, 2016. Each of the four Medicine classes puts together a team to suit up for this two-day extravaganza. You will be amazed by the calibre of play this weekend as the freshmen, the vets, and everybody in-between duke it out for bragging rights. There will be men’s and women’s divisions (provided that there is enough interest). Battle to the bitter end or cheer on your fellow warriors as they defend your class pride. Do you have what it takes to get to the top and dethrone the Irrad18tors as current champions?

MED NITE

Get ready 2019s, Med Nite 2016 is coming!! For those of you not familiar with Med Nite, it is our annual variety show - showcasing all four years of medical students - who are not just smart, but also extremely talented and entertaining. All four medical classes join forces to bring about the debauchery (and quality entertainment) that is Med Nite. The show is held at the end of March and consists of two fun-filled evenings of clever (and sometimes crude) skits and other acts (dance, song, video...). Not only is this show a great time, but it is also an important fundraiser for the graduating class. If you want to perform in the show, help out with ticket sales, props, or skit writing, look out for the e-mails. Make sure you come out and see just how funny and talented you and your fellow colleagues can be!

SHINERAMA

Shinerama is Canada’s largest post-secondary fundraiser in support of Cystic Fibrosis Canada. Over 35,000 student volunteers from 60 Canadian universities and colleges across the country come together every year to make a difference in the lives of those battling cystic fibrosis (CF). Student
volunteers all over Canada are shining shoes, flipping burgers, washing cars and doing whatever it takes to raise crucial funding to fight cystic fibrosis. This national event puts the “fun” in fundraising. This year, on Saturday September 5, the University of Alberta’s team hopes to raise $15,000 – join us for a day of fun and help us make it happen!

**POLITICAL ACTION DAY**
As an MSA committee, the Political Advocacy Committee (PAC) serves as an outlet for medical students to raise and present issues pertaining to our education and the collective health of our community. Issues include, but are not limited to, admissions, tuition, and health policy. This past year PAC focused on advocating for a ban on the use of indoor tanning equipment by minors, which has been shown to increase the risk of skin cancer. Our lobbying efforts were proven successful as the Alberta Government acted and passed legislation prohibiting tanning bed use by minors. Each year PAC has the opportunity to advocate for a chosen cause during Political Action Day (PAD). As a pan-Albertan initiative spearheaded by medical students from across the province, PAD provides U of A and U of C medical students with an opportunity to discuss a predetermined issue (e.g. Aboriginal Health Awareness) with MLAs at the Alberta Legislature. Beginning with educational workshops and briefings the day before we head to the Legislature, PAC works to bring tangible solutions to problems in our communities by petitioning MLAs to enact meaningful change. Not only is Political Action Day a chance to make significant strides in our education and community issues, but it also provides us with an opportunity to gain valuable skills in advocacy, policy formation, and public speaking.

**SHINE CLINIC**
The SHINE (Student Health Initiatives for the Needs of Edmonton) Youth Clinic is a student-run health initiative providing a variety of free services to Edmonton’s underserved youth. Medicine is just one of eight disciplines of students that manage and staff the clinic, the others being: Dentistry, Nursing, Pharmacy, Social Work, Nutrition, Counselling Psychology and Physiotherapy. During operation, fully licensed preceptors supervise the clinic. Youth under 25 are welcome to the clinic on a drop-in basis to use any of our services, which include medical check-ups, dental work, nutritious food, clean outerwear, showers and needle exchange.
SHINE is unique in that it not only serves the community youth, but it is also an opportunity for students of different faculties to collaborate, network, build skills and gain experience that will be valuable to their education and professional development. Student volunteers play a crucial role in providing care to patients in need while gaining practical experience. The clinic’s dedicated volunteers and interdisciplinary approach ensure each patient receives comprehensive care spanning their physical, emotional, social and economic needs.

Currently, the clinic is restructuring its efforts to better serve the needs of the community and as such is not operational, however outreach efforts are ongoing. Expect updates this fall and throughout the year as we redevelop the SHINE program! For more information about SHINE, check out our website at www.shineclinic.ca.
important websites (bookmark this!)

These websites will come in handy down the road so you will frequently find this page useful. Bookmark this page now! You may also want to save these websites to your favorites menu on your home computer to make it easier. These lists, however, are not comprehensive and you may find better sources of information that you find easier to use.

FREE ONLINE MEDICAL DICTIONARIES

MerckSource
http://www.mercksource.com/pp/us/cns/cns_home.jsp
Interesting website with animations, videos, 3D diagrams and Dorland’s Medical Dictionary for your mobile device.

Healthcare Consumers
This is a searchable online dictionary written in layperson’s language with links to more details about particular topics.

MedlinePlus
Quick reference with basic answers for your medical queries including drugs and diseases.

ONLINE TEXTBOOKS & ARTICLES

Merck Manual (Free Version)
http://www.merck.com/mmpe/index.html
Great website offering good overviews of signs, symptoms, pathology, treatment and epidemiology of various diseases. It can also be searched via the chief complaint and show a table style approach to ruling in or out various diseases that may be the cause.
E-medicine
http://www.emedicine.com
You can access this site without having to be a U of A medical student. E-medicine has an entire dossier of articles on any subject you wish to read about. It may be more useful for DL than for exam study as it goes into a lot of depth on each particular subject. It’s more geared towards physicians who need a crash course review on a particular subject.

Access Medicine

DynaMed
http://www.library.ualberta.ca/databases/databaseinfo/index.cfm?ID=4166
This site is a DL favourite for many!

Family Practice Notebook
http://www.fpnotebook.com/

EndoText
http://www.endotext.org/

ANATOMY
University of Michigan – Anatomy Page
http://ect.downstate.edu/courseware/haonline/toc.htm
This website has its own form of a dissector which you have at your disposal. You can work through the units in a step-by-step fashion. It also has a quiz sections. If you just happened to miss a lab, the above website has dissection videos that you can view at any time. Please be aware that there will be some variation between the dissections we perform at the U of A, and the approach that other schools might take.

PHARMACEUTICAL/DRUGS GUIDES
Medicine Drugs, Supplements, and Herbal Information
RADIOLOGY
Having a basic understanding of X-rays, CTs, angiograms, and MRIs is essential to a medical career even if you are not a radiologist. The only official teaching you may get is in small DL groups, half a lab session and, crowding around the anatomy instructors when they generously teach all the details on your cadaver. These websites are spectacular for helping you to learn radiology on your own.

Wayne State University Radiologic Anatomy Page
http://www.med.wayne.edu/diagradiology/anatomy_modules/page1.html

EuroRad
http://www.eurorad.org/
Radiological Case Study Database

PHYSICAL EXAMINATIONS
UC San Diego School of Medicine
http://meded.ucsd.edu/clinicalmed/introduction.htm
A wonderful site used by many to study for their OSCEs. It is divided up into many different systems and it has some nice picture inserts as well.

MEDICAL ORGANIZATIONS
Alberta Medical Association
AMA represents and advocates for Alberta physicians and their patients. As student members, we gain access to resources, services, bursaries, benefits and leadership opportunities. More information for medical students can be found on the student home page: https://www.albertadoctors.org/services/students
1. How to get involved:
   • Volunteer/leadership opportunities
   • AMA committees
   • Physician mentorship
   • Conferences
2. Scholarships/Bursaries:
   • Emerging leaders in health promotion grant (September-October)
   • AMA medical student bursary (October-December)
   • Student elective travel grants (April-May)
3. Protecting yourself:
   • Health Insurance (non-profit)
4. Preparing for future practice

Check out the general link to the AMA website, where you can learn more about medicine in general within the Alberta region: http://www.albertadoctors.org. For more information, feel free to contact your 2nd year AMA rep, Vishal Puri, puri@ualberta.ca. Elections for the 1st year AMA rep for the class of 2019 will be held early September!

**Canadian Federation of Medical Students**

http://www.cfms.org

The Canadian Federation of Medical Students (CFMS) is a national organization that comprises of thousands of medical students pursuing their medical careers in 14 Canadian medical schools from coast to coast and provides specialized services, communication, and representation to Canadian medical students.

**CaRMS**

http://www.carms.ca/jsp/main.jsp

This website will be useful when you start your student internship. This organization facilitates residency matches across the country. For 1st and 2nd years, you will hear more about this in the future, so sit tight!

**College of Physicians and Surgeons of Alberta (CPSA)**

www.cpsa.ab.ca

All students registered in the MD Program are required by provincial legislation to be registered in the Educational Register of the Alberta College of Physicians and Surgeons. This registration permits the practice of medicine within the confines of the formal medicine curriculum. Students in the MD program are required to adhere to the professional code of ethics of the Alberta College of Physicians and Surgeons.

You are required to complete the online application form and pay the registration fee. This is a requirement for all medical students in Alberta. You’ll find the website useful as a student when you wish to set up an elective. It’s got an online directory where you can search for physicians by
Now that you’re in med...

Professional Association of Residents of Alberta (PARA)
http://www.para-ab.ca/
This organization is analogous to the Canadian Federation of Medical Students – the only differences are that they represent you during your residency training, and their mandate is limited only to those who are completing their training in Alberta. PARA is a resident-operated organization, which negotiates a contract on your behalf that deals with the non-academic aspects of residency training. This includes pay, working conditions, and benefits.

Alberta Rural Physician Action Plan (RPAP)
http://www.rpap.ab.ca
The Alberta Rural Physician Action Plan (RPAP) is an independent not-for-profit company funded by Alberta Health & Wellness. The RPAP was established in 1991 by the Government of Alberta and provides a provincially-focused, comprehensive, integrated and sustained program for the education, recruitment and retention of physicians for rural practice. You will hear a lot more about RPAP over the next couple of years. If you decide to do any electives or shadowing out in Rural Alberta, they will cover both travel expenses and accommodation during your stay. The same goes for your Rural Family Medicine 1-month rotation in 3rd year.

Undergraduate Medical Education (UME) Website
http://www.med.ualberta.ca/programs/md
It has important information on curriculum, professionalism, electives, policies and procedures, as well as important contact information. Make yourself familiar with this site.

Awards and Bursaries
U of A Bursaries for Medical Students via Student Affairs and Awards website:
http://www.med.ualberta.ca/programs/law/undergraduate/awards
parking

1ST AND 2ND YEAR
Parking passes can be obtained from University of Alberta Parking Services. Parking permits for Fall/Winter 2015/2016 will be available for sale on-line on July 21, 2015 at 10:00 am. Students must sign in to our online services by using their CCID and password. www.ualberta.ca/parking

These passes tend to sell out very quickly, so contact them as soon as possible or visit their website for more information:

University of Alberta Parking Services
1-051 Lister Centre (located at 87th Avenue & 116th Street)
Edmonton, Alberta T6G 2H6
Phone: (780) 492-PARK (7275)
Fax: (780) 492-7832
Email: parking.services@ualberta.ca
Website: http://www.uofaweb.ualberta.ca/parking/index.cfm

Other options are also available. Impark has 3 parkades in the area just east of the U of A Hospital at which parking passes can be purchased for $80-115/month. You can also pay per entry at these lots.

3RD AND 4TH YEAR
There is one parking pass that you can get which works for GNH, MIS, UAH, and RAH. Refer to the Clerkship section for further information on parking in 3rd and 4th years.
medical resources for mobile devices

Traditionally, there have been two major developers: Palm and Microsoft Pocket PC. In the last few years, Android phones, Blackberries and iPhones have become the centre of attention for many healthcare professionals. All of them perform reasonably well, so it is more of a personal preference than anything with regards to which one you want to get. Is a smart phone or similar device essential as a medical student? The honest answer is no; plenty can get by without one. People have been learning medicine long before the advent of these devices.

You also will definitely not maximize their benefit in first and second year as you spend most of your time in class or in lab. However, as you become mobile and go through your rotations during 3rd and 4th years, a smart phone can give you some advantages:

1. Having a smart phone is particularly advantageous when dealing with your email (and trust us, the number you will get in medical school will go up significantly). Sometimes there are offers to participate in studies or sign up for events that are on a first-reply-first-serve basis with limited spots and those with email capability on their phone may have a slight edge in getting these opportunities. That being said, many opportunities are done via a random draw over email in an effort to prevent this from happening.
3. Another important and obvious advantage is that you don’t have to lug around 5 or 6 pocket guides in your clinical jacket. There are many interesting programs available covering everything from drug guides to medical calculators to disease databases. Just don’t pull out your phone when a preceptor asks you a question – they want you to demonstrate what you know, not your ability to read off of a screen.
4. The expediency by which you can retrieve information on a smart phone is phenomenal. Just as it is easier to use a computer automated tool to search for a topic than it is to look through an index in the back of a book, smart phones allow you to gather the information in a matter of seconds (without looking clumsy).

With that said, many students often feel it is more convenient to have a good pocket book on each rotation that you can study from.

A great resource for finding the best software can be found on the U of A libraries’ website at http://guides.library.ualberta.ca/health_sciences_resources_for_mobile_devices. This site also provides instruction on how to download and install several point-of-care tools, like DynaMed and PEPID, which the University actually pays for.

HandheldMed
http://www.medicalwizards.com

Blackberry AppWorld
http://appworld.blackberry.com/webstore/category/7

If you have an iPod touch or iPhone, you can find programs through iTunes. Here are some great programs (most of which are free): Diagnosaurus, Epocrates, Eponyms, iMurmur, iRadiology, MedCalc, Medscape, NeuroMind, PEPID, Radiopaedia, and Skyscape medical student.

Just remember that these resources (although often cheap individually) can cost a bundle when you buy a number of them. Make sure that whatever software you are getting is reputable and that you understand the intent of the software (i.e. many are not as up to date or evidence based as they should be). Don’t forget that the Pepid Clinical Rotation Companion is free of charge to U of A medical students. You can find instructions on how to install this very useful tool on the U of A libraries’ website.
MD Financial Management

MD Financial Management is owned by the Canadian Medical Association, and our only mandate is the financial well-being of Canada’s physicians, medical students and residents. With your CMA membership, you benefit from MD’s objective, specialized advice, which is always in your best interests.

Our MD MedEd CounselTM is a team of MD Advisors and Early Career Specialists dedicated to medical students and residents. Whether you need to pay for medical school, prepare for residency, start investing or manage your debt, you’ll sleep better knowing you’re on the right track. To learn more about MD MedEd CounselTM, visit md.cma.ca/meded.

WHAT WE OFFER

Leveraging decades of experience, we work with you to understand and anticipate the issues and challenges that affect your personal and professional lives, and provide solutions and advice for all stages of your life.

Financial Planning Embarking on a career in medicine is both exciting and rewarding. It can also leave you with a high level of debt if you’re not careful with managing your expenses and borrowing costs. Your MD MedEd advisor can help you develop a financial roadmap that will support you through medical school, residency, and into practice. We’ll develop a detailed bud-
get that can help you determine how much you need to borrow, and help you to better manage your money.

Banking and Credit Card Solutions
MD offers access to competitive, convenient, and customized banking and credit card solutions. Our services are designed and tailored to the needs of medical students. We can provide you with options to pay for your education, such as a line of credit, or federal and provincial student loans and bursaries.

Insurance Coverage
Your MD MedEd advisor can work with you to protect your future income by determining if you need disability insurance, life insurance, or critical illness insurance. We offer exclusive and competitive insurance solutions in Alberta where MD has a special alliance with the Alberta Medical Association.

Investments and Practice Management
At MD, we take a comprehensive approach to meeting our clients’ financial objectives. We specialize in offering customized financial planning and providing the right solutions for each client, based on their personal situation and career stage. Physicians have unique needs beyond the average investor, and nobody can match our deep knowledge and proven expertise to address your needs. As your career progresses, the need for practice management will become a necessity. MD understands your incorporation needs and can help with the complex planning.

Our integrated approach leverages a multidisciplinary team of experts and specialists who can collectively address your needs and help you to achieve your goals. At MD, our clients’ needs are the driving force behind everything we do. As an MD client, you’ll benefit from tailored advice and personalized solutions that evolve to meet your needs at every stage of your life.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.cma.ca.
The CMA is a national, voluntary association of physicians that advocates on behalf of over 81,000 members and the public for access to the highest standards of health and health care.

Studying to be a physician isn’t easy. The CMA will help you through medical school with resources, tools and advice:

**Effective Advocacy** ([cma.ca/advocacy](http://cma.ca/advocacy))

- The CMA’s in-person or videoconference advocacy training can help you learn more about the political process, and how you can become an effective advocate for the medical profession and make a difference.
- CMA provides support for student advocacy initiatives, such as lobby days, and help to prepare to for events to ensure you meet your strategic objectives.

**Information on the Go** ([cma.ca/resources](http://cma.ca/resources))

- Free, anytime, anywhere access to ClinicalKey, a comprehensive and current collection of textbooks, journals and multimedia resources, including medical videos and images across 30+ specialties ([cma.ca/clinicalkey](http://cma.ca/clinicalkey)).
- Access best-in-class clinical tools, including DynaMed’s collection of evidence summaries and drug information on the RxTx Mobile App ([cma.ca/resources](http://cma.ca/resources)).
- Sign up for daily POEMs by Essential Evidence Plus to receive concise, daily email summaries of the latest clinical studies ([cma.ca/poems](http://cma.ca/poems)).
- Contact CMA librarians for MEDLINE searches and to help you plan search strategies and get the most from CMA’s clinical resources.
• Get original clinical research, analyses and reviews, news, practice updates and editorials with CMAJ online at cma.j.ca and on the CMAJ app (cma.j.ca).
• Develop personal leadership skills through “Leadership begins with self-awareness,” an online course for students and residents (cma.ca/onlineleadership).

