I hope things are going well during your first week back after the holidays! We’re all really looking forward to having you in the clerkship.

A few updates.

**Plans for the start of clerkship**
As you have heard many times, we’ve been working on developing a number of new initiatives for the beginning of clerkship; these changes have the dual intent of providing some meaningful content and experiences at the beginning of clerkship as well as allowing us to move 10 weeks of electives later in the year.

The bootcamp week is shaping up nicely. We’ll have a combination of learning events including case-based learning sessions (practicing hx/px skills and presenting patients); some psychiatry and neuro clinical practice; suicide prevention training and a couple of cards-based formative exams. I think this will serve as a great way of preparing for clerkship and making up some things that were lost due to COVID. You should get an email with your groups and schedules later this week.

Similarly, I think we are good to go with the junior clerkship. This will give you a short, low-stakes reintroduction to the clinical environment.

We’re still in the midst of planning for the IPE (inter professional education) and CEL (community engaged learning) electives. The CEL electives are going to have to change in format a bit. Our initial plan was to have you out in the community working with our partner organizations in their workplaces. With all of the uncertainly around the pandemic, many of the community partner groups have been reluctant (understandably) to bring learners on site. Therefore, we’ll have some online learning sessions about pertinent topics (e.g. bystander training, anti-racism training, bias/power/privilege, indigenous perspectives on health) and some panel discussions with representatives from some of our partners to replicate some aspects of the learned experience. The IPE electives are proving challenging. We’ve had a lot of discussions with the AHS about how we can make in-person IPE experiences happen, but again, with the pandemic there are a number of hurdles. More to come.

Finally, the Course 8 session blocks are also shaping up well. There will be a number of different learning events, including some lectures, some small groups, donning/doffing of PPE training and some sessions with the SPs. All good!

We all owe a huge thanks to all of the UME staff and many different faculty who have been working incredibly hard to develop and schedule all of these programs in very short order.

**Electives Cap**
I’ve had a few students asking about this, which is very much understandable. As you are aware, there is a national eight-week cap (you cannot do more than eight weeks of elective time in any one specialty). The details can be found here: [https://www.afmc.ca/priorities/elective-diversification](https://www.afmc.ca/priorities/elective-diversification). Beyond this, of course, is any local limit on the number of weeks of electives that can be completed in any one discipline. In a ‘normal’ (whatever that used to be) year, CSM students are only allowed to do one two-week elective in a given discipline locally. For the Limpkins, we allowed two two-week blocks and students could request more, but had to justify these requests. For your class, this issue is going to be discussed at the Clerkship Committee meeting next Tuesday and I will update you once a decision is made. Important to keep in mind that no matter what we decide, there are many clinical areas where there are significant limitations on the capacity for learners which will create its own ‘cap’ as well.
COVID
Please familiarize yourself with our MD Program COVID page: [https://cumming.ucalgary.ca/mdprogram/current-students/student-resources/covid-response-plan](https://cumming.ucalgary.ca/mdprogram/current-students/student-resources/covid-response-plan). There is a lot of useful information there. Particularly important is the ‘Student Involvement in Patient Care’ tab, as well as the ‘WHS Contact from Medical Students’.

You will have seen an email from Dr. Naugler (sent from Dave Beninger) asking for a bit of information (your cell phone number) to prepare for rolling out the vaccine to our students. We have been in contact with the Physician COVID Vaccination Task Force that is coordinating vaccinations for AHS. MD students will be vaccinated with a later wave of physicians; we don’t have any more details at this point, but I suspect vaccinations for our students will probably be in February or March. Important to keep in mind that health care workers that have been in the first wave of vaccinations are those with specialized skills that will be lost (and difficult to replace) if those individuals go down with COVID (this is why the respiratory therapists have been vaccinated and I haven’t - as a neurologist - even though I do consults and follow patients on COVID units and in the ICU).

I suspect most of you have heard from the Limpkins that they get a lot of (too long) emails from me! Please prepare yourself to see these updates and forwarded messages relatively frequently. The situation during the pandemic is ever-changing. Every time a new outbreak occurs in a hospital, there is the potential that it could affect the clerkship. It is probable that we may have to adapt your program (e.g. if you aren’t allowed to be working on an outbreak unit) or even move you from one site to another, often with very short notice. We have plans in place to adapt to the eventualities that we can predict and we’ve gotten pretty good at coming up with new ideas on the fly! In all cases, we work with AHS medical leaders to make the best decisions that balance safety (yours, your patients and your preceptors) with the continuity and quality of your medical education.

EPAs
I mentioned this previously, but, I do want to keep it on your radar. For the Limpkins, we introduced a new evaluation process in clerkship: an assessment of entrustable professional activities (EPAs). You can read more about EPAs here: [https://www.afmc.ca/sites/default/files/pdf/AFMC_Etrustable_Professional_Activities_EN.pdf](https://www.afmc.ca/sites/default/files/pdf/AFMC_Etrustable_Professional_Activities_EN.pdf). These are low stakes evaluations that can be completed frequently on any clinical rotation by faculty or residents and are used to guide the Competency Committee in making decisions about your readiness for graduation from the MD program. We’ll send out more information as you get closer to the times when you are starting your elective and mandatory rotations.

Clerkship Handbook/Core Docs
Given everything going on over the last few months, I hope you'll be willing to cut me and the Clerkship Directors a bit of slack: most of the documents on OSLER for the clerkship are still just the docs for the class of 2021. I’m in the process now (starting on it today) of updating the Clerkship Handbook and the Clerkship Directors will be working on their Core Docs as well. Even with COVID, there is more that is similar than different from year to year, so you won’t go too far wrong right now if you have a look at last year’s documents. It is really important to be aware of what is in these — in clerkship, you absolutely need to read the core doc before you start any given clerkship rotation!

Whew. A lot of stuff! It may all seem a bit overwhelming to be taking everything in that you need to know to start your clerkship. Please remember that the UME team is here to answer questions; SAW is always a great resource and your Limpkin predecessors will also be able to help you out! You're never alone.

Take care
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