Dr. Busche’s Clerkship Updates – Limpkins

May 31, 2020

Limpkins

Two updates in three days! There’s a lot on the go, so I want to try to keep the communications ongoing.

Arjun, Tabi and Alex forwarded on a list of questions from the class that are being collected in a Google form. I’ve tried to summarize ‘answers’ to those questions by grouping questions into topics and then addressing these.

Electives