Money Matters
• Enjoy personalized, expert advice and best-in-class solutions to help you finance your education, manage your money and plan for your future needs through MD Financial Management (md.cma.ca).
• Take advantage of unique savings programs from the CMA, with discounts on car rentals, travel, hotels, cell phone plans, mobile software, fitness and leisure, and more (cma.ca/memberdiscounts).
The information in this FAQ was adapted from a presentation given by Ms. Rachel DeLeon from the Financial Aid Office in December 2013.

WHAT IS THE AVERAGE AMOUNT MEDICAL STUDENTS SPEND ON CARMS COSTS?
The average student interviews in 10 different locations. Expenses include: the interview suit, accommodation, food, transportation (flights, trains, buses, taxis). In 2011 the average debt related to CaRMS was $14,871. In 2012 the average debt related to CaRMS was $27,500 (2012 Canadian Medical School Graduation Questionnaire, pg 50).

HOW CAN YOU MANAGE THESE CARMS COSTS TO KEEP THEM AS LOW AS POSSIBLE?

Transportation
- Ask a friend for advice!
- Look for deals on flights
- International Student Identity Card (ISIC) (full-time students save 40% for tickets with Greyhound Bus lines and other discounts with VIA rail)
- CMA and some provincial medical associations offer members discounts on VIA rail, car rentals, hotels, and bookings with certain airlines
- Expedia, cheapflights.ca, priceline.ca, fightcentre.ca, travel.yahoo.com, google travel
- Hipmunk.com – has a multi city function to book flights and comes with a comparison tool for hotel sites

Accommodation
- Staying at a hotel can cost you anywhere from $100 - $200 per night plus taxes.
• Staying with a friend, at a hostel or a bed and breakfast can cost you anywhere from $0 - $69 or more per night
• Ask a friend, relative or former colleague
• Contact the medical student society of the respective city to see if there is a student or resident with a spare room
• Stay at a university resident or apartment complex
• The Canadian Universities and College Conference Officers Association (CUCCOA) represents more than 50 educational institutions promoting the use of their facilities visit: cuccoa.org for links to member institutions
• Many chains and individual hotels have preferential rates for corporate groups, like members of the Canadian Medical Association, provincial medical associations or other groups, such as the Canadian Automobile Association
• Bed and Breakfast associations exist in every Canadian city

Meals/Snacks - food!
• If you are traveling for 3 weeks and buy food everyday that could cost you up to $650!
• If you buy groceries each week for $75 that will cost you $225.
• Total savings if you buy groceries are: $425

For a CMA document titled ‘Minimize Travel Costs of the CaRMS “Match”’, see:
cma.ca/multimedia/CMA/Content_Images/Practice_Management/English/PDF/CaRMS.pdf

For Canadian Medical Association discounts visit:
cma.ca/memberdiscounts

WHAT IS THE AVERAGE AMOUNT OF EDUCATION/CONSUMER DEBT FOR A RECENT MEDICAL GRADUATE?
Educational/consumer debt can include tuition, fees, books, supplies, instruments, CaRMS, electives, basic living expenses. Average reported educational debt for medical students at U of A is $93,000. Average reported non-educational debt for medical students at U of A is $107,000.
### WHAT DOES THE COST OF 4 YEARS OF MEDICAL SCHOOL LOOK LIKE? GIVE ME AN EXAMPLE!

<table>
<thead>
<tr>
<th></th>
<th>Tuition &amp; Fees</th>
<th>Books, Supplies &amp; Instruments</th>
<th>Misc</th>
<th>Living Expenses</th>
<th>Total Cost</th>
<th>Student Loan &amp; Grant Maximum</th>
<th>Shortfall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>13251</td>
<td>1700</td>
<td>400</td>
<td>11,600</td>
<td>26,951</td>
<td>21,950</td>
<td>-5001</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(1450/month for 8 months)</td>
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</tr>
<tr>
<td>Year 2</td>
<td>13251</td>
<td>1700</td>
<td>84</td>
<td>13,050</td>
<td>28,085</td>
<td>21,950</td>
<td>-6135</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(1450/month for 9 months)</td>
<td></td>
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</tr>
<tr>
<td>Year 3</td>
<td>13251</td>
<td>1000</td>
<td>3184</td>
<td>17,400</td>
<td>34,835</td>
<td>$36,250</td>
<td>+1415</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(1450/month for 12 months)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Year 4</td>
<td>13251</td>
<td>700</td>
<td>12,414</td>
<td>14,500</td>
<td>40,865</td>
<td>21,950</td>
<td>-18,915</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(1450/month for 10 months)</td>
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</tbody>
</table>
WHAT’S THE DIFFERENCE BETWEEN A STUDENT LINE OF CREDIT AND A GOVERNMENT STUDENT LOAN?
Government student loans are interest-free/payment-free while you’re in school (your line of credit from the bank is not). Your alberta student loan is interest-free/payment-free while you are in your residency, just make sure you fill out the paperwork. (not every province offers this).

The federal government recently announced significant loan forgiveness programs for family medicine residents who practise in rural areas. For more info, visit: www.canlearn.ca/eng/after/forgiveness/index.shtml

The repayment assistance program (RAP) can help you make those huge student loan payments while you’re in your residency. For more info, visit: www.canlearn.ca/eng/after/repaymentassistance/index.shtml

WHAT TOOLS ARE THERE THAT CAN HELP ME MANAGE MY DEBT?
Check out some financial tools for your specific situation:
Repayment calculators at the Financial Consumer Agency of Canada feac-acfc.gc.ca/Eng/resources/toolsCalculators/Pages/home-accueil.aspx
Another site is Getsmarteraboutmoney.ca

WHAT ASSISTANCE DOES THE U OF A FINANCIAL AID OFFICE OFFER?
Attend our free Money Management sessions to learn how to manage your money before it manages you! These engaging sessions are riddled with fun-filled activities. We promise not to bore you with any lectures on compound interest! Register today at su.ualberta.ca/moneymanagement

Other services offered by the financial aid office include: walk in, phone in, email service; 1-on-1 advising appointments; off campus scholarship listing; bursaries and emergency funding; student loan advising. Come visit us in 1-80 SUB, email financial.aid@ualberta.ca or phone (780) 492-3483.
how to become a doctor

In order to clear up any confusion, there are essentially four things you need to do to legally practice medicine:

1. GET YOUR MD DEGREE
Study hard, write some exams, drink lots of coffee, do some scut work, get your degree. Simple!

2. GET LICENSURE
The Alberta College of Physicians and Surgeons is established by Alberta legislation and mandated to protect the public. Across Canada, all twelve provincial colleges in the Federation of Medical Licensing Authorities of Canada (FMLAC) contract the Medical Council of Canada (MCC) to administer exams for them. When you pass the exams set by the MCC, you become a licentiate of the Medical Council of Canada (LMCC). Currently, there are two exams called the Medical Council of Canada Qualifying Exam Part 1 (MCCQEI) and part 2 (MCCQEII). Part I is written before you graduate at the end of the fourth year and is a long multiple choice exam. Part II is currently written in your second year of residency and is an OSCE-type exam. You need to write/do both exams to be licensed. The exams are supposed to ensure that you are not a threat to the public.

3. GET CERTIFIED
In order to get certified, you need to complete an accredited residency and write the appropriate exam. For example, for family medicine, you must do a two-year residency and write the exam set by the College of Family Physicians of Canada (CFPC). If you want to do any other specialty, you must complete the appropriate residency (usually ranging from 3-6 years) and pass the exam set by the Royal College of Physicians and Surgeons of Canada (RCPSC). These two colleges are national bodies that oversee physician training and evaluation.
4. GET A BILLING NUMBER
In order to get a billing number, you must apply to a provincial Health Ministry and have met their various requirements to get your license. It’s important to remember that not having a billing number does not mean that you cannot practice medicine in a province, only that you will not be paid by the provincial health care plan.

Oh yes, and just to introduce you to a little terminology:

- **Medical student:** A student in any of the four years of the medical degree program.
- **Clerk:** A third or fourth year student in the medical degree program.
- **Resident:** A graduate of medical school entering a residency program. You are a physician now and you are doing postgraduate training in a particular specialty of your choice (usually 2 to 6 years)
- **Fellow:** A physician in subspecialty training, having already completed a residency.
- **Intern:** An obsolete term used to describe a special floating year in between clerkship and residency. Sometimes clerks are referred to as student interns.
CaRMS

TIMELINE OF EVENTS
Yes, you have to go through it eventually, so you may as well know a little about it now. CaRMS, or the Canadian Residency Matching Service, is set up to handle the matching of Canadian, U.S., and international medical students to residency programs across Canada. There are a few things you could start thinking about during your first years of medical school. The process is outlined in the next few pages.

What happens after you finish the application?
All of the information you submit to CaRMS is fed into a computer, and through an amazing and highly technical algorithm (biased toward students, they tell us), the computer sorts the whole mess out. If all goes according to plan, you will not hear anything until Match Day when you receive a printout indicating your particular “choice” of career. If you are not matched during the first round, you are contacted on “unmatched day” and must enter the second match in order to find a position.
The match is not perfect and seemingly mysterious, but it works rather well. In the 2008 match, 91% of medical students from the University of Alberta were matched to their 1st choice discipline, which is right at the national average. There are now enough postgraduate spots for every medical student in the graduating class, and with some students going to the US, there is actually an excess of positions. So, don’t panic and choose wisely!
<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>WHAT YOU CAN DO</th>
</tr>
</thead>
</table>
| All year round  | Lectures, Physicianship, lunch talks, etc. | - Try shadowing as many specialties as you can to find out what you LIKE and what you DON’T LIKE. It’s equally important to rule out potential specialties as it is to rule in.  
- Attend lunch talks, talk to residents when you shadow, talk to your friends!  
- Keep track of all the extracurricular, volunteer, research work you do. Keep your CV updated. |
| 2nd year summer | Elective and vacation time          | - Register for Summer Elective course (required registration fee)  
- Set up electives in specialties that:  
  - you might be interested in applying to  
  - might help you learn general clerkship skills and familiarize yourself with the hospital (ie. family, internal, general surgery, emergency, etc.)  
- Take time off! Do not burn yourself out before clerkship starts.  
- Look into potential elective options for 3rd year and double check your immunizations. Different schools have different requirements and deadlines. Be familiar and plan ahead.  
- Ask around to see which electives and preceptors are good to work with.  
- Browse through CaRMS website to know what you need to apply to your potential specialties. |
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<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>WHAT YOU CAN DO</th>
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<tbody>
<tr>
<td>Clerkship rotations</td>
<td>Psychiatry, Pediatrics, Internal Medicine, Family Medicine, OBGYN, General Surgery</td>
<td>• Have fun. Be keen. Read around your patients. Ask good questions. Work hard. Sleep hard.</td>
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<td></td>
<td></td>
<td>• Keep track of the preceptors you work with and the interesting cases you have encountered. When you ask for a reference letter around CaRMS time, they will remember you much better if you remind them of the things you did together!</td>
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<td></td>
<td></td>
<td>• If your preceptor offers a letter, say yes!</td>
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<td></td>
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<td>• If you think you did well in a rotation/elective, ask if your preceptor “feels comfortable writing you a STRONG reference letter for CaRMS” and listen carefully to their response.</td>
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<td></td>
<td>• Constantly ask for feedback. Some preceptors are less approachable but don’t let them turn you off of the specialty. Conversely, some preceptors are so nice that they might accidentally deceive you into thinking you want to join their specialty!</td>
</tr>
<tr>
<td>Clerkship electives</td>
<td>Elective time</td>
<td>• Electives in 3rd year are still relatively early. It’s still a good time to explore your area of interest or potential sites.</td>
</tr>
</tbody>
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### Year 4, part i

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<tr>
<th>TIME</th>
<th>EVENT</th>
<th>WHAT YOU CAN DO</th>
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| Clerkship     | Elective time                     | • Electives in 4th year are probably where most of your CaRMS reference letters come from. Plan them well in advance.  
• If you are keen in a particular location or specialty, it is probably best to do that elective in 4th year so they remember you well.  |
| September     | CaRMS Application Webstation (AWS) opens | • Start building your CaRMS application. It takes longer than you think.  
• Write your personal letters early and always come back to read them again (and again). You’d be surprised what you think is awesome the first time sounds cheesy the second time you read it. Answer all the questions they want within the WORD LIMIT.  
• Construct your CV for CaRMS. Exchange with your close friends to proofread and give suggestions. Everyone’s CV is different so it’s nice to have a different view.  |
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<th>TIME</th>
<th>EVENT</th>
<th>WHAT YOU CAN DO</th>
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<tbody>
<tr>
<td>September to</td>
<td>Reference Letters</td>
<td>• Contact all your preceptors for reference letters early and give them an earlier deadline. They are busy so give plenty of time.</td>
</tr>
<tr>
<td>October</td>
<td>Transcript</td>
<td>• Give them a package with 1) CaRMS ref letter title page (print off of AWS), 2) your CV, 3) personal letter if you have one ready, 4) photo if you wonder if they really remember who you are, 5) Xpresspost envelope to mail everything in.</td>
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<td></td>
<td></td>
<td>• Label the deadline clearly everywhere in the packaged materials!</td>
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<td></td>
<td></td>
<td>• You can track your Xpresspost envelopes. You can also check to see if CaRMS has received the letter.</td>
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<td></td>
<td></td>
<td>• Request transcripts to be sent to CaRMS via U of A Beartracks.</td>
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<td></td>
<td>• Start sending in extra documents (publications, abstracts, citizenship proofs). Track on AWS.</td>
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<td></td>
<td></td>
<td>• UME office can notarize your citizenship document for you free of charge.</td>
</tr>
<tr>
<td>October</td>
<td>Program selection</td>
<td>• The first four are included in your application fee. Submit your selection early so you can start assigning documents.</td>
</tr>
<tr>
<td></td>
<td>begins</td>
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<tr>
<td>November</td>
<td>Milestones for</td>
<td>• Milestones are suggested dates for your progress, not deadlines. Do try to adhere to them so you are not behind the process.</td>
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<tr>
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<td>application submission,</td>
<td>• If your referee has not sent in anything, kindly remind them to do that before it’s too late!</td>
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<tr>
<td></td>
<td>program selection, and</td>
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<td>reference letter</td>
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### Year 4, part iii

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<tr>
<th>TIME</th>
<th>EVENT</th>
<th>WHAT YOU CAN DO</th>
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<tbody>
<tr>
<td>Last week of November</td>
<td>AWS closes</td>
<td>• Make sure everything is completed “perfectly” and submit early.</td>
</tr>
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</table>
| December to January   | Interview offers             | • Some programs send out interview offers very early in December, and some don’t contact anyone until January. Don’t freak out when your friends start to get them!  
• Sign up for Air Canada or WestJet emails so you don’t miss any deals. Look into booking flights and accommodations early. Ask around to see if you can share with your friends. It saves you money and makes it more fun to visit other cities!  
• Start practicing interview questions and make sure you have interview attire ready! |
| Late January and early February | CaRMS interviews  
Rank order list begins | • The best advice for ranking is stay true to where you really want to go. There is no “strategy” to beat the system. Don’t rank places you don’t want to go. You are also able to rank places you did not get an interview (i.e. If you really want to go to Toronto but didn’t get an interview, it probably doesn’t hurt to rank it somewhere low, just in case!)  
• Some programs are known to send out (illegal) emails to attract the applicants. Don’t be fooled. I have known people who received personal emails from program directors who promised they will be ranked first but were not in the end so be aware. |
| March                 | Match Day!                   | • Congrats on matching!                                                         |
CARMS TIPS & INFO FOR FOURTH YEAR

Fourth Year is hardcore crunch time for CaRMS. Here you will find a list of suggestions made by several of the previous year’s graduates, and hopefully you will find these tips useful to help you master the CaRMS match. Be sure to attend the CaRMS talks given by fourth year students who have successfully completed their matching process in the spring of each year!

General hints for applying to CaRMS

- **Cast a big net**: Apply to lots of programs. It will be expensive but an investment in your future.
- **Always have a back-up**: If you only apply to one specialty, you may not be matched. Try to find more than one specialty that you would love doing, so one way or another, you have a bigger chance of having a happy career. If you absolutely cannot see yourself doing anything else, which happens quite frequently, make sure you apply broadly all over the country so at least you have the option open!
- **Be cautious**: Just because a program wasn’t competitive last year doesn’t mean it won’t be this year.
- **Choose carefully**: Not every preceptor knows you well enough and not everyone can write an outstanding reference letter. Choose your references carefully. Apparently they DO make a difference to your application
- **Provide accurate information**: Make sure every component of your application provides accurate information, including your core CaRMS application, CV, MSPR, personal letter, and things you say in the interview! Know your application inside and out, including all your research materials.

Note about match day

Come March, you will find out what specialty you’ve matched to - AWS reopens at 10AM Alberta time and your result pops up right on the screen! Woohoo, you’ve matched! However, it is probably a good idea to stay in the city on match day. If you go unmatched, you are expected to meet at the UME office the same day to talk about 2nd round.

Where does research fit?

Research has always been something that is important for matching to the
competitive specialties (i.e. ENT, ophthalmology, radiology). Pediatrics used to be less concerned about research but it has also become a relatively competitive specialty so research would definitely help. This is not to say you should always do research. This means you can do research if you find something that interests you and if you actually have time. Research will not hurt you and might help you but it is NOT the most important thing when they look at your CaRMS application (for the most part). There are many other ways to impress them. One student who matched to dermatology this year had no research but had completed an insane number of elective weeks in the field to make up for it.

