Boops Boops, Limpkins

I genuinely hope that you are all holding up well in the midst of a generational event.

The UME staff and faculty are continuing to do what can be done to keep the UME program running. I’m inspired on a daily basis by the work being done by our students and all of my colleagues; it really does make it all worthwhile. Thanks to all of you who have sent along messages of support. While it isn’t necessary, and I haven’t had time to reply to all of you, we do appreciate it. I’ve sent along many positive vibes to the UME teams that are actually making everything happen.

I’ll start with some info that is potentially relevant to all clerks.

Self-Care

For anyone who is doing work including: family care for health-care workers, contact tracing, work with the command centre for the Complex Care Hub, looking after family and friends (unwell or not) or anything else: please plan to use the SAW team to debrief and discuss any experiences you are having. There is the very real possibility that you may be involved with some potentially frightening and disturbing situations. SAW has assured me that they have telephone and Zoom capacity for talking with students. There’s also the PFSP program of the AMA: (https://www.albertadoctors.org/services/pfsp).

Contact Tracing

I’ve been told there will likely be another contact tracing training session next week. As I mentioned last time, given my challenges at keeping up with the list of volunteers, as soon as we are asked for more volunteers, I’ll just email the 2020 and 2021 lists and have people sign up directly with Dr. Rachelle Shindler (or an admin person) who is overseeing this (R5 in public health). She’s doing great work and is a proud Hellbender (there’s a sweet Hellbender jersey hanging behind the door of my office – my last class as chair of course V).

Donating Blood
I was contacted by a physician who asked me to pass on an alert that there is currently a critical need for blood donation. He suggested setting up an in-house donation clinic but at this point we don’t have the staff in the medical school to do this (and I wouldn’t be surprised if blood services would be challenged to handle an outreach at this point). Nevertheless, I’d encourage you to think about signing up for an appointment to donate. Canada Blood Services has information on their website about donating in the midst of COVID19.

Remember the Tanukis!

In case you’re interested in the most junior of the animals, the Tanukis are doing Course IV entirely remotely! It’s going really well. I can imagine some of you recalling a bit of a challenge in getting podcasts for all the lectures when you were in the course! Necessity is the mother of invention, as they say. Course V is in the early stages of planning for the same process. Dr. Weeks, the Assistant Dean Pre-clerkship is shepherding this along with aplomb.

National Approach

I have attached a letter from Dr. Evelyn Sutton, chair of the national group of UME deans. As previously mentioned, all UME offices have committed to working through the process for clerks to have things happen the same at schools across the country. This has the benefit of not disadvantaged any school (e.g. if half the schools were still in clerkship those students would have a huge learning and CaRMS advantage). Also means that we can approach negotiations with organizations like CaRMS and PGME for schedule changes over the next year as a unified group. These are both huge deals. There is no question in my mind that having a unified plan, voice and process is the right thing to do.

Ok, let’s move along to some class-specific updates. These are current as I am writing them, late-afternoon on Friday March 20…but could easily change in the hours and days that follow.

2020

Timeline

Just to be clear (I think everyone has understood this, but, want to be crystal clear): the class of 2020 will not be returning to clinical work, period. We have been in touch with clinical departments and there is nowhere near the capacity needed for the class to be in the clinical environment as learners. That is not going to change in the next three weeks.
Exams

Plan is still to keep going with the educational sessions offered online and all of the various resources that have been developed and provided by each of the clerkships. I had a check-in teleconference with the clerkship leaders this morning and all of them have either gotten things up and running or are a hairs-breadth away from doing so. They will continue to communicate with you directly about educational events. Some of the clerkships are continuing to develop new sessions; the program coordinators will email you as soon as these are scheduled. The clerkship directors did all acknowledge that the other work that you are all doing during the outage is really important (they were all really impressed) and there would be an understanding that occasionally a student might need to miss a learning session if it was scheduled with relatively short notice. I know that you are all going to be motivated to attend – both to make sure you have the knowledge you need to be a great doctor but also to pass your upcoming tests. Evaluation drives learning.

Academic Review

Work continues on the development of the ‘Competency Committee’, led by Dr. Janeve Desy, Assistant Dean, Evaluations and Research. This will be the group that will use a pre-set process to look at all of your evaluations over clerkship to ensure that you graduate with the knowledge, skills and attitudes that you need to start residency, despite a shortened clerkship. They will map your already completed ITERs to a set of 12 EPAs (entrustable professional activities) developed by AFMC. For any students where the committee has concerns, they will make recommendations to make up the deficiencies. Students with required make up or remedial time (with or without an exam) will be reviewed by the committee to give them information on whether the clinical time will be replaced and how the exams will be arranged. We will of course be in touch with those students affected as soon as possible.

All exams (scheduled, deferrals, rewrites) are still planned for Med Skills. Kerri Martin will be communicating by email with all students about the details, but, everyone will be in a private, cleaned room. Please come early and line up with at least two metres space between each person outside of Med Skills. UME staff will come and get each student and take you directly into an exam room. If we have to change the set up for exams, we’ll let you know.

Immunizations
Michelle Krbavac has let me know that she is happy to help any students who need immunization information for their residency programs; she is working from home but responsive to emails (mdkrbava@ucalgary.ca).

2021

Timeline – really covers everything

I am very sensitive to the fact that I have been vague about the timeline for the Limpkins to get back to clerkship and I have done that, despite being aware that not knowing is worse than any news I could actually give you. I think we are all going to have to face up to the fact that you are not going to be back in the saddle any time soon. You do not need to plan to start an elective on April 6. Its simply not going to happen. I would go beyond that to say that we are beginning the planning for you, like the 2020s to have virtual learning sessions related to the rotations that you would be starting later in April, which means that we are expecting that you won’t be in clinical work by the end of April. I cannot, as of today, give you a return date. We have our next teleconference of the national UME Deans network on Wednesday; the board of the AFMC meets that same day and I expect at that time we will have national agreement on the date for a planned return to clerkship. I pledge to share that with you as soon as possible after it is decided.

As mentioned above, one of the main reasons to have a national agreement about how to proceed is to have an effective way to negotiate any needed changes in the timeline for CaRMS, graduation and the beginning of residency. The fact that we are already exploring that tells you that in a general sense, we’re proposing that all schools will need to ‘slide’ our entire clerkship schedule back in order to accommodate the lost time, including lost electives.

This is scary to think about; my heart is pounding as I type this. It may not be much of a consolation, but the process that we are working through is going to serve us well to ensure that you graduate with the knowledge, skills and attitudes you need to be a great doctor and the experiences you need to succeed in the match.

We’ve even started to think about the effects of this on the Tanukis and the classes beyond: how we’re going to adapt timelines to avoid too much overlap in the clerkship and using our clinical capacity to our best advantage for learning.
In closing…

As always, I remain open to communicating with you but for the most part I will need to reply to groups rather than to individuals and those communications will typical come by email every few days.

I talk regularly with Dr. Panaccione (Director of Admissions – he took over from Dr. Walker) about the processes that we use for admissions. I’ll have to remember, at some point to thank him and Dr. Walker for the work that they did over the past few years. They got it right with all of you.

Take care of yourselves and each other.

KB

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