All

I know full well that there are a lot of you who think all of my updates are too long...I’ll try to do my best to be to the point, but you might want to grab a snack for this one.

A lot of what follows comes from the Clerkship Committee meeting yesterday as well as some questions from the VP Eds and President that they emailed me last week on behalf of the class.

Recent Provincial Update
I suspect most of you are aware of the recent provincial update (Nov 25 2020) around further restrictions to try to prevent the spread of COVID. There wasn’t anything in the new rules that is going to change our current processes in UME.

There could be some significant effects for those of you with kids in junior high and high school. If caring for those kids is going to impact your clerkship, please let me know so we can discuss.

I honestly believe that most of you are probably already avoiding social gatherings, and I hope you will continue to do so. Keep yourselves, your patients and your colleagues safe.

N95 testing
As per my prior emails, we have started N95 re-testing for students starting on Anesthesia rotations. We’ll also start doing this for students doing ICU rotations. Michelle Krbavac will contact students starting either of these rotations by email the week prior to their rotation. Those students will come in to UME at specified times on the first day of their rotation. I’ll let the ICU education committee know that our students will be arriving a bit late on that first day (and why). Students can also choose to do a fit test on new N95s at one of the fit testing sites in the hospitals, however, please email Michelle a picture of your fit test result so that we can document things.

Goggles
Some clinical areas are now mandating continuous use of goggles. Emergency Medicine was the first, but there are several other clinical areas following suit, both inside the hospitals and in offices/clinics. The rationale for this is that if you see a patient who later turns out to be COVID positive and you have had a sustained exposure to that patient, you will have to quarantine for two weeks if you weren’t wearing full contact/droplet PPE during the patient encounter. While eye protection (googles or masks with face shields attached) are generally available on the wards, they are sometimes in short supply. I’m told that they can be quite difficult to find in the ER at times and the same may be true in some clinics. There is a challenging catch-22 to this: AHS has dictated that we are not to be using non-AHS PPE in the hospitals. This is challenging if the AHS eyewear isn’t around when you need it (and the AHS goggles aren’t going to fit everyone properly). I know I have previously suggested that it would be wise for you to purchase an inexpensive pair of goggles, and have them with you at all times. For the time being, I will stand by this. I don’t tend to be a rule-breaker, but if having your own goggles means that you will be safer and have more avenues for educational experiences, I’m willing to do so in the short term. That being said, UME is already talking with AHS about purchasing a pair of goggles for all clerks from the AHS supplier. I’ll let you know when they are available and when we have a mechanism to distribute them. Goggles will need to be sanitized between patients who are on droplet precautions.

Other COVID issues
It can be difficult to keep track of wards on outbreak/watch status. I have contacted the Calgary Zone Emergency Operations Centre to ask whether there is a website or dashboard where this information is kept. I haven’t been able to find anything after noodling around on the AHS websites for a while. I’ll let you know if I hear back. It would be much more efficient to have a single source rather than me forwarding site-by-site updates when they are released. At the present time, there are outbreaks and/or watches at ACH, FMC, RGH and PLC. With each of these, only FMC has restrictions — no students on outbreak or watch units. This has to do with the specific character of the outbreaks at FMC and that there did appear to be unit to unit spread.

We did have a discussion at Clerkship Committee about what we can do further to continue the clerkship program without exposing students to unnecessary risk. At the present time, most COVID patients at most sites are being cohorted on one or more units. However, there are many non-COVID patients on those same units. Therefore, clerks will be expected to be attending patients on wards where there are COVID patients. In some situations, clerks wouldn’t have much to do if they didn’t go to wards where there are COVID patients, markedly diluting the educational experience. There is no way to eliminate the clerkship-associated risk of COVID. Not possible. Mitigating that risk is achieved by using PPE, washing hands and doing so with scrupulous care. If there are students who have health related conditions or are on medications that increase their risk, those students should get in touch with me so that we can make plans for you. While we don’t have a ton of options, there is always the option of taking an LOA and resuming the program at a later time if you don’t feel that you can continue your clerkship safely. I don’t think this is the right solution for many students, but it is always an option.

If a student is in a situation where they feel immediately unsafe at the time of a patient encounter (e.g. told to go see a patient with a cough and advised not to wear PPE because ‘it’s probably not covid’) they can refuse. There are limits to how much we can pre-emptively reduce risk. Not wanting to go on a ward where there are COVID patients isn’t something that we can endorse as an across the board measure.

Student Feedback on Blocks
Please complete your end of block surveys. This is where we get detailed information about what is working and what isn’t in each of the clerkships. I review these regularly and sit down with the clerkship leaders for each clerkship to review this twice a year. There may be situations where clerkship reps want to collect some information as requested by a departmental clerkship committee, but remember that any data collected that way doesn’t come to us in UME, and doesn’t feed into the UME data collection system. Please also remember that completion of the end of block forms also helps to fund your grad. If things keep going the way they are that may not mean much this year (don’t need a huge budget for a Zoom session) but I know I have my fingers crossed that we may see each other in person at the end of your clerkship year!

Please make your feedback useful and professional. It can be about things you liked or things you didn’t like, but you need to consider how your feedback could lead to meaningful change. “Surgeons are just awful people” (direct quotation) is an example of useless feedback. Consider how your hackles would be raised if you were told “medical students are just awful people” (don’t worry, I’ve never heard anyone say this).

CaRMS
The Clerkship Committee did decide to give students the same time off at Match Day as last year. So, there will be no one on call after 2300h on April 19. Clerks will all be absent from their required duties
on April 20 (Match Day) until 1700h. Students scheduled to be on call on April 20 will report for their call shift at 1700h that day.

Each student will have a weekday off in the period between Jan 25 and Feb 5 as a CaRMS prep day. The specific date for each student will be assigned by the rotation they are on at that time. This day will not be counted as an absence in any calculations of missed time on that rotation.

The MSPR process is going to be covered at a session that is being given jointly by SAW and UME on December 1. Students do have a chance to proofread their MSPRs prior to them being sent out to CaRMS. We’ll cover the timeline in the Zoom session next week on Dec 1. It will be recorded and I’ll have a slide that shows the timeline so that you don’t have to listen to the whole recording if you don’t want to.

Students who had a one-week elective due to the pandemic pause but did have an ITER completed will still have that ITER included on the MSPR.

Only final ITER comments appear on the MSPR, not midpoint ones. There are some rotations that compile comments for the final ITER, but, whatever is on the final ITER is what appears on the MSPR.

**EPA Assessments**
Keep up the good work! We’re seeing great numbers on these overall. As time goes by, we are starting to see completion rates by preceptors increase, possibly as it becomes more normal for them to see the requests to have them completed. Make sure that you discuss the EPAs with your preceptor before sending them out, so that your preceptor is aware of what is being requested.

We are looking at trying to set up a dashboard of some sort to make it easier for students to track their EPAs. The Academic Technology team is thinking about this, but it would have to be outside of one45. Mike and the team are working on other ways to make the reporting of the content that could improve the student experience in one45.

We’re also discussing whether there is a way to ‘customize’ the EPA assessment request that goes out to a preceptor — e.g. allowing a student who is requesting completion of an EPA on a procedure to remind the preceptor what procedure was observed. Not sure if this is possible.

Whew. Hope you had a good snack. Looking forward to seeing some of you next week on Dec 1 for the CaRMS prep session.

Take care

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