If you think you might want to do some extra research in 3rd and 4th year, you can ask preceptors of electives/rotations about doing Case Studies. If you see an unusual case on the wards, enquire about the possibility of writing it up and submitting it. This isn’t incredibly time consuming and is an excellent educational opportunity in addition to helping build your CV.

After every rotation/elective, write down if you did any extra-curricular work (e.g. Case Studies) to add to your CV. This goes for 1st and 2nd year too. Describe it accurately and thoroughly. This way, when CaRMS comes around, you don’t have to spend a whole lot of time trying to remember what you did. In addition, write down any important contact names and their respective phone numbers because these will be asked of you when CARMS hits.

**How to get reference letters?**

If you had a particularly positive experience with a preceptor (even if it was a short period of time) you can ask them if they would be willing to provide you with a positive reference letter. You can either collect the letters immediately or remind the preceptor a few months prior to CaRMS (apparently this is beneficial because by this time you’ll know what you want to match to, and so they’ll be able to write a letter geared towards the program you are applying to). It is generally a good idea to send a copy of your CV along with a picture to help jog their memory when writing the letter. If it was an elective, it is also advisable to describe what you did with them.

When you send your CaRMS package to them, it might not be a bad idea
to personalize the package. You can include a short cover letter outlining some of the more outstanding experiences you have had with them. You may also include a few characteristics or traits that your specialty looks for to give them an idea on what to talk about (these can be easily found on CaRMS website!).

Choosing the right letters is tricky. Some say to be careful with preceptors who write a lot of reference letters in case the letters are carbon copies of each other. On the other hand, those who write a lot of letters will know exactly how to write a strong letter and be able to support you well. It comes down to how well you think you did on the elective/rotation and how well you think your preceptor got to know you. You may also want to consider how important the preceptor is in the Faculty. It is generally recommended that it is better to use a strong letter from a community physician who knows you well than to use a mediocre letter from the program director or someone big in the department. How do you know if your letter is going to be good? Tough question... but generally:

- You should use a letter from a rotation or elective that you performed really well in and your preceptor interacted with you closely and remembers you.
- The preceptor who writes a lot of good comments on your evaluation forms will probably write positive things in your letter.
- Ask the residents or even the staff to see who writes strong letters and who to avoid. They usually have something insightful to tell you!

**Working with the program director?!**

Arranging an elective with a department head has both advantages and disadvantages. You will be familiar to them come CaRMS time, BUT, they are likely saturated with students because of their position. You really need to be upfront about letters of reference in this situation. Let them know your intent. Note that it is NOT necessary that you go out of your way to arrange an elective with the program director. Medical circles are small, and word of mouth is a powerful thing – everyone discusses everyone else. Many people have got letters from the program director but did not get an interview offer and vice versa.

When applying for a program, make sure you are comfortable living in the
city that hosts that particular program. At the very least, pay a visit to this
city since this is a place where you will spend the next few years of your
life. During CaRMS it might seem like all you care about is getting a spot
somewhere, but while they are interviewing you, you are also interviewing
them. Spend some time with the people and the city on the interview trip
and decide if you actually like them.

Prepare for the interview tour!
You need carry-on luggage. Pack everything you will ever need in the 3
weeks away and haul that around with you everywhere. It is a true story that
one student had lost his luggage on day 1 of his first interview and spent the
rest of the 3 weeks trying to track down his luggage and shopping for new
interview outfits!

Book your flights and accommodations smartly. Use the online deals well.
Share when you can.

Make sure you allow flexibility in between your interview dates in case the
weather or flight changes interfere with your schedule.

Most people choose to fly in the afternoon/evening before the actual in-
terview day so they have the night to rest and explore the city a bit. Plan to
arrive at your interview early (like a half hour) so you have time to get lost,
rin to washroom, or rest a bit before you start!

Some schools send out social events information early so you can plan those
in. Unfortunately, most people do not have time or energy to go to all the
socials. Just remember it is NOT a big deal to miss them (for the most
part)! Social events are generally meant to let you get to know the residents,
the city, learn a bit about the program, and meet fellow interviewees. For
bigger programs who interview many people, your absence will not be
noticed (e.g. family, internal, OBSGYN). For smaller programs, however,
it might be different. A friend of mine who interviewed for neurosurgery
recalls the program director asking why so-and-so wasn’t at the social.

What exactly are they going to ask me?
Most residents and programs will agree that the most important thing
they look for in a candidate is whether they fit in or not. Regardless of how much research you have or how great your letters are, if you don’t get along with the people there (be it the residents, nurses, or patients), they are less likely to want you around for 2-5 years. So be yourself and be nice to everyone.

The interview is either multiple standardized stations or traditional panels. Ask around to see which school typically has which. Their questions generally resemble the following:

- **Who are you?** (Tell me about yourself/your pet/fav movie/last time you traveled...)
- **Why do you want to do this?** (Why x? Why not y? Tell me about the most exciting patient you have had? What do you like/dislike about this? What would you change? Where do you see yourself in 5/10/20 years?)
- **Why this program?** (Why this city? What do you like/dislike about this program? What would you change? What do you know about our research?)
- **Ethical situations** (e.g. Your patient wants to know the gender of her 20-week-pregnant baby because if it is a girl, she wants an abortion. What do you do?)
- **Scenario questions mostly focused on CanMEDS roles** (i.e. Give an example when you dealt with conflict? Contributed to teamwork? Demonstrated professionalism?)
- **Funny, out-of-the-blue questions**, just to see how you react and think on your feet (i.e. What do you see in this picture? What hot beverage would you be? Fruit? Animal?)
- **Any questions for us?** (Make sure you think of questions for each school, but only ask “good” questions. “What is your curriculum like?” or “how many spots this year?” are NOT good questions.)

It’s a good idea to think these through. Don’t over-rehearse and end up sounding like a robot. Think of concrete examples to support why you are the greatest person in the world and why this city is the only place on the planet you will ever live. Talk about your clerkship experience, your research, your extracurricular activities, or even your hobbies to show them you are well-rounded. After all, they really just want to see that you are not
weird or mean. Finally, enjoy yourself!

*What else can I do to prepare?*

Practice interview questions with your classmates or even with residents you know well. All in all, keep calm and carry on! You are surrounded by peers who are going through the same process - help each other out!
research

*note: this is not an exhaustive list of opportunities at UofA med!

SUMMER STUDENTSHIPS

The first (and only) two summers during medical school are a good time to gain some research experience. Summer research projects may range from 2 to 4 months in length, depending upon your project details and your supervisor’s arrangements. Students can apply (in a fairly easy process) for an Alberta Innovates–Health Solutions (AIHS) Summer Studentship Award. To be successful, an applicant needs to submit a strong reference letter, have a solid academic record, a good project proposal, and find a principal investigator (PI) with a lot of resources and a strong publishing track record. You should discuss with your PI what would happen if your application is not successful as you may be able to receive partial funding from AIHS or some PIs may offer to pay you with their own grant money. For more information visit: www.aihealthsolutions.ca.

In the October-November timeframe a job-opportunity list is posted up on the Faculty of Medicine and Dentistry’s website listing PIs looking for summer students. This job list is part of the Undergraduate Summer Students’ Research Program. However, you are not limited to those opportunities; you are free to approach any PI with whom you would like to work. Do some looking around and find a PI that does research which genuinely interests you. We suggest consulting the Contact sections of departmental websites where you can find researchers by discipline. Another trick is to look at the previous year’s AIHS Summer Studentship results which list the project supervisor. You’ll know that a) these researchers take summer students and b) they are capable of getting AIHS funding. Funding results can be found here at the bottom of the page: http://www.aihealthsolutions.ca/funding/decisions/.

Not only are summer studentships an excellent opportunity for you to gain some insight into what research is all about, but it also provides you with the opportunity to become proficient in a lab setting and improve your
presentation skills. This research experience can also be counted toward the STIR program (described below), elective time, or both. If your work is part of an official Studentship, near the end of the summer you will be asked to submit an abstract and make a poster presentation for the Summer Student Research Day in mid-October. Up to two medical student winners may receive a faculty-sponsored trip to Texas to present their research at an international conference.

If doing a summer of research interests you, make sure to keep an ear open for any news from the Faculty of Medicine and Dentistry. There will be noon-time talks available and informational emails sent out discussing summer student positions and how to obtain funding for a research position. Budgets are tighter at the moment, but alternative funding sources can be found and many students are still successful! More information and the Summer Student Job Database can be found at: https://www.med.ualberta.ca/research/studentships.

SPECIAL TRAINING IN RESEARCH (STIR) PROGRAM

The STIR program may be used as an intermediate step between summer research and the MD/PhD. If you like research but are unsure about obtaining a PhD, you can do two summers (24 weeks) of research and gain the “MD with STIR” designation on your degree to help in the decision making process. You can choose to do either basic sciences or clinical research, but you must submit an application typically by February 1st prior to your second summer of research. You may apply for the STIR program in your first year of medical school if you completed a full summer of research during the summer immediately prior to starting medical school.

The requirements for this include: a research proposal as a part of your application, a 10-minute oral presentation, a final written paper, and a presentation of your work to a committee in the form of an oral defense. It is a significant amount of work, but if you are doing summer research projects anyways and research is a passion of yours, you should consider it. More information can be found at: http://www.med.ualberta.ca/programs/mdstir.

MD/PHD PROGRAM

This involves doing a PhD in between the preclinical years and the clinical
years of med school (between 2nd and 3rd year). This not only gives you more letters to write after your name and higher bidding power for residencies and academic positions, but also the excitement and challenge of being involved in a long-term research project. As a bonus, you also get paid as a grad student during your clinical rotations! This is definitely for those who LOVE research, as it requires at least 3 or more years of school including a substantial amount of energy, commitment, and stamina. The best advice is to talk to someone who has done it or is currently involved in MD/PhD and find out what you are getting yourself into before you sign up! More information can be found at: http://www.med.ualberta.ca/programs/md-phd.

UNIVERSITY OF ALBERTA HEALTH SCIENCES JOURNAL (UAHSJ)
UAHSJ is a scientific journal run by the medical students here at U of A. This annual publication features original research manuscripts (basic science and clinical research), case reports, review articles, commentaries, letters to the editor, and other submissions prepared by health sciences students at U of A. This is a great opportunity for students to gain experience in scientific writing and publishing. In addition, we proudly feature Musa - a section dedicated to the arts and humanities in health and medicine.

Formed in 2004, the vision of the UAHSJ is to incorporate research and science into the academic training at the U of A, and give students valuable experience and mentorship in the field of scientific writing and publication. For more information, check out these sites: http://www.uahsj.ualberta.ca/ and https://www.med.ualberta.ca/programs/resources/uahsj or email uahsj@ualberta.ca.
global health

One of the perks of medical school is the opportunity to get involved in International Health activities, from local initiatives, to national positions, and participating in international programs. You will be slammed with emails this year and, truthfully, a lot of them will be from the International Health Program. We have outlined some of the major initiatives and programs that are run through the International Health Program, so hopefully you will keep an eye out for emails that pertain to projects that interest you.

We are fortunate at the U of A to have a strong International Health Program that is integrated in our curriculum and in extra-curricular projects. Make the most of the resources available to you and help your medical education extend beyond the borders of the U of A.

INTERNATIONAL CLINICAL ELECTIVES

An elective is considered to be international if the clinical rotation is completed outside of Canada or the United States. Once you have finished your second year, you are eligible to complete and receive credit for an international elective, and the elective can be completed anytime between the beginning of the summer before third year to the end of fourth year. Students of all years are encouraged to consider a global health elective, with early students doing more public health oriented placements. All costs associated with an international elective are your responsibility, and if you complete your elective in the summer before third year, you must register in DMED 528 A&B, which costs approximately $600.00.

Students going on electives abroad must participate in a mandatory pre-departure training session. This one-day session focuses on issues faced in resource-limited settings and includes clinical safety and travel safety presentations and relevant case studies. The session is critical in preparing students for international electives, and is offered once in the fall semester, and once in the winter, with dates available on the MSA website.

For students doing electives abroad, financial aid is available through the
Global Health Travel Bursary. The bursary is designed to help cover the costs of travel to and from the location of your elective. In order to be eligible for this bursary, your elective must meet the following four criteria:

- The elective must be a minimum of four weeks.
- The elective must be in a resource limited setting.
- The elective must be UME and Global Health Program approved.
- The participating student must attend the International Elective Pre-departure Training session as well as the International Health 12 hour elective.

For more information on the International Elective program, the requirements and the procedure to plan and gain approval for your elective, please visit:

http://www.med.ualberta.ca/communities/globalhealth/electives

Your Global Health Liaisons should be contacted first when you decide to participate in an international elective. The Global Health Program in the Division of Community Engagement plays an important role in the planning process. Please contact Cheryl Knowles, administrative assistant for the Global Health Program, early in your planning at:

cknowles@ualberta.ca

All the information can be found on the Medical Students Association website at http://msa.ualberta.ca/

**INTERNATIONAL HEALTH 12 HOUR ELECTIVE**

The Global Health Elective is a 12-hour pre-clinical elective organized through the University of Alberta Global Health Team. This can count as your mandatory 12 elective hours and will have lecture, small group, and online components covering a wide range of topics from the global burden of disease and malnutrition, to disaster preparedness to emergency care overseas. Registration for the elective is usually limited and occurs in December, with the elective occurring in February/March.

**GLOBAL HEALTH ROUNDS**

Global Health Rounds will be held every two weeks. This is a great chance to hear presentations on important Global Health topics and to listen to
presentations from doctors, residents, and program directors on their work and research overseas. Students also have the opportunity to present on their overseas experiences (electives, projects, research etc.) to an audience of their peers and physicians working in international health and development. Emails are sent out prior to each presentation, and attendance is open to anyone. If you would like to present at rounds or be added to the mailing list to be notified of the presentations, contact Cheryl Knowles at cknowles@ualberta.ca.

COMMUNITY ENGAGEMENT AND GLOBAL HEALTH
While this gives great information on the international health program, our Global Health Program encompasses much more. It includes Inner City Health, Aboriginal Health, and Reproductive and Sexual Health. For the sake of space we can’t include all the information in this guide. Please take time to visit the Community Engagement and Global Health tab on the MSA website to learn more about our full program, including three other 12 hour electives and a lot of initiatives you can get involved with! Any questions should be directed to msaglobalhealth@ualberta.ca.

CANADIAN FEDERATION OF MEDICAL STUDENTS (CFMS) GLOBAL HEALTH PROGRAM
You can collaborate with medical students across the country in global health initiatives through the CFMS Global Health Program. Through the CFMS, you are also part of the International Federation of Medical Students Associations (IFMSA), which, among other student services, arranges clinical and research exchanges around the world. For more information, visit http://www.cfms.org/global-health.html.
rural & regional health

PRE-CLINICAL NETWORKED MEDICAL EDUCATION (PNME) PROGRAM
If you’re interested in having an immersive experience in rural medicine while you’re still in preclerkship, check out PNME. Students can take part in this program in Year Two. In PNME, you get to spend four weeks of GI block (September to October) in a rural community, getting your first taste of clinical teaching! Information on PNME is sent out late in Year One. For more information, see their website: http://www.med.ualberta.ca/communities/ruralregional/undergraduate/pnme

INTEGRATED COMMUNITY CLERKSHIP (ICC)
ICC is an alternative Year Three clerkship option where you work in a rural Alberta community for around 36 weeks. More information on ICC is given in the Year Three section under “The MD Program” later in the guide.
As a medical student, you are likely very interested in the science underlying medicine. But, something you’ll be hearing more about throughout your medical studies is the art of medicine, and it is important! The U of A has a program called Arts & Humanities in Health & Medicine (AHHM), which offers opportunities for students (and faculty and residents) to become involved in various ways in exploring clinical practice as both an art and a science (http://www.med.ualberta.ca/programs/ahhm). Come by and visit! Share your ideas, imagine and plan new initiatives. Come hang out in a creative space focused on the many positive possibilities that exist for the future of medicine and healthcare.

**AHHM SPEAKER SERIES**
Throughout the academic year, the program offers opportunities to connect with clinicians and scholars from the U of A and elsewhere regarding their expertise regarding connections between the arts, humanities, social sciences and medicine as part of the AHHM Speaker Series.

**ELECTIVES**
The AHHM program also provides many unique electives (such as the “Art of Observation - you get to go to the Art Gallery of Alberta for this one!”) that you can enroll in all four years of the MD program (see http://www.med.ualberta.ca/programs/md/academic/electives/y1/catalogue1-2). Hundreds of medical students at the U of A have completed AHHM-sponsored electives. Students from other Canadian medical schools as well as international medical students have also come to U of A to participate in health humanities electives and experiences offered by the AHHM program.
AHHM AND THE MD PROGRAM
In pre-clerkship you will meet Dr. Pamela Brett-MacLean, director of the AHHM Program who has helped to introduce a variety of educational innovations in the MD program, such as the Interpretive Art Project which is part of the Patient Immersion Experience thread of the longitudinal Physicianship course:
https://www.flickr.com/photos/fomd/sets/72157651127318830/

RESEARCH
If you are interested in gaining research experience that is not your typical wet/dry lab, clinical/basic science sort of project, AHHM offers summer studentships where students can work with various departments within the FoMD, and even design students from the Faculty of Arts, to create a project that aims to enhance humanism, reflection, compassion and a “patient-centred approach” in medicine. Past projects have considered a range of topics and themes, including medical education and clinical practice.

You may want to approach your AHHM class student representative about your ideas. If you are involved in a student club that is connected to the arts and humanities, come by and introduce yourself. The AHHM program has a Facebook presence and an e-listserv that you could join and also potentially use to promote your various club activities. You can also visit the AHHM library filled with arts and humanities books and other media that you can borrow.

All in all, AHHM aims to bring a balance of science and humanities within the faculty in order help us develop into well-rounded, caring, skilled professionals. Its’ ongoing and expanding programming provides evidence of the FoMD’s commitment to the human side of medicine. So if you’re craving a break from all the biomedical content you’ll be stuffed with in lectures and want to see a more arts-based perspective on illness and disease, AHHM is the place to go! The AHHM program is located at 1-001 Katz (across from the UME Program Office), come by and visit! Share your questions and ideas. Liz Ludwig, AHHM Program Coordinator, will be sure to extend a warm welcome.
overview of the 4-year curriculum

Medical education at the University of Alberta is a 4-year program that consists of a 2-year lecture-based curriculum followed by a 2-year clinical rotation (aka “on the wards”). Years 1 and 2 are the preclinical years during which material is presented in a series of systems-based course blocks. In each block, specialists in the area will teach everything from basic physiology and anatomy to pharmacology and clinical medicine. A vast majority of the lectures are given in Katz 1080, the large lecture hall found on the first floor of the Katz building.

Along with your systems-based courses, years 1 and 2 have a longitudinal course component called Physicianship. More information about Physicianship is given in the Year One and Year Two sections below, but as a general overview the course covers all aspects of the development of a physician including professionalism, evidence-based medicine, ethics, patient safety, patient immersion experiences, communication skills and physical examination.

MD PROGRAM OBJECTIVES AND CANMEDS
The overall goal of the MD program is to have us graduate as physicians with competence and skill in the following roles:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional
These roles are part of the CanMEDS framework, which was developed by the Royal College of Physicians and Surgeons of Canada and outlines the “essential competencies required to function well as a socially accountable physician.” This is important stuff, and you will likely see the CanMEDS flower many times over the course of your medical education. No need to memorize this or anything, just a good concept to keep in mind. Here is the link to the CanMEDS flower:
http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework
introduction to preclinical years

During 1st year, you will go through four core blocks: Introduction to the Profession, Triple I (Infection, Immunity, and Inflammation), Endocrinology, and CPR (Cardiology, Pulmonary, and Renal). Information is conveyed in each block through a variety of means including lectures, Discovery Learning small groups (see below), hands-on cadaveric dissection, and clinical skills sessions. Some lectures are packed with concepts and mechanistic details, and the volume of new material may at times make you feel overwhelmed. Not to worry - no one is expected to know everything in medicine. You will also quickly learn what method of studying works best for you (Note: cramming is not very effective in med school!). If you feel that you need to talk to someone about feeling overwhelmed, do not hesitate to contact Learner Advocacy & Wellness!

Don’t sweat the tiniest details in the lecture notes because chances are you will forget them anyway. Focus on the big picture and the details will fall into place. You are guaranteed to come across the most important and clinically relevant concepts more than once and, before you know it, you will have already learned them by heart.

In addition to the lectures, you will also be directed to learn some commonly encountered scenarios in your Discovery Learning groups, which give you the opportunity to play “House” and think like a clinician.

The Faculty has made a strong effort to accommodate the wide variety of learning styles that students have. Interactive computer based learning tools have been implemented to deliver learning materials through videos, podcasts, websites, and online games and quizzes.

In addition to the core blocks, our medical education is complemented by longitudinal courses of Physicianship. In the winter term, you will also participate in an interdisciplinary class that divides all 1st year medical
students into small groups with other health sciences students where you can begin learning how to work on a health care team.

**DISCOVERY LEARNING (DL) CURRICULUM**

DL is a great way to learn because it provides an opportunity for medical students to apply lecture material and basic science knowledge to clinical cases. During your first session of the week, you will be presented with a real life clinical scenario. From there, you brainstorm or use what you have learned in class to come up with a differential diagnosis, plan of action, and treatment options. You then do research on the topic, find information related to the problems including signs, symptoms, diagnosis, therapy, and prognosis, and bring it together to solve the case. The DL curriculum fosters responsibility in learning as well as peer-teaching under the guidance of a facilitator. You, together with your team, get to decide what you want to learn and are challenged to think critically like a physician in practice.

DL can either be a stimulating and rewarding experience or a very frustrating one depending on the student group and the preceptor’s guidance on discussion. DL groups change from block to block, as do the preceptors, so if you are not enjoying your time, hang in there. If you didn’t like how things were run in your previous group, suggest new guidelines during the first week in your new group to improve your experience. You can maximize your DL learning (and enjoyment!) by striving to work together as a team. Promote equal contributions by group members, be active and receptive listeners to your preceptor and your classmates, and make sure you’re clear on all of the necessary points before you move ahead.

Remember, DL is your chance to teach yourselves, which is what you’ll be doing once you’re in practice! If everyone works together and puts effort in, these sessions can provide you with some of the most effective teaching in your medical school career! Many medical students have found these sessions so rewarding that they are comfortable enough to head into a test without further studying the information covered in them.

**GIVING FEEDBACK TO THE FACULTY**

The Faculty is very interested in and receptive to student feedback. You will consistently be asked for your input on everything from DL preceptors to
online learning tools throughout your time as a medical student. Here are some simple guidelines in giving feedback to the faculty that will be helpful in improving the medical education experience for you, your classmates, and future students.

Through MEDSIS, each of the sessions and preceptors involved in your learning will be evaluated by none other than – YOU! You only have to fill out evaluations for about 1/3 of the sessions, so please be sure to do so. We are being given a lot of responsibility in being asked to evaluate our classes, so please be professional and fill out all the evaluations assigned to you.

If there is something that you liked, tell someone! If there is something you don’t like, try to explain how it could be made better through constructive criticism. Keep in mind that preceptors and facilitators invest a lot of time and energy into our education, so please be respectful when making your comments.

There are multiple student representatives who attend meetings regularly to provide student feedback to the faculty (Class Rep, Professionalism Reps, etc.). Providing feedback to your student representatives is the best way to make sure the people who can make changes hear your opinion!

**DEAN’S LETTER**

This is a term you will hear again and again in medical school. The almighty and powerful Dean's Letter! Well, the first thing to make clear is that it is not that mighty or powerful. The Dean's letter is actually called the Medical Student Performance Record (MSPR), which is a record of all the activities that you have participated in and awards that you have received throughout the four years of med school.

What is the MSPR used for?

It is part of the application package you make to apply to different residency programs through CaRMS. Some programs use it as part of your evaluation to determine whether you get an interview, and some programs don’t look at it all. So, what’s the big deal? What confuses many of us is that not every activity you participate in is recorded on the letter.
What does this mean?
The MSPR includes any awards received during medical school, and “Inquiries”, which are essentially research projects that you’ve undertaken while in medical school. As well, your clerkship core rotations and electives are listed with any MSPR comments. Note that volunteer information is not included in the MSPR.

**MSPR Awards** are U of A academic prizes and scholarships awarded during medical school. MSPR awards should be entered on your CV too, which means that your CV should include MSPR awards and all other awards such as bursaries, awards from a third party (ex. AMA), awards used to support/fund research, or those that took financial need into account.

**Inquiry** covers research or development projects carried out under an official studentship, scholarship or bursary program during medical school. Only research done at the U of A will be included in the MSPR. All other research is to be placed in your CV. Research activities include publications, oral presentations, poster presentations, and research in progress.

Having four things on your letter instead of five things really doesn’t make a big difference. Unless your letter is exceptionally outstanding or horribly lacking, chances are it will NOT have a huge impact on your residency application (you may hear this echoed by various department heads at lunchtime presentations over the year). Focus on working hard and impressing your preceptors during your clinical years, as this is a much more effective way of improving your chance at getting your desired residency position!

Remember, four years from now, you will be a practicing physician. Don’t lose sight of that fact! In your four years of training, you should try to learn as much about medicine as you can. It is a process of discovering who you are and what you are capable of doing, not a race to see who gets the most points on their residency applications.

**JOHN W. SCOTT HEALTH SCIENCES LIBRARY**
The Library provides Reference Service in person, over the phone, by e-mail or chat. Look for the “Ask Us” link at the top of the Library’s homepage. You can also book a one-on-one appointment with a librarian for help find-
Liz Dennett
J.W. Scott Library
780-492-9023
liz.dennett@ualberta.ca

Sandy Campbell
J.W. Scott Library
780-492-7915
sandy.campbell@ualberta.ca

Liz Dennett and Sandy Campbell will provide some guidance for you during Intro Block to get you started finding evidence for your DL cases. You will also receive a “Finding Evidence” refresher in DMED 515 and in MED 532. Remember that there are no dumb questions – the only “dumb” question is the one you didn’t ask.

Accessing Books (and other print/audiovisual materials)
Use your ONEcard for borrowing and requesting books. Your ONEcard is your Library Card. Your library ID is the 13 digit number below the barcode. Your ONEcard is also a NEOS card, which allows you to borrow limited numbers of books from about 25 other libraries, including many of the hospital libraries in Edmonton. U of A books may be borrowed for 6 weeks (starting Sept 2013). NEOS books (not from the U of A) have a 2 week loan period.

Use the search box on the library’s home page to find books. To place requests/holds, you need your library barcode and your PIN number. If you do not know what your PIN is, go to the following link and have it mailed to you: http://www.library.ualberta.ca/myaccount2/pin/

Accessing Electronic Materials (clinical point-of-care tools, databases, journal articles and e-books)
All of our electronic resources are available from off-campus. Go through the library website and enter your Campus Computing ID (CCID) and password when prompted.

If you do not know what your CCID is, go to: https://ist.ualberta.ca/id
As of August 2015, the library has moved to a single search for finding databases, articles, books, journals, etc. You can use the buttons underneath the library search box to select the type of resource you are looking for or
you can just hit “search” and your results will be organized into categories for you.

The following are a few lists describing several resources & services the library offers:

Information to support your learning and research

The Library has created a number of guides to let you know about key resources in specific subject areas. To locate these guides, click on the Subject Guides box (right below the green heading bar on the main library page), and then click on guides in the Health Sciences box. We recommend the following guides:

1. Medicine
   http://ualberta.beta.libguides.com/medicine-medical-specialties/medicine
   This guide includes links to specialized medical resources such as Access Medicine, Clinical Key, ACCESSSSS Federated Search, DynaMed, and TRIP, as well as journal article databases such as Medline, PubMed and Cochrane Library. If you click on the Evidence-based Resources (side menu), you will be taken to a list of the best Point of Care Resources.

2. Health Sciences Resources for Mobile Devices
   http://ualberta.beta.libguides.com/mobile-devices
   Several of our resources are available for iPhone and other mobile devices. This guide gives information on availability and installation instructions.

Library Services

1. Refworks
   http://guides.library.ualberta.ca/refworks
   RefWorks is a citation management system that is licensed for use by all University of Alberta faculty, staff and students. Refworks allows you to capture references from a database search such as Medline and store them in your own personal database. You can use the Write-n-Cite function to insert in-text citations into your papers and automatically create a bibliography in the citation format of your choice (eg: APA, Vancouver, etc). Refworks classes are offered periodically and can be found on the Library’s Workshops page: https://library.ualberta.ca/services/workshops
2. **Interlibrary Loan**
Many of the books and most of the journals are now in electronic format and available through our website. Anything not available in the U of A or NEOS library collections may be requested free of charge via interlibrary loan. The library will have the book or journal article shipped in from another library and will notify you when it comes in. The turnaround time for this service is usually a week, but it may take much longer depending on where the material is coming from, so plan ahead!

3. **Computers & Internet**
Computer workstations and wireless internet are also available, and you can access them using your CCID. A printer and scanner are available on Level 2 (the main level).

4. **Study Space**
The Scott Library has study space on three levels. Levels 1 and 2 are quiet conversation levels. Level 1A is a silent study level.

5. **Group study rooms**
These rooms are on level 1A and can be booked through the Library’s system-wide booking system:
http://www.library.ualberta.ca/services/studyspacebooking/

**Services When You are Away from University of Alberta**

1. **Eduroam**
Several universities across Canada have Eduroam available as a source of wireless internet for students from other Universities. You may find this very useful while on an elective. For more information go to:
https://ist.ualberta.ca/cnc/wifi#eduroam

2. **The TAL (The Alberta Library) card**
The TAL card allows you to borrow limited numbers of books from over 200 libraries (across the province. You can pick up a TAL card at UA Library Service Desks.

3. **COPPUL card**
This is a universal library card available through the UA Library which can
be used to access the libraries of other Canadian universities while you are on elective. List of libraries: http://www.curba.ca/rbname.html

FREE TIME (AKA. STUDY AND/OR SLEEP TIME)
Classes run from Monday to Friday, from 8 or 10 am to around 3 or 5 pm, depending on the day (and what time your DL is scheduled). Expect to spend most of your time in classes, DL, or in the anatomy lab. You will typically get Tuesday mornings and Thursday afternoons off. Your Physicianship Course and some other sessions will be intermittently spread throughout the year in these time slots. Additionally, Endocrine, Cardio, and Pulmonary have block-specific clinical skills sessions during these times. The best thing to do is to double-check your calendar before you book anything during your free time. During first year, the Faculty also requires you to do a 12-hour elective. This free time will come in handy since you are asked not to skip classes to accommodate elective schedules.

EXAMS
For most blocks, individual lecturers will submit 1 to 2 questions pertaining to the material they have covered to the course coordinator. Often, these questions test the major concepts presented during the lecture. As the year progresses, you will become better at identifying the kinds of concepts that will end up being on the exam, which is useful for when you are running low on time and need to plough through the material one more time. Some lecturers will even tell you which concepts they think are important (*wink, wink, nudge, nudge*). The concepts that you come across more than once are almost always the key concepts that you should know by heart! It is rare that the exam will ask you to recall information and facts straight from your notes. Remember that almost all of the questions on your exams are clinical (i.e. problem-based) and require a solid understanding of the basic science material to answer correctly!

For most of the first two years, you will not have to remember drug dosages and rarely specific drug names, so don’t worry about this stuff before exams. You will, however, be responsible for drugs classes as this is core knowledge (i.e. know what beta-blockers are, but don’t worry about metoprolol vs. carvedilol, etc.).
When weekly quizzes or supplementary questions are provided, DO THEM!!!!!! These questions explore the major concepts that the coordinators are getting at and often appear word for word or slightly modified on the test itself. Even images of various diseases are reused.

**HISTOQUEST**

Histoquest is a histology program developed by Dr. Begg and his colleagues. It is an easy and interactive way of learning clinically relevant histology and enhancing your understanding of the diseases you're learning about. Note that if there are any histology questions on exams, they will have been covered in lecture.

**QUIZMD**

http://quiz.md

QuizMD is a website created by Dan Kozan (class of 2010). It's a collection of practice exam questions and clinical vignettes that serve as a great review before exams or when brushing up for electives. Most of the material has been created by students, although some is submitted by teachers as well.

There are links on the top of the QuizMD home page, one for each discipline. Each of these links opens up set of quiz questions. These discipline-specific pages are run by two student editors and one or more staff physicians who verify the material on the site. Getting involved with one of these projects is a great way to meet physicians in the field of your interest, master the material, and get recognized for your keenness. If you’re interested in helping out with one of these pages, please contact the admin using the contact links on the bottom of each discipline’s landing page. Note that you’ll have to make a (free) user account to contact these admin.

**TEXTBOOKS & OTHER COURSE AIDS**

Most blocks will provide recommended textbooks, but every year the question invariably comes up: should you buy them or not? The clear answer is: it depends on how you learn (so clear, hah!). One of the important aspects of medical school is learning how you learn best. If you are a person who is able to take everything away from lectures and have everything organized, then you may be able to cruise through blocks without having to buy any textbooks. But there will definitely be times when you may feel that you could use a little more explanation and supplemental reading.
The value in textbooks is that you get to read the material from a different perspective than the one you get in class. This can help you understand a concept that you’re having difficulty piecing together, or help to reinforce the information again. Most of the time, the material you need to know will come from the lecture notes and you will do fine without any textbooks. A potential disadvantage of using only lecture notes, however, is that you may miss out on alternative written explanations from textbooks that could better clarify a concept for you.

Having said that, you don’t need to be running out to buy a textbook for every course. Instead, you will find that often, simply doing a search on Google or accessing free online textbooks can answer many of your questions. The online textbooks that we recommend include Harrison’s Principles of Internal Medicine, MD Consult, and ACP’s PIER. AccessMedicine also is another useful textbook search engine. In addition, the Internet offers a wide variety of free medical textbooks that are available to anyone, such as eMedicine (http://www.emedicine.com) and Merck Manual (http://www.merck.com/pubs). You can also access mobile device software called Pepid Clinical Rotation Companion free of charge from the John W. Scott Health Sciences Library.

There are a few books that many people find useful during first year. These include:

- *Interactive Clinical Anatomy: A workbook of Lecture Notes, Illustrations and Drawings* - A textbook made by our very own Dr. Walji. The main aim of the textbook is to make learning anatomy easy, exciting, meaningful and enduring. It is a three-part interactive package consisting of a CD with animated PowerPoint illustrations, a student workbook with concurrent black and white line drawings, and lecture notes. You can fill in the drawings in the workbook by following the animations in the PowerPoint and studying the lecture notes. Any of the upper year medical students who have been to Walji’s lectures will tell you that this book has long been anticipated!

- *Gray’s Anatomy for Students* - Clear explanation and good diagrams. Useful as a quick reference for anatomy lectures and labs.

- *Rohen’s or Netter’s Atlas of Human Anatomy* - Good diagrams for
dissection purposes. One copy of Netter’s is purchased for each anatomy group for use during dissections, but it must be kept in the lab.

- **Lilly’s Pathophysiology of the Heart** - Great book written specifically for medical students and it covers material comprehensively without getting too much into details.

- **Dubin’s Rapid Interpretation of EKG’s or 12-Lead ECG** - Either is a good supplementary reading for the EKG teaching you receive in class. Dubin’s is a quick read that covers the basics (which may be all you need now) but provides little in the way of quality practice ECGs. The 12-Lead ECG is a much more detailed book that covers everything from basics to cardiologist-only topics (don’t worry, they distinguish which are which in the book). It also has quite a few practice ECGs to show the variation that occurs in every ECG.

On top of buying these textbooks, you can also find good resources on reserve in the John W. Scott Health Sciences Library, where you can sign them out to read or make copies of the pages. Another option is to find a few friends you can study with and share the textbooks together. To make a bit of cash, you can also buy the textbooks, use them nicely, and sell them to the next year’s class who will be more than happy to buy the books for a cheaper price.

**TORONTO NOTES**

What is Toronto Notes? It is a book put together by students and faculty members alike at the University of Toronto. As quoted in its preface: “The purpose of the Toronto Notes is to serve as a useful clinical reference for students embarking on their clinical clerkship responsibilities and to prepare students for their graduating licensing exam. It helps to provide students who are pressed for time with a no-nonsense, concise review and explanation of the medical curriculum and more.”

Every year, the Class Fundraising Reps of the current second years places a mass order on Toronto Notes. For many students, TO Notes is their saving grace when it comes to studying for tests like the Comp (after 2nd year) and the LMCC (during 4th year). The notes work most effectively as a framework to help you approach the lecture material being provided. Some people said that they didn’t use it in pre-clinical years as they were too busy
trying to make sense of the notes. Others referred to it frequently (or used it for DL research when they were short on time). Some used it to review before starting an elective or 3rd year rotation. You don’t NEED to buy it but it MAY help.

**EDMONTON MANUAL**

The Edmonton Manual is a unique Canadian guide for medical students to transform their preclinical knowledge to useful skills for clerkship learning and objective structured clinical examinations (OSCE). This publication draws on the experience of medical students, residents, and staff physicians at the University of Alberta and brings together an approach to over 140 common clinical scenarios. Many students have found it extremely useful both for approaches to clinical problems and for OSCE preparation. In particular, the “Essential Clinical Skills” section is an excellent primer on transitioning to your clerkship years, with stations on order writing, SOAP notes, interpretation of basic lab tests, and more! The latest edition, due for release in September 2015, features significant content revision and professional graphical editing.

The Edmonton Manual is a University of Alberta MSA production and accordingly all unused proceeds go towards the MSA budget. Each year the publishing committee will send out emails soliciting students for participation (3rd and 4th year students are given preference) so you might even get a chance to participate!
year one

INTRO BLOCK – COORDINATOR: DR. PUGH
As the name and the description in the U of A course listing imply, Intro block is where you’ll learn the fundamental terminology and concepts in the basic sciences needed to understand medicine. With that in mind, Intro Block is not where you want to sweat the details. Rather, you should take the time to go over basic, general concepts (some of which you’ve likely seen before) so you know what’s going on in subsequent blocks. Additionally, there is a Health Evidence Literacy Assignment. This assignment is not difficult; just make sure you know when it is due and what is required to complete it.

In Intro Block, you’ll also be introduced to Discovery Learning (DL). These mandatory sessions are a component of each block throughout the year, and they involve group discussions about clinical cases. The purpose of these sessions is to learn how to effectively approach a clinical problem (i.e., what do I need to know to diagnose and treat a patient) as well as where to find reliable clinical information.

At first, it may seem that the topics taught in Intro Block are all over the map. However, over time you will find the material come together in subsequent courses. The main goal of this block is to learn how to think like a health professional. Start to familiarize yourself with the CanMEDS qualities that make up an effective physician (professional, communicator, collaborator, scholar, health advocate, manager, and medical expert). In addition, try to understand the fundamental topics taught in the block (pharmacology, biochemistry, genetics, anatomy, histology), as they will help you understand the material in subsequent blocks.

TRIPLE I – INFECTION, IMMUNITY & INFLAMMATION – COORDINATOR: DR. FORGIE
The second block of the year is called Triple I – Infection, Immunity and Inflammation. You will be taught by the highly acclaimed Dr. Forgie, as well as a strong supporting cast of professors and doctors from all walks of med-
icine. The worlds of bacteria, viruses, fungi and parasites will open to you and, in turn, you will learn how the body responds to them. You will also learn what doctors do to help the body when it comes up against something especially nasty.

Since infection can impact any body system, there is definitely something for everyone. Beware of "med student syndrome" in this block, as you will begin to think you have a ton of information to learn! The learning style in this block is diverse, with everything from traditional didactic lectures to podcasts, online games, and a number of clinically-relevant small group activities and other interactive formats. Triple I, however, is where the free ride stops. If you were used to cramming for an exam the night before, this is when you need to pick up the slack and stay on top of things.

You will likely need to put in more time and effort to learn the material here than in Intro Block. That being said, this block is well-organized and Dr. Forgie makes the material interesting to learn. She takes a non-traditional approach to teaching by encouraging students to find creative ways to share information. For instance, compared to a traditional lecture we were hard-pressed to forget her exclusive performance with the Triple E-B jazz band or her memory hangers. She also created Bug Bios, a set of high quality cue cards that you can use to review the bacteria on the exam. Pay attention to her lectures because nearly half of the Triple I exam questions will come from her section. In the beginning of the block, Dr. Forgie and Dr. Elliot will be teaching immunology - prepare beforehand and make sure to attend these lectures, as immunology can be difficult. Also, don’t stress too much over antibiotics. The concepts are introduced at the beginning of the block and may seem overwhelming, but they are revisited frequently throughout the block.

Dr. Gnarpe uses her notes as a script in her virology lectures, so even if you have missed a class, you will be able to catch up by reading her notes over. She has also prepared many review materials that are indispensable in preparing for exams, such as “Germ Zappers” (an online game) and “Vicious Viruses” (a set of ready-to-use cue cards). Since much of the material in Triple I requires memorization, these learning tools will be of substantial help!
Dr. Joffe puts on clinical review sessions, which are a great way to consolidate the things you learn in class and think like doctors do on the wards.

As part of this block, you will also give a group presentation in front of the class. These are a ton of fun and a great way of getting to know your classmates better while learning about infectious diseases.

**ENDOCRINOLOGY BLOCK – COORDINATOR: DR. MCNAB**

For students who prefer to learn by problem solving, Endo Block is for you! No longer calling for you to memorize lists of pathogens, Endo Block requires students to be analytical and systematic. Many concepts revolve around regulation and feedback loops, so the key is to develop a good understanding of these ideas, rather than just rote memorization.

Each endocrine topic (e.g., the thyroid) is approached first with a physiology lecture (and sometimes an anatomy and/or histology lecture), followed by lectures on clinical approaches to related problems. DL cases usually correspond to the material being taught in lectures that week, so while the information at first may seem repetitive, you’ll be happy when it comes time to study for the final – you’ll realize that you already know it all!

In addition to DL, you will also get the chance to learn endocrine clinical skills, such as how to palpate the thyroid (which is harder than it sounds) or how to look for exophthalmos in Graves’ Disease.

Throughout the block, Dr. McNab posts “Endocrinology Cases of the Week”. These weekly assignments cover common endocrinology cases and are extremely useful in preparing for the midterm and final exams. Many students found these cases to be difficult, so it’s best to start early and to work with others.

Many students found the final exam to be a tough. It won’t be as easy as checking off Addison’s Disease given the description of a pickle-craving patient. The questions are often much more subtle and may ask you to use your knowledge to solve clinical problems that were not explicitly discussed in lecture. Some tips to study for the Endo exams include following the
objectives and making sure you understand the key concepts in each lecture. Finally, pay attention to the thyroid physical exam material, as you will need to know it for your OSCE at the end of the year.

**CARDIOLOGY BLOCK – COORDINATOR: DR. SONNENBERG**

Cardiology, the first component of the CPR block, is when many medical students finally hit their stride. There is a lot of information in this block and it moves quite quickly, especially in the beginning. It is important to try and stay on top of the material in the first few weeks because this information forms the basis for what will be taught later on. This block is appealing to many students because of the logic behind cardiac dysfunction. If you understand the basic physiology and mechanics, it’s easy to predict the symptoms and even the timeline of symptom development.

The first week of cardiology is usually made up of hematology and some anatomy. Dr. Ritchie’s hematology notes are very comprehensive and filled with a lot of biochemistry. You will mostly be tested on blood clotting processes, bleeding disorders, tests used to diagnose the disorders, and pharmacology related to bleeding. Dr. Sonnenberg teaches many of the major lectures in the block such as heart/vascular function and how to read ECGs, as well as conducting weekly reviews. The vascular disease lectures taught by vascular surgeon Dr. Chyczij are full of interesting clinical stories and histories.

The cardiology exam questions are very clinically based, so you should practice linking signs, symptoms, presentations, and clinical findings with cardiac conditions and matching the appropriate treatment with the diagnosis. The practice questions provided are VERY useful for exam preparation. The most useful resource for cardiology is Lilly’s Pathophysiology of Heart Disease. It is a small, relatively inexpensive textbook that explains all of the concepts in a very clear and concise manner. Many students also purchased ECG books, the two most common books being Dubin’s Rapid Interpretation of EKG’s and 12-Lead ECG. The ECG books are less necessary as you can find copies in the library or use web-based resources. In addition, Lilly’s has an ECG chapter that may be sufficient for the block. That being said, being able to read an ECG is an important and necessary skill that will be
tested again in a couple years’ time during clerkship.

**PULMONARY BLOCK – COORDINATOR: DR. DAMANT**

The course coordinator, Dr. Damant, is a fun and extremely devoted prof. His classes are informative and entertaining, especially his Photoshopped pics which pop up every now and then.

The block revolves around clinically important topics, such as COPD and asthma. Focus on the concepts that are brought up more than once in lecture; chances are that they will appear on the exam. However, don’t be lulled into a false sense of security. Definitely attend the workshops on pulmonary function tests and acid-base problems, as you will need to understand these topics for the test and for your career. The pathology workshop is also very interesting, not to mention useful for the exam.

The pulmonary exam is the most clinically based exam in first year. Dr. Damant’s questions deal with clinical cases and usually ask for the most likely diagnosis or the best treatment approach. Here is the tricky part: Dr. Damant doesn’t provide a ton of options but usually all the ones he does include are good responses and you must rank them to identify the BEST answer. Honestly, there is not a lot of material to be memorized from the lectures. What is more important is to study for this exam as if you were in the clinic. Learn diagnoses, treatments, prognoses, and complications inside and out. Make sure you do the weekly practice questions online as some of the images seen there may also be on your exam.

The pulmonary exam is cumulative, with 5 to 10 questions from cardiology, although they tend to relate heart dysfunction to pulmonary dysfunction. You are expected to know how to interpret chest X-rays, CT scans, and pulmonary function tests, so learn these well. Dr. Damant has a pre-recorded podcast lecture along with Powerpoint slides on MEDSIS, which goes over these important clinical tools in detail, so make sure you don’t miss that! Pay attention in the pulmonary clinical skills lecture as you will need to know it for the OSCE as well.
RENAL BLOCK – COORDINATOR: DR. MCMAHON

Close your eyes, sit back, and relax... allow me to paint a quiet little spring scene for you. How are you going to read this with your eyes closed, you ask? I see your newly acquired critical thinking skills are hard at work. Anyway, April is a beautiful month: you wake up to sunshine on your face and the twitter of birds in your ears; the promise of summer just around the corner puts a bounce in your step; and a knowledgeable nephrologist with what seems like an endless supply of awesome ties is teaching you all about the black box that is the kidney.

All in all, Renal is a great way to end the year. While there is a fairly decent amount of material to learn, there is plenty of study time because it’s the end of the year and you aren’t terribly bogged down under the weight of Anatomy and Clinical Skills. Dr. Alan McMahon, who is the course coordinator for the entire CPR block, will lecture most of the time. According to some physicians, the nephron is smarter than the smartest nephrologists, making nephrology confusing. But Dr. McMahon explains concepts well and is pretty funny, so what else could you ask for?

A few tips: do the practice questions and attend the weekly review sessions to try and soak up the essence of the last five days. As you near the finish line, keep up with the material and enjoy yourself while your contemporaries in undergrad are busy stressing out over final exams! For many students, the hardest part of Renal was that many of the symptoms of various diseases are very similar to each other (i.e. they all involve changes in the urine). Therefore, we recommend you make a chart of all the diseases in order to help you categorize the various clinical signs and symptoms, as well as being able to recall the prognosis, treatment, etc. Work hard to stay on top of things and you’ll be fine.

Lastly, make sure you have renal down cold before you move on to review cardio and pulmonary for the cumulative CPR exam, since the breakdown of the exam heavily favours renal. The exam is challenging and will include identification of histological pictures since many kidney diseases are classified based on their pathologies. And just like that, your first year is IN THE BAG! Congratulations!
ANATOMY

The U of A is one of the few medical schools in Canada that offers a full anatomy program including a new set of cadavers for each class to dissect. Consider yourself lucky to be able to experience a dissection. Besides the excitement of a hands-on experience, you will sharpen your anatomical recognition skills as you learn about the anatomical variations between bodies. There is more variation on the inside than on the outside!

Even if you don’t remember the first cut into the cadaver, the smell of the formalin will linger for much longer in your clothes and on your fingers. Therefore, bring your lab coat or grab some scrubs from the hospital.

What else should you buy? One box of gloves is definitely enough for you to use in your first and second years. A word of advice: keep your gloves in your locker – if you leave them in the lab your box will be pillaged by other students and you’ll be out before the end of the term. Before anatomy begins in January, Dr. Walji will tell you to buy dissection instruments. However, since each group shares one cadaver with usually only a couple of students cutting or working at a time, it is often sufficient to have just one set of tools per group. The rest of the students will watch and/or help the one or two students that are dissecting the cadaver. It is best to wait to find out who will be in your anatomy group before buying the instruments. When you know who will be in your group, talk to your group members to see if anyone already has the dissection tools. (The instruments are cheap, but you really don’t have much use of them outside of the lab, so why buy unnecessary things?)

In the anatomy lab, you will be placed in a group of 6-8 people for the duration of the year. Try to read the dissection manual before attending each lab to save time and better understand the purpose of each dissection. Also, make sure to print the manual and bring a copy with you to the lab. You will often find it helpful to have an anatomy textbook to reference throughout the dissection; fortunately, the Faculty provides a copy for each group. Take your time to explore the cadaver. Instructors like Drs. Livy, Lemelin and Webber will be available to address your questions and, if you’re lucky, they might even give you and your group a short, hands-on anatomy lesson. If you don’t finish the dissection in the scheduled lab time, you can go back...
to the lab on your own free time (you have 24-hour access with your Proxy Card). However, don’t do the dissections on your own without asking the rest of your group – you don’t want to be the one that ruins the fun for everyone else!

Anatomy lectures are taught by Drs. Walji, Lemelin, Webber and Livy. Class lectures are important for the exam as many clinical points are discussed (hint, hint), so try to make it to the lectures. The lectures often move at a relatively fast pace, so try to keep up. Some people found it useful to bring in coloring pencils or highlighters to label diagrams. Many students also found it useful to re-vodcast the anatomy lectures.

Although radiology is not formally taught in class, you are expected to know it for the CPR block exams. A number of resources will be posted on MEDSIS to help you learn this on your own. Make sure to go over Dr. Damant’s podcasts as well as the powerpoint slides on “Chest X-Ray Interpretations” prepared by the anatomy instructors.

INTERDISCIPLINARY DEVELOPMENT 410
The purpose of Interdisciplinary Development (IntD) 410 is to provide medical students the opportunity to collaborate with students from other health care professional programs. Research has shown that patients achieve a higher level of satisfaction and better outcomes from interprofessional health care teams. In this course, you will be meeting with students from different professional programs (nurses, dietitians, OTs, PTs, pharmacists, dentists, etc.). You will work with them to break down stereotypes, develop teamwork skills by working on group projects, and learn how to interview patients. Pay attention to the deadlines because in this course there are many small assignments, most of which are reflections or group projects. They don’t usually take long but they do add up, so put in some effort and hand ’em in on time.

At times, it may be difficult to act as the ‘physician’ in the group, especially since you don’t yet have a clear understanding of what a physician’s role is. Given this, the course may at times feel like it departs from “how to work as a makeshift healthcare team” and instead feel more like an intro to “how to work as a group” (hopefully these skills have already been cultivat-
ed over your years of schooling). Do your best and represent the Faculty of Medicine and Dentistry well.

OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCEs)
OSCE is a term that you will become increasingly familiar with throughout your medical training. During your first year of medical school, you will be expected to learn the basic approach to patient interaction and several physical examination skills. You will learn these clinical skills from class lectures, your Physicianship course and from clinical skill teaching sessions during most blocks. Year 1 OSCEs provide you the opportunity to show your competencies in physical examinations and to learn which skills you can improve on.

In April, you will have your year-end OSCE. In this exam, you are expected to perform physical exams in most stations and history taking in one station. There will be several stations, each with an SP, and a note on the door clearly indicating the exam skills that need to be demonstrated. Last year, the stations included the thyroid exam, pulmonary exam, and cardiovascular exam. Dr. Vijay Daniels will show you exactly what is expected of you at each station, so be sure to attend his OSCE teaching session in April.

Where do you learn these clinical skills?
- Lectures in class
- Clinical skill teaching sessions during some blocks
- Physicianship Course

All the OSCEs during first year are pass/fail and the markers are generally generous and understanding of the fact that you have just started your medical training. You should get used to performing in OSCEs, as this is now the standardized way of evaluating clinical skills throughout medical school and residency training. Don’t stress out too much and enjoy the beginnings of becoming a physician!

YEAR 1 PHYSICIANSHIP – COORDINATOR: DR. TAN
Physicianship is a course that aims to prepare the next generation of physicians for the complex world of medicine. Under the guidance of Dr. Tan,
students will learn the two core skills needed to be a successful physician: understanding how physicians navigate in society (ex. professionalism, social accountability), learning important clinical skills and medical knowledge. While other courses test students on their ability to understand and retain information needed for certain clinical disciplines, Physicianship is unique in that it also focuses on the development of the important skills required to provide patient-centered care.

The Year 1 Physicianship course comprises communication, physical exam skills, integration of professionalism, social accountability, cultural competency, social determinants of health, and evidence-based medicine concepts along with medical expert content to help students develop their clinical approach. Each thread is assessed with a format appropriate to that topic (ie: written test, small-group activities, and/or facilitator/self/peer assessments).

You must pass all assessed components and will be offered immediate remediation if you are identified as unsuccessful. A grade will be assigned at the end of the course through a collection of the different activities, but the focus of the course should not be the assignment of grades, but rather to ensure you have satisfied all requirements and activities of the course.

The components of this course include the following:

**Longitudinal Clinical Experience (LCE)**
Students will spend 8 half-day sessions in a Family Physician’s office in order to practice history taking, clinical skills, as well as learning about the relationships between the doctor and the patients. In addition, longitudinal relationship between the student and preceptor and clinic will be central to this experience.

**Patient Immersion Experience (PIE)**
Pairs of medical students will be assigned to a patient mentor in order to understand what it’s like living with a chronic illness. From these visits, students will learn how patients navigated through the medical system and how their illness impacted their life and family. In addition, students will accompany their patient mentor to a medical appointment to observe the
doctor-patient relationship from the patient’s perspective.

**Physicianship Discussion Groups (PDG)**
Groups of 8-9 students and one faculty facilitator will meet 8 times in Year 1. The focus of these groups is to discuss the students’ clinical experiences (ex. LCE, PIE) as well as social accountability, cultural competency, and social determinants of health.

**Communication Sessions**
Groups of 4 students will meet throughout the year to learn and practice how to communicate with patients. Through the use of role-playing, students will learn how to take histories from patients under the guidance of a facilitator. While students may worry that their knowledge about potential diagnoses and management may be insufficient, the goal of these sessions is to develop communication skills rather than presenting clinical knowledge, although you will be guided through clinical reasoning for each case. You will be assessed at the end of the year with a videotaped interview with a standardized patient.

**Physical Examination (PE)**
Throughout the year, there will be around 2-3 clinical skills sessions per block that aim to teach students pertinent physical exam skills in a small group format, usually lead by a clinical facilitator. At the end of the year, students will be developing OSCE checklists that the class can use to prepare for the Physical Exam OSCE at the end of the year.

Students will be introduced to these concepts in a large-group format followed by interactive group activities. Some of the material from the lectures will later be discussed in Physicianship Discussion Groups. In addition, an approach to ethics and its application in clinical scenarios will be tested at the end of the year. This is one of the few times where students will be asked for written responses, so it’s important to understand the process!

**Academic Service Learning Experience (ASL)**
Each Physicianship Discussion Group will be matched to a community agency where the students will volunteer with nonprofit organizations. While students are required to complete their hours with these agencies,
the purpose of this is to allow students to learn about the different populations in Edmonton, what it’s like to run community agencies as well as the concepts of Healthy Equity, Communications, Patient Relationship Building, and Social Determinants of Health. At the end of the year, students will then present their experiences to their class.

Evidence-Based Medicine (EBM)
Students will learn how to appraise medical literature and learn which resources are appropriate to answer clinical questions (i.e. not Wikipedia!). These skills will be reinforced through assignments within the Discovery Learning Cases and supplemented with lectures on more involved EBM concepts. At the end of the year, students will be tested on these concepts via multiple choice and written responses.

Public Health and Health Systems
Lectures and small-group activities will introduces students to the concepts of health promotion, disease prevention, access to care, resource allocation, and other issues related to health systems and public health.

End-of-Block Integrated Cases and End-of-Year Integration
At the end of each block, students will work through cases in small groups that will allow them to apply their knowledge to manage a patient in a comprehensive manner, such as discussing clinical presentations and treatment. At the end of the year, all components of Physicianship will be integrated with relevant case presentations using standardized patients for interviewing and physical exam (i.e., OSCE and Communication Sessions).

YEAR ONE ELECTIVES
You’ll need to complete a minimum of 12 elective hours in each of Years One and Two. It is up to you to select and arrange your own elective(s). Electives may be completed in more than one discipline, and can be completed in several different ways. Here are some examples:

- All 12 hours with one preceptor over a period of time or all in one day.
- Two different six-hour electives with two different preceptors. (can be different disciplines)
- Three four-hour sessions with different preceptors. (can be different disciplines)
• Any combination of hours and preceptors that add up to 12 hours. The electives application form must be submitted to the UME Office within three weeks of the completion of your elective. All completed forms must be given to the UME Office by May 1 in order to receive elective credit for Year One.

In terms of organizing your electives, you can pick any preceptor you would like to shadow (as long as they agree!) and have them complete your application form, or you can select from any of the electives in the Year 1 and 2 Database, or both. The link to the database is: https://www.med.ualberta.ca/programs/md/academic/electives/y1/catalogue1-2

NOTE THAT ELECTIVES CANNOT BE COMPLETED DURING SCHEDULED CLASS TIME IN ANY COURSE.

RURAL SHADOWING & SKILLS
This is a special program that provides an opportunity for students to do rural shadowing during the school year. Note that it is restricted to weekends only. For more information, check out their website: https://www.med.ualberta.ca/programs/md/academic/electives/y1/shadowing

OPTIONAL SUMMER ELECTIVES
If you would like to shadow in the summertime and actually be able to do hands-on work with patients, you’ll need to be covered for malpractice and liability with the university. This means you’ll have to register for MED518. Registration for this course is available early second semester (around February) and closes late second semester (around May) and the fees will be announced at that time.

With MED518, you are free to do as many or as few electives as you would like, from one week up to 12 weeks, without worrying about liability issues. Of course, you are technically able to shadow without MED518, however you will likely be unable to participate as fully as you’d like to with patients, clinical records, etc. - and where’s the fun/utility in shadowing if you can’t do that!

You are responsible for ensuring that an elective application form is submit-
ted to the UME office after your shadowing time. Note that any shadowing
done in the summer between Year One and Two will not count towards
Year Two elective hours. This summer shadowing/registering in MED518 is
completely optional.
year two

INTRODUCTION
Unlike in first year where you are eased into the material, second year starts immediately where first year finished off. The days are packed with lectures, and there are more frequent anatomy and clinical skills sessions. Another major difference is that all the blocks have weekly quizzes, making it necessary to stay on top of the material. That being said, second year is still a blast. Be sure to make the most of it as clerkship is just around the corner.

ANATOMY
Anatomy in second year is considerably more work than in first year. You spend more time in the lab (eventually there are two sessions per week) and the content, particularly MSK and Neuro (but also GI and Repro), is very anatomy-heavy. Preparation for these labs is necessary to get the most out of them. The anatomy you study will be very clinically relevant as there is a great degree of interplay between anatomical structure and function in blocks like MSK, Repro, and Neuro. For example, if you are a GP giving a steroid injection into a sore joint, do you know what structures you could potentially injure? If you are intubating a patient (and you will!) what structures do you need to visualize? And which ones must you be very careful not to damage? You will learn more if you enter the lab knowing the relevance of the material to your future practice. Try to consider the surgical approaches or clinical procedures that relate to the area of the body that you are studying.

We are really lucky to have full dissections and guidance from so many excellent anatomy instructors, so do your best to make the most of the opportunity! All of the instructors are more than willing to spend extra time explaining concepts to you if you express your interest.

GASTROENTEROLOGY AND NUTRITION BLOCK – COORDINATOR: DR. BISTRITZ
Dr. Bistritz is the coordinator for GI block and she does a fantastic job! Weekly objectives are clearly stated, and the extraordinary quantity of infor-
Information is explained in a concise and understandable way. One of the best things about this block was the number of lectures entitled “Approach to...” (e.g., “Approach to Abnormal Liver Function Tests”). This way of learning helps immensely in clerkship because your patients will come in with a particular symptom or sign (e.g., rectal bleeding), and you will have to develop an approach to decipher the cause.

You may sign up for an optional “Scope Day” where you’ll get to see endoscopic procedures (some students even got to see an ERCP). These are very worthwhile sessions that make the course material much more substantive! Sign up quickly as the sessions are very popular!

You will be in the anatomy lab every week for this block. GI anatomy is both straightforward and quite fun. Dr. Walji and his crew do an excellent job teaching the material. (Important tip: DO NOT forget to tie the rectum tight before cutting!)

Online cases and their corresponding questions offer additional exposure to GI-related topics, and going through them was both helpful and relevant. There are weekly prizes and a grand prize at the end of the block. The weekly reviews last year were very interactive (lots of iClicker use) and they had example questions that helped identify gaps in knowledge, so they were definitely worth attending. Additionally, you will take part in a Wellness Rx module online. This year it will involve a basic primer of nutrition and physical activity concepts.

Although studying for quizzes can eat up your Thursday evenings, most students found them helpful as they encouraged them to stay on top of the material. This also resulted in less cramming for the final examination. The quizzes give you an opportunity to identify your weak spots, and the questions were mostly straightforward. Both quiz and final exam questions have equal focus on clinical and basic science components.

Over the years students have remarked that the quiz questions seem harder and more detailed than the final exam questions. Dr. Bistritz has clarified that all these questions actually come from the same exam bank, so that is NOT the intent. Students just perceive the final exam as being easier.
because a) they have by now studied all of the course material and b) all the different elements of the course have come together at last! It is probably more a reflection of student competence at the end of the course than a difference in quiz question construction. This is all to say, woohoo, you’re all smart cookies!

**REPRODUCTIVE MEDICINE AND UROLOGY BLOCK – COORDINATOR: DR. KIDDOO**

Pelvic anatomy is spatially confusing and can be difficult to grasp, so take care to attend those lectures and prep adequately for the labs, as they will be helpful later. Many students found it useful to shadow gynaecological surgery. The anatomy department is excellent, so if you’re confused at all let them know and they’ll do their best to help you!

Similar to “Scope Day” in GI block, you will be able to sign up to shadow in Labor and Delivery at either RAH or GNH. It is a great experience and many of us were able to observe deliveries and C-sections on our shifts. This is a valuable learning experience and really helps to both solidify lecture knowledge and gain a sense of the patient experience.

Reproductive medicine physiology is heavy, but relatively clear-cut. The recommended book was Hacker and Moore’s Essentials of Obstetrics and Gynecology, however many students found Blueprints Obstetrics and Gynecology better. Not only does this book follow along with the lectures as they’re presented, it also has phenomenal diagrams AND a ton of multiple choice questions at the back. The teachers for the gynecology and urology parts of the course are also phenomenal. Dr. Sagle and Dr. Rourke presented their lectures so clearly that when studying we barely needed to review the concepts.

The clinical sessions in this block were well organized and fun, covering pap smears, assessing the cervix during labour, delivering babies, and identifying prostate masses and hypertrophy in models. These clinical sessions allowed students to master a speculum and other invasive physical exam techniques before approaching real patients.

There are essentially three patient complaints in Obs/Gyn: bleeding, pain,
and bleeding with pain. All jokes aside, though, these complaints comprise a huge portion of the curriculum as they are often the only (or at least the earliest) presentation in many gynecological disorders. Focus on forming differentials for these symptoms and find out ways in which you can separate the possible causes based on patient characteristics (e.g., by age).

**MUSCULOSKELETAL SYSTEM BLOCK – COORDINATOR: DR. A. OSWALD**

Dr. Oswald loves her specialty (Rheumatology) and cares deeply about her patients, which is evident in her teaching. Compared to other blocks, this block takes a slightly different approach to DL and weekly reviews. In previous blocks, DL material was usually covered in lectures; this is not the case in MSK. You cannot wait for lecture to clarify your understanding of the material or to use it as another “research” source. Instead, you must investigate these diseases on your own. Although this may be a little worrisome at first, the DL preceptors do a good job of ensuring that everyone covers the necessary material. In addition, it is not enough to list a differential without knowing what the other diseases on the list are. Look them up and you will be better off come exam time. The weekly reviews are also more of a Q and A session than the summaries you have come to expect from GI and Repro.

The first week of the block is all dermatology. Unlike many other diseases, the focus is much less on treatment and more on recognition. It may be helpful to create a “study powerpoint” that has all of the diseases and their features so that you can recognize them in the future. The dermatology manual on the e-learning system is also well written and covers a lot of what you need to know. It also contains links to online dermatology atlases, though these can be slow at times. The rest of the block is divided into orthopedic and rheumatologic disorders.

The anatomy content is understandably much higher in MSK than in other blocks. This anatomy, however, is essential to understanding many of the diseases, as well as the physical exams and treatments. Visualization of different muscles is often fairly easy in the lab given their size and separating fascial planes. Although there is a lot to learn, Dr. Satkunam teaches it beautifully. His lectures were fantastic, and his handouts (although sometimes over 30 pages for a single lecture) were equally amazing. These handouts
closely follow his lectures; he even references them on his slides by page number. The work and care he puts into teaching is clearly visible, whether at the front of the lecture room or in the anatomy lab.

There are a lot of physical exams to learn for MSK. You are responsible for finding your own resources for the physical exam maneuvers. Some good resources include Bates’ Guide to Physical Examination and History Taking, the Essentials of Clinical Examination Handbook, and YouTube where a variety of instructional videos can be found (try searching for BJSM Videos on YouTube, or Google search McMaster MSK Examination Series). Check out each of these resources to determine which will be most helpful for you.

The marking scheme of the MSK block is quite different compared to other blocks, but a clear breakdown is given during the first week. In addition to DL, weekly quizzes and the final exam, there are also marks for a brief reflective paper, web-based virtual patient exercises and team based learning. Team based learning (TBL), like DL, covers topics that are not specifically addressed in lectures. TBL sessions take place mid-week and cover content related to the theme of the previous week. During these sessions you will first write a ‘mini-quiz’ based on your readings, vodcasts or modules accessed online ahead of time. Afterwards, you’ll then convene in assigned small groups to re-write the quiz as a team. The MSK block also has web-based modules and ‘Case Based Learning’ small group sessions that include an expert in the area being covered. All of these methods of learning really help solidify the key concepts in the block.

Weekly quizzes are generally a bit challenging – prepare for anatomy questions such as “if we broke off this part of the bone, what would happen?” and “if this nerve was severed what would happen?”. These kinds of questions will require you to know your muscle insertions and innervations. The final exam was extremely fair – know the brachial plexus inside out, and expect some straightforward rheumatology and picture-based dermatology questions (they tested the most common things). Make sure you know the common presenting symptoms, such as shoulder pain, “hip” pain (not always at the hip!) and lower back pain, and what to do with them.
PSYCHIATRY BLOCK -
COORDINATOR: DR. R. OSWALD

Psychiatry block is a 4 week course where each mental health disorder will be explored in terms of definition, epidemiology, etiology, pathophysiology, signs, symptoms, investigations, treatment and prognosis. Psychiatry has weekly quizzes and a variety of active learning modalities such as a guided project learning, team based learning, case-based learning and virtual patient cases. Dr Oswald will also bring patients to some of the lectures, so make sure not to miss these sessions!

NEUROSCIENCES BLOCK –
COORDINATOR: DR. GOEZ,
ENT SECTION: DR. O’CONNELL

Neuro block is a 7 week course that provides a reasonable approach to different clinical presentations that the undifferentiated 4th year graduating MD student may see in clinical practice and will benefit from knowing the approach to. It consists of neurology, pediatric neurology, ophthalmology, developmental pediatrics, (first 6 weeks) and ENT – ears, nose, throat (7th week). Neuro block has weekly quizzes, so make sure to keep up on your studying!

The neurology section is very information-dense, and a decent knowledge of neuroanatomy is necessary. Neurology, just like real estate, is all about “location, location, location”. Labs are useful, but you will need to spend some time by yourself learning structures and vascular supplies of the brain and spinal cord. You should be able to tell which artery and part of the brain are injured given a list of symptoms (and also what symptoms you would expect given an MRI). Dr. Walji’s lectures are particularly amazing for neuro block, and we recommend listening to his vodcasts more than once. His diagrams and narratives are extremely useful, and he does an amazing job drawing on clinical correlates. Even the other anatomists have stated that his neuroanatomy lectures are some of the best you will ever find.

The Ophthalmology portion of the block is taught by Dr. Rudnisky. There is a TON of information that he is required to go through, and he does an excellent job. However, you might spend the first few hours of lecture
trying to decipher his shorthand notes. Even though there is such a large amount of material, his well-organized slides make it easier to digest. His lectures contain fantastic photo examples of all important presentations. There are handouts that accompany all of the lectures, and it is useful to read these prior to attending as they are nice overviews and not too long or complex. His notes also contain some supplemental material that is not covered in class but you are expected to know. The lectures appear to be based on the recommended textbook, Basic Ophthalmology, and there is significant overlap in the material. This section is now accompanied with visits to ophthalmology offices, where you get to work with awesome (and very expensive) equipment and use scopes to check out your classmates’ optic discs. Mastering a fundoscope can take some time and some trial and error so take this opportunity to really practice; luckily here the pupils are dilated, which makes the exam easier.

Much of Developmental Pediatrics is devoted to the assessment of a child’s development. This is done by breaking down their abilities into different categories: gross motor, fine motor, speech/language, cognitive, and social/emotional (one particularly useful mnemonic to remember this is “Gotta Find Strong Coffee Soon”). You will be given the opportunity to see children of different ages in an attempt to help you establish what the normal is. For those of you who already have children, you may find this section particularly easy since you have already had the pleasure of watching them grow. For everyone else, remembering when children develop certain abilities can be challenging. There will be questions on the test that describe a child to you and ask you to pick the most appropriate developmental age, so do your best to know the milestones.

In the ENT part of the block, the cranial nerve, head and neck anatomy is very interesting and correlates extremely well with the anatomy lab. Some say there is “more anatomy” packed into the head and neck than in the rest of the body. Dissections of the head and neck are much more difficult as the structures you are looking for (mainly nerves and blood vessels) are smaller and in a more confined area compared to the rest of the body. To find everything you need to take your time, otherwise you may miss a lot. The course includes different teaching modules, which helps keep things engaging!
ONCOLOGY BLOCK – COORDINATOR: DR. SCARFE

Dr. Scarfe is nothing short of fantastic. It is readily apparent that he puts a lot of thought in his lectures and does all he can to make sure that he thoroughly answers all of the questions he gets. His weekly reviews are extremely useful, so don’t miss them!

The first week of the block covers hematology. Because hematology can be confusing, a lot of time is devoted to creating a strong knowledge base by working through case problems in lecture. Definitely work on forming an approach to abnormalities like anemia, thrombocytopenia, neutropenia, pancytopenia, etc. You will use differential diagnoses for these abnormalities for the rest of your career.

This entire block is well done, so attend the lectures. This is the only block in second year that doesn’t have weekly quizzes as in previous blocks, but it does have “Questions of the Week” that are on-line questions adding up to 25% of the block mark. This should help you to maintain a balance between oncology and comprehensive exam studying. There are a few cancer lectures that had a guest (e.g., family physician, a specialist such as a gastroenterologist, an oncologist, general surgeon, etc.) come in to present their perspectives of the particular cancer being discussed. These lectures are truly unique learning experiences. Oncology block is also great review for the Comp – many things you learned in other blocks will be re-visited!

DL for this block is unique in that you spend the first hour of the first session interviewing and examining a standardized patient. Although your entire DL group watches your interview, it really is a stress-free environment as everyone is there to assist you in your learning. This also gives you a good chance to get more comfortable with having others watch you interview, as this will be something you are required to do during clerkship. Interviewing and examining are also great review for the year-end OSCEs, and they really highlight how all of the knowledge from the first two years has come together. Students also have a chance to think more like a clinician by generating “problem lists”.

Though daunting to many, the written (non-MCQ) component of the final examination gets students to show more about how they’re thinking about
a problem than what you can show by selecting one of five distractors in a MCQ.

YEAR 2 PHYSICIANSHIP – COORDINATOR: DR. GOEZ
The components that were introduced in first year Physicianship continue in second year. While there will be fewer LCE and PDG sessions, students will be expected to learn more about patient management and how that is communicated to patients. In addition, students will conclude their visits with their patient mentor by presenting their Physician Immersion Experience Interpretive Project. Students are allowed to use any artistic medium, such as sculpting and music composition, to demonstrate the lessons they learned from their patient mentors.

YEAR TWO ELECTIVES
Same deal as with the Year One electives (see previous section for more info). Coles Notes version: you can have any combination of hours and preceptors that add up to a minimum of 12 hours; find your own preceptor or take a look at the Years One and Two electives catalogue; send in your complete application form within 3 weeks of doing your elective; to receive elective credits for Year Two, all forms need to be into the UME office by May 1.

OPTIONAL SUMMER ELECTIVES
Just a quick note about doing electives in the summer between years 2 and 3. Again, you have to register in a course (MED528) prior to May and pay tuition. It can be very useful to have some experience on the wards before your official clerkship starts and after you have a solid understanding of the basics from your first two years. This can be a chance for you to further explore something you are interested in, or doing something general like family medicine can be very helpful in prepping you for the wards.

What is different between summer electives after Year One vs. Year Two is that now, you can get up to 4 weeks credit towards Year 3 electives, of which up to 2 weeks can be clinical research electives (ones involving patients or their charts). Be sure that you hand in the Application for Clinical Electives form before you start the elective or you will not receive credit.
COMPREHENSIVE EXAMS (AKA THE COMP)
The COMP has 2 components, the MCQ part and the OSCE part. Dr. Daniels is responsible for the final OSCEs. The MCQ last year covered everything from the first two years, including Physicianship. The purpose of the exam is not to see if you have managed to retain all of the details you have seen, but rather to make sure you understand the fundamental concepts that are necessary to work in the wards. Many members of our class met in small groups to develop notes for each block and share them amongst their group. This ensured that you would reread all of the topics touched on in class without having to reread all of the notes you have (a Herculean task to say the least). Others turned to summary resources such as TO notes or Case Files books when looking for something more interesting to read. Pre-test question books, QuizMD, and the online tests on the e-learning system are also useful for practice and study aside from simply reading notes. The goal of this exam is not to make sure you know everything, but rather to make sure you meet a minimum standard and see if any supportive revision is necessary.

The OSCEs are the same as what you have been exposed to already. The only difference is that there are more stations. Get together with other students and practice your exam skills and you will do well. Dr. Daniels makes every effort to make sure that the exam is transparent: he even tells you what content is fair game and then selects from a list you are given so there are no surprises. Be sure to read each station carefully and answer the questions that are asked. And always, always, always, remember to be courteous and wash your hands.

Once these tests are out of the way, congratulations are due! You are now moving on to the clinical years of your education!
year three  
(clerkship)

INTRODUCTION AND TRACK SELECTION

Third year marks the beginning of the practical aspect of your medical education. By this time, you should have a good grasp of (a) the vocabulary and (b) the basic academic concepts of clinical medicine. Third and fourth year are your opportunity to solidify that knowledge through practical experience. The transition from the classroom to the wards can be challenging and the initial learning curve is steep. In addition to the concepts you’ve learned before, you need to learn how to navigate Edmonton’s hospitals (where to park, where are the wards, etc.), find your way around patient charts and electronic medical records, how to (quickly!) write up consult notes, progress notes, and orders, and how to make referrals to other docs and services. Rotations in surgery come with another set of challenges entirely: scrubbing in, NOT contaminating the sterile field, booking cases with the unit clerk, and learning the names of the myriad of surgical instruments that exist. Don’t worry, you’ll get the basics pretty quick and acquire the rest over time. If you have questions or are unsure, always ask your resident or preceptor, take notes and you’ll never have to ask again.

Track selection for third year occurs in the spring of second year. Although students inevitably get worked up about the selection, try to remember that all tracks (except for ICC) are essentially the same. Note that unlike in Years One and Two, your elective schedule is pre-determined according to which track you get, i.e. you can’t just do electives whenever you’d like!

Things that might influence your choice of track should include:

1. When are the core rotations and when are electives? If you’re interested in a specific specialty and will want to do electives at other centers, it’s probably best to get your core rotation in that area at the U of A completed first (in fact, most schools require you to complete certain core rotations before you’re allowed to book an elective with them.
You can check out all the requirements online on their websites, usually under “visiting student electives”)

2. What kind of doctor do I want to be (i.e. what’s my specialty of interest)? If you’re not certain what kind of doc you want to be when you grow up, it might be good to put the fields that you think you might be interested in earlier on in the track, so that you can rule them in or out early (which might aid in future elective planning).

Bottom line: no matter where you start, you won’t know anything, and no matter where you finish, you’ll gain experience and knowledge as you go, so don’t stress about your track! Once your track is selected, you should start thinking about booking your electives, especially if you plan to do them at centres outside of Edmonton. For example, for booking at UBC you need your request in around 8-12 months in advance!

PARKING PLACARD & STUDENT INTERN ID
The UME office provides you with your student intern Alberta Health Services ID cards in 1st year. On your own time, you will also have to get a parking placard, as this is essential for getting around to your various rotations within the city. It is essential that you get this done before or during link block, as finding time will become increasingly difficult during third year rotations.

How to get a parking placard
Visit the Grey Nuns Hospital and bring a credit card and your ID. The parking office is located in room 1106 (on the main floor beside the chapel). They will give you a parking placard and parking maps to tell you where to park. The placard allows you to park at 9 different sites but in certain lots so make sure you read it. The monthly fee will be charged to your credit card automatically. Fix your hair because she will take your picture. If you do not require parking for some months of the year, you can drop the placard off outside her office (there’s a designated box). Just make sure you do so prior to the first of the month to avoid getting charged. Also, remember that it is not necessary. If you don’t mind a bit of a walk, it’s possible to find free parking around all of the hospitals!
LINK BLOCK

Most lectures in Link Block focus on clerkship basics (e.g. how to write orders or a progress note, what to do if you get a needle stick injury), but there are also many lectures on 'surviving', in which they emphasize the importance of your social contacts both in and out of the hospital, and of ensuring that you maintain some semblance of balance in your life. During the first week, you can expect a variety of practical small group sessions where you get the chance to learn some practical skills (NG tube insertion, injections, use of sterile and aseptic technique, suture session, foley catheter insertion, introduction to bedside Ultrasound, respiratory therapy practices) and practice on/torture your friends.

The second week involves attending HSERC for simulation sessions and getting your CPR certification (necessary, since there’s a good chance that all of you will eventually need to do chest compressions on the wards). Review the radiology teaching files on the e-learning system before the start of week 2, as you’ll be going through them in small groups this week.

TIPS THAT APPLY TO ALL ROTATIONS

You’ll hear these tips at least a million times, but this is because they are important! It’s surprising how many students forget these things once they get out on the wards! The most important rule of clerkship is: BE ON TIME. It is never okay to be late – make sure it doesn’t happen!

The second most important rule is to BE ENTHUSIASTIC. If a preceptor or resident asks if you’d like to see something, the answer is always YES. Everything in clerkship is a learning opportunity, so make the most of it and be (or at least act) interested. Seeming anything less will reflect very poorly on you and will be noted in your evaluation. Put yourself in the preceptor’s shoes: would you want to spend your valuable time with a student who looks bored?

Make yourself available – let your preceptor, the nurses, residents, etc. know that you want to be notified when things are happening. BE KIND AND RESPECTFUL TO EVERYONE! This should be self-evident, and applies to patients, preceptors, residents, and (arguably) most importantly, to the other allied health professionals you will meet on the wards. Not only are
they an extremely valuable resource (the nurses on your units/teams will be invaluable for both patient information AND for practical skills), but often these individuals are consulted regarding your performance and will have input into your evaluation.

Finally, BE PREPARED. During clerkship, the onus for learning is on YOU. You need to read about your patients and their cases, and take the time to study areas in which you are weak. This is not for the purpose of passing exams (although it helps), but instead because this preparation is what will make you a competent (and an excellent!) physician. It is often a good idea to consult your preceptor at the end of the day regarding one or two focused areas that you could read up on to improve for the following day. If you’re lucky, the preceptor might even take the time to quiz you on these topics!

Another thing that really helps is to express your interest in the specialty early (without lying!) so your preceptor pays attention to your performance more. ASK FOR FEEDBACK REGULARLY and try to make visible improvements. For example, if you preceptor corrects you on a physical exam skill technique, make sure you look it up and practice it well so the next time you do it, you can do it better. ACTIVELY PARTICIPATE AND ASK QUESTIONS. Even if you are bored to death retracting for the 5th C-section you have seen today, come up with questions so they know you are attentive and learning something. Clerkship evaluations also play an important part in your CaRMS application because every program likes to see a well-rounded “perfect” applicant who does pristinely in all areas. You can express your interest and ASK YOUR PRECEPTOR TO GIVE YOU MORE FEEDBACK ON THE EVALUATION because the comments really count. For example, most surgeons are less poetic when it comes to evaluation so don’t be shy to ask for it – “I’m really interested in applying to a surgical specialty so I am wondering if you could write some comments on my evaluation.”

Feedback Sessions take place at the end of each rotation during your 3rd and 4th year. Dr Andrea Davila-Cervantes, Medical Education Specialist, MD Program will come to ask for your feedback on the rotation, for discussion on what went well and what would you like to change (areas of
improvement). The MD Program makes changes based on this feedback, the information you share with her is confidential, so feel free to talk to her about your concerns!

**FAMILY MEDICINE**

Your Family Medicine rotation will consist of a total of 8 weeks. Most students do one month rural and one month urban, although you can choose to spend two months in a rural location. There are numerous rural teaching sites that you will be asked to rank, however most of us were assigned to places we didn’t rank at all! Luckily, most of the sites are pretty fantastic, and preceptors are (for the most part) super-busy and excellent teachers. You can go to the RPAP office and check out their binder describing experiences at each of the locations. If you really want a specific site let them know well in advance or you can specify your reason on your ranking sheet (e.g. family of 5 kids in town so want to be placed close to Edmonton).

RPAP organizes (and funds!) your accommodation in these locations, and will contact you a week or two prior to your start date with the details. Your urban sites will either be out of the major hospitals (GNH, Mis, UAH, RAH or the Northeast Community Health Centre) or within the community (e.g. the Allin Clinic). Tips for success include: (1) show up for the orientation, (2) refer to the guidebook (this will be posted on the e-learning system under “Family Medicine”), and (3) have fun! You will be evaluated clinically by your preceptors, and through both a group presentation and a written exam at the end of your 8 weeks. The examination has previously been composed of 10 questions worth 10 marks each. In previous years there was also a narrative reflective practice component that you will have to hand in (some people make up crosswords or songs, and apparently writing Haikus is also fair game!).

There is no particular textbook or handbook for this rotation because of the breadth of the specialty. Unfortunately, the book they recommend is also not very good. You can use the handbook (a binder of many sheets) they provide you at the beginning of the rotation as a guideline. From there, you are expected to know up-to-date practice guidelines and EBM. Alberta TOP guidelines is a good place to start.

Family medicine is one of the most important rotations because it gives you
INTERNAL MEDICINE

Internal medicine is 8 weeks of intensive ward medicine at one of the main Edmonton hospitals: UAH, RAH, MIS and GNH. Program assistants will contact you to provide the details of your rotation (e.g. where to show up, what service you’ll be on, etc.) a few weeks prior to starting your rotation. You should also be advised of your call schedule at that time. One student will be on call on their first day. Be cheerful, enthusiastic, and if you don’t know something or you feel uncomfortable, ASK QUESTIONS! If something comes up midway through your rotation, it may be possible to swap call days with your peers. Each rotation will start off with an orientation session detailing the morning report/handoff routine, call rooms, and the wards you’ll be working on. Additionally, your preceptors should outline their daily expectations of you. Internal medicine is a team-based rotation, so expect to work with other medical students, residents, and various preceptors, as well as nurse practitioners and other allied health professionals. You will make an excellent impression on this rotation if you develop a sense of ownership and responsibility for “your” patients. These are the people that you will admit, write daily progress notes, write (co-signed) orders, and dictate discharge summary for! Check with your preceptor or a resident, but it is often expected that you take the initiative to round on these patients before meeting with the team. You will play a central role in their care, and provide information to them regarding their admission and about basic medical information and medications relevant to them. The key to your internal rotation is to ASK QUESTIONS! If you are uncertain about anything, it is always better to ask and make sure. You will learn, and sometimes your questions will help your residents and staff to learn as well!

Harrison’s Internal Medicine is a great resource for pathophysiology and also contains sections with ‘approaches’ to common problems, although it might be very long reading. Most interns and residents carry around one of two (or both!) of the following handbooks during this rotation. The first
Internal medicine provides you with the opportunity to put all of your medical knowledge together and apply it to very complex patients with multi-system diseases and multiple issues. Success requires problem solving (you will become an expert at forming differential diagnoses). There are also opportunities to learn many procedural skills (ensure you get teaching in these by ASKING). Take advantage of resources posted on the e-learning system, which detail the rotation objectives. Previous students have found that it is most effective to study for this exam by just practicing for the OSCEs. There are 16 OSCE stations (8 minutes long) which are apparently not too bad, but if you fail any station, you have to do make-up work for it. The MCQ exam is comprehensive but reasonable.

PSYCHIATRY
For Psych, you will be assigned to the RAH, GNH, UAH, MIS or Alberta Hospital Edmonton. The rotation starts with a morning of orientation before presenting to your site, and they’ll run through the objectives with you at this time. There is a set of about ten clinical presentations that you’ll be expected to master, and you’ll become proficient at obtaining (very) full medical and psychiatric histories, along with MSEs and cognitive/functional assessments. Psych is known as a relatively easy block with a ridiculously challenging exam. The U of A uses an American exam typically used on residents, so failing is very common (don’t worry, they curve it after so that everyone passes). In addition to the difficult MCQ, there is an oral exam where you will be required to present a full case and then discuss 4 scenarios on the spot. In past years, oral examiners have been positive and helpful. One previous student noted that there will be a student on each rotation
placed with Dr. Joffe at the MIS. He provides great notes, so photocopy these and distribute them to everyone in your track. TO Notes also has a comprehensive and well written psych section, which is great for studying.

**PEDIATRICS**

Peds is an eight week rotation that is broken down into four sections. You will spend three weeks in a general pediatric clinic at one of four locations (MIS, Stollery, RAH, or North Edmonton Children’s Center). Depending on preceptor availability, some students may be placed in community clinics. During these weeks you’ll see patients for well-baby check-ups, new consults and acute problems. You will spend an additional few mornings with a neonatologist (newborn clinic shifts!). Two weeks of this rotation will be spent on one of the clinical teaching units (CTUs) at the Stollery. You will be assigned to one of 3 or so teams, and this will be a bit like the pediatric version of internal medicine. Be prepared to take responsibility for your patients (rounding on them, etc.), but there will be no call! You will be evaluated by your preceptors and also by your senior residents, as you interact closely with them during this time. You will complete two weeks of peds emergency and CTU call shifts. Expect these to be extremely busy without a ton of sleep. Finally, you’ll get to spend one week in various pediatric subspecialty clinics, where you’ll get to learn about more specific topics in peds (i.e. cardiology, neurology, etc.). TO notes is a fantastic resource for this block, as is the “Blueprints Pediatrics” book. For keeners who want to look smart, “Pediatric Secrets” contains every fact that they might quiz you on (and is really well sourced). PedsCases.com is an online resource that not only contains fun cases to complete for your own learning, but also has links to U of A podcasts that are extremely useful! The peds people provide you with a pocket book containing info on fluid replacement, milestones, and the immunization schedule, and this is also extremely helpful. Be sure to attend and take notes at the academic full day. The powerpoints and presentations are very useful. Examinations include a MCQ exam and 10 OSCE stations, both of which are reasonable.

**GENERAL SURGERY**

Your surgery rotation is composed of six weeks of surgery. You’ll spend three weeks in general surgery at two different sites, either RAH + MIS or UAH + GNH. During your surgical rotation you will be expected to play
an active role on your team by reviewing charts and labs and examining your patients. You’ll be responsible for writing daily progress notes and (co-signed) orders on morning rounds. Expect the AM rounds to start at 6AM at most sites. You should show up a bit earlier to print the list for everyone (your resident will show you how to do this). You will then round very rapidly (quite opposite to medicine rounds) on all your patients before OR starts around 7:45. If you’re not comfortable in the OR straight away, don’t worry, you’ll get there eventually! If you’re nervous about sterile technique or the OR process, your BEST resources are the nurses! If you can, arrive to a case early to help set up, and then stay after the case to help. The nurses can answer all of your questions about room setup, draping, sterile technique, etc. If you want to make a really great impression in the OR, check in with the front desk and make sure you know what cases are booked for the next day.

The slate (sheet with all the OR cases) is usually posted in the afternoon for the next day. Four things you should do to make you a great surgical intern, especially if you are considering a surgical career:

1. Read up on the procedure or the anatomical approach ahead of time to prepare for pimping in the OR (and know where the heck you are, since surgical anatomy is VERY different from both text and cadaveric anatomy). For resources, refer to TO notes and the book “Surgical Recall”, which will help you to answer any questions they throw your way. They literally ask questions straight off of Surgical Recall!

2. Go to the OR a bit earlier to read the patient’s chart so you know exactly what condition the patient has and why you are performing the procedure. The more you know about the patient, the more intelligent your questions are going to be when you want to break the silence in the OR.

3. When they ask you if you want to sew, ALWAYS say yes, assuming you have practiced beforehand! The more you volunteer yourself to do, the more enthusiastic you seem and the more you WILL get to do (including Foley’s, intubations, IV starts, JP drain insertion, subcuticular suturing, etc.)

You will be evaluated through preceptor evaluations, a MCQ exam (some hard-to-study-for random fact questions so you might find Surgical Recall
very useful again), and a 12 station OSCE (5 min per station).

**OBSTETRICS AND GYNECOLOGY**

OBGYN is presently a six week rotation at one of four sites: RAH (Lois Hole), GNH, Sturgeon and the MIS. Most of your time will be spent in general “bread and butter” O&G wards and clinics, though you will have some time in subspecialty clinics (i.e. gyne surgery). Expect to work 11-12 hour days (6:30am – 5pm ish), with call ~1 in 7 depending on your site (this is dependent on the number of students rotating). Call will be very busy. You will be up all night running around. This is not only a great learning opportunity, but it is one of your few opportunities for concentrated one-on-one face time with senior residents and preceptors (i.e. you will be evaluated on this time, and if you want to make a good impression, this is where to do it). In this rotation (perhaps more than in others), nurses on your ward/team can make or break your experience. If you want the opportunity to participate in cases, and if you want to get called when things are happening, you need to express your enthusiasm and willingness to the nursing staff (everyday). If you are pleasant, enthusiastic, and respectful of your patients, you’ll get to see a lot more! Nurses have input into your evaluation, so even more motivation to be on your absolute best behavior!

If you are keenly interested in OBGYN, you should try to switch to work at RAH, because that is where the department is and you will meet many more residents and staff there. However, it is team-based preceptorship at RAH so you will end up working with different people most of the time. Don’t worry. All the comments, positive and negative, eventually all go back to Dr. Tankel, the site coordinator, who will put together your final evaluation. At all the other hospitals, you will likely be assigned a preceptor who will get to know you well and be able to gradually let you have more responsibility in deliveries, OR, etc.

Previous students recommend TO notes and Blueprints Obstetrics and Gynecology. Examinations include a reasonable MCQ test and 5 straightforward OSCE stations (10 minutes each). There is a “slide exam” as well that is brutal, but it has been that way for years and since it’s only a small part of the exam, we were advised not to worry about it!
YEAR THREE ELECTIVES
You have to complete a minimum of 14 weeks of electives in both Years Three and Four combined. In Year Three, you must complete a minimum of 4 weeks, but you’ll have a total of six weeks of elective time slotted into your Year Three track. You can speak to career counselors (one of the staff) or any of your preceptors about what they might recommend for your electives. Students in previous years were given the following advice: if you aren’t yet certain what you want to be when you grow up, pick general electives that will be certain to help you in all your rotations (general internal medicine or surgery, emergency, radiology etc.). If you have specific areas of weakness (i.e. you weren’t a fan of renal), it’s a great idea to do electives in these areas to help improve your knowledge base. If you already know what you want specialty you’d like to go into, then pick electives in that area. You can also choose to do electives in things that you might not be able to do in the future just for interest (many people tried forensic pathology and wound up loving it).

Here’s the link to the Years Three and Four elective catalogue: https://www.med.ualberta.ca/programs/md/academic/electives/y3/catalogue3-4

Most students choose to do a few weeks of electives during the summer after second year and before third year (see info in Year Two). This will give you a great edge when hitting the wards, and also counts for some of your third year elective time!

INTEGRATED COMMUNITY CLERKSHIP (ICC)
Integrated Community Clerkship (ICC) at the University of Alberta is a learning experience that unfolds over time. Referred to as a Longitudinal Integrated Clerkship (LIC), the experience is significantly different than the rotation-based clerkships that take place in academic health centres. The core principle of a LIC is expressed through the concept of CONTINUITY in all aspects of a clerkship - learning experience, patient care and preceptor.
Continuity of learning experience
In the ICC, learning unfolds within a community over the full academic year. Over the course of the ICC, students become valuable members of the local health care team. Students spend 42 weeks in the same community, working in the same clinics and hospitals, learning continuity. Students do not have to continually learn the layout of new working environments. Students develop relationships with other health care workers and generally sort out the flow of the work day. This gives students more time to settle into learning what needs to be learned in third year: integrating basic science knowledge with clinical medicine and learning procedural skills. Learning is built on previous experiences and knowledge base. In a stable learning environment, learners are better able to build on previous knowledge and skills.

Continuity of care
The ICC provides students the opportunity to get to know patients over time and to follow them to various care delivery venues, e.g., the emergency room, the in-patient hospital ward, home care. Students have the opportunity to observe the natural history of common diseases. Continuity of care is an important means to learn more about the patients’ experiences of illness and how their family and social context affect their health. Health promotion and prevention take on added relevance through an understanding of the context in which patients live and work.

Continuity of Preceptor
Each of the ICC communities has a Primary Preceptor. In some communities, two or more people will share this position. These physicians have assumed the responsibility of being the go-to people for both students and the ICC program. They are responsible for ensuring that students receive regular feedback and that evaluations are completed in a timely manner and discussed with students. They are also responsible for scheduling clinical experiences with ICC students. Students also work with other physicians in their communities, allied health professionals, and specialists who travel into the community. However, the Primary Preceptor provides continuity through the ICC experience. It is the Primary Preceptor who provides feedback to students on their maturing clinical reasoning and assist students and the ICC in identifying
gaps or areas needing increased attention.

The majority of learning takes place within the context of a family medicine practice and the rural community in which that practice is situated. Family physicians aspire to maintain excellent clinical care, develop and maintain a lasting, helpful relationship with their patients and act as a resource and advocate for their patient population. Learning about these dimensions of practice is central to the ICC experience.

PREPARATION FOR FOURTH YEAR

As mentioned earlier, all students must do minimum 14 weeks of electives in Years Three and Four combined. They can be in any specialties that you like. In Year Four, you must complete a minimum of 10 weeks. Note that if you complete more than the required 4 weeks of electives in Year Three, the additional weeks can be applied towards Year 4 requirements.

Research may be completed as an elective and may be used as a component on your “Medical Student Performance Record”, but cannot be used towards your elective time unless it was clinical research (directly involving patients or their charts) and you did it in the summer after year 2. Check with the UME staff to ensure your situation meets the requirements.

If you are doing an elective at the U of A, you can set it up by going to the Year Three and Four electives catalogue and using the relevant contacts.

Note: Do not contact individual physicians in order to set up electives. After using the catalogue and contacts on it in order to set up an elective, you will then need to visit the UME (or print out the required form online). The electives form will need to be taken to your preceptor or to your elective’s department, and they will complete it and return it to the UME, after which the information pertaining to the elective will be available to you on MedSIS.

If you wish to do a Rural Family Medicine Elective, contact a physician in the region you wish to work. Contact information may be found on the CPSA Website (see Important Websites Page). Contact the Office of Rural and Regional Health for a listing of preceptors if required. They may even
provide reimbursement for food and travel if you meet the requirements.

Some people end up double booking electives (i.e. book two electives at the same time) as they are unsure as to whether the respective departments will have a spot available to them. This does happen from time to time and it is okay. Just make sure you contact these departments and cancel your elective as soon as you decide; this will prevent you from looking bad as well as it will provide someone else with a chance to take your spot. DO NOT FORGET to contact the UME if you decide to cancel an elective that they have already processed paperwork for. It is your responsibility to keep them up to date. Some schools are known to send angry letters to your Faculty about unprofessional behaviour if you fail to cancel your elective before their set deadline to cancel. Usually this deadline is 6 weeks before the elective starts.

Some departments require you to book your elective months (up to a year!) in advance, including many surgical specialties, ophthalmology, dermatology, emergency, etc. Do not assume anything in terms of advance notice.

Most students will arrange electives in other provinces (and it is highly recommended that you do). You’ll need to read up on each school’s websites, because all of their policies (and application processes) are all different. Most now use the Electives Portal. For those that do not, check out their electives website. Once you know when your electives are, find out the earliest date that applications are accepted and try to apply on the first day if you can. If you find yourself unable to book an “official” elective because the school’s slots are all full, it is still sometimes possible to arrange an elective through the province’s college (i.e. BCCPS). If you are able to find a willing preceptor, make sure that they know that you are applying through the college and not through the university. You then obtain a license from the college (which is usually very simple) and then simply fill out one of the U of A’s elective forms and get your preceptor to fill it out and fax it back. The info will then show up on your MedSIS and your preceptor will have the evaluation form emailed to them. Note that certain schools require some of your medical information. U of T, specifically, requires that you have completed a two-step tuberculin skin test. If you plan on doing electives there, get this done well before you apply!
For electives abroad, visit the respective websites of the Universities that will be receiving you. Be aware that you may have to pay additional significant fees and that you may be subject to different policies in other provinces or at other schools. It is up to you to gather this information. Ensure you talk to the appropriate people in the UME before arranging international electives, as the malpractice coverage and liability forms are significantly more complicated! There is information on international electives on the UME website, and your global health liaison should be able to offer additional information.
year four (clerkship)

Fourth year consists primarily of elective time alongside your core rotations: ER, geriatrics, internal medicine specialization and specialty surgery. You’ll want to complete all of the necessary electives for CaRMS matching through the summer and fall (it’s ok to do these electives right up until interview time as well), and you can use electives that fall after CaRMS matching for correcting any deficiencies in your medical knowledge, for basic interest, or if you have completed all of your elective requirements, you could also use the time to take a well-deserved break!

The fourth year ends with a review course and exams. Overall, 4th year is way more relaxed than 3rd year. There is significantly less call, loads of elective time, interesting rotations, and you’ll finally be able to put your medical knowledge all together. CaRMS will be stressful, but try your best to relax!

Note: For the 2015s and 2016s, their Emergency Medicine and Geriatrics rotations are each 3 weeks long and Specialty Surgery 6 weeks long. There will be changes in terms of the length of 4th year rotations for the 2017s and 2018s; Emergency Medicine and Geriatrics will be each 4 weeks long, and Specialty Surgery will be reduced to 4 weeks. The information below can still be applied to help complete your rotations.

EMERGENCY MEDICINE

A solid base in emergency medicine will be valuable for whatever field you eventually wind up in, and this will probably be one of your most exciting rotations. The recommended textbook for this rotation is “First Exposure to Emergency Medicine Clerkship”, but not everyone felt it was necessary. You’ll work a combination of day, evening and night shifts (typically 10-12 shifts in a 3-week period). Unlike call in other rotations, you are not allowed to swap shifts, and any schedule changes you hope to make have to be approved through your site preceptor. Your schedule will be handed out on the first day of orientation, so best not to bug the coordinators about them
earlier. You’ll be evaluated by your preceptor (50% of your mark), and will then have to complete a MCQ exam (35%) and a case study (15%). There will be mandatory small group teaching sessions throughout the block so be sure to write down when they are so that you don’t forget!

GERIATRICS
Geriatrics is a three week rotation in your fourth year. You will receive an orientation with your preceptor on your first day (your site will be specified in an email prior to the rotation). You will be expected to be involved in patient admission, regular follow-up, and interdisciplinary teamwork, as well as family conferences. Each geriatric consult typically takes a few hours because you will often need to get collateral history as well as complete a thorough cognitive examination. To pass the rotation, you’ll need a decent preceptor evaluation, a minimum mark of 60% on your exit exam, and a completed patient encounter log. This rotation is generally quite relaxed, and by the time you get to it in fourth year, you’ll be experienced enough on the wards to really enjoy putting your medical knowledge together on patients who frequently have complicated and lengthy medical histories and problems. There is no textbook required. Just focus on the geriatrics notes posted on the e-learning system and that will be sufficient for the exam!

INTERNAL MEDICINE SPECIALIZATION
This three-week rotation in fourth year will provide you with additional experience in dealing with common clinical problems in internal medicine. You’ll be able to select from numerous subspecialties, including cardiology, dermatology, GI, infectious disease, nephrology, neurology, pulmonology, and rheumatology. While you are not expected to take call for this rotation, you will be required to complete a reflective practice project (based on the basic CanMEDS competency wheel) that will describe a clinical problem you encounter during the rotation and a summary of information you will gain reading around the scenario. At present time, the project you need to hand in consists of a 2 page written report and 10 minute presentation.

SPECIALTY SURGERY
This should be a fun rotation for all students, regardless of whether or not you are interested in surgery. You’ll spend a total of six weeks in surgery during fourth year, and will have the opportunity to participate in surgical
clinics as well as see interesting cases in the OR. Since you’ll have already
gone through your core surgery rotation, you should be more at home
in the operating theatre setting. Take the time to review your anatomy
a bit (it’s applicable in every specialty), and just relax and appreciate the
incredibly interesting cases you’ll get to see. The typically popular rotations
are plastics, urology, and orthopedics. Surgical Recall was pretty good for
studying for the exam.
## 2018 class council

<table>
<thead>
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<th>Position</th>
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2015-2016 MSA council

*Note: all positions to be filled by 2019s (Class of 2019 Representative and all Junior general council members) are TBD by election

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<thead>
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# MSA clubs

## The arts

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## Medical specialties and areas of interest

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<th>Group Name</th>
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<td>Anesthesia Club</td>
<td>Courtney Boyer</td>
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<td>Reid McKibbon</td>
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<td>Jacob Baran</td>
<td><a href="mailto:baran@ualberta.ca">baran@ualberta.ca</a></td>
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<td>Jessica Luc</td>
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<td>Warren Sun</td>
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<td>Yuan Gao</td>
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<td>Review (CPR)</td>
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In addition to MSA clubs, there are other ways of getting involved, including MD Ambassadors’ activities and Student Initiatives. More information on these and many other things is available on the MSA website: www.msa.ualberta.ca.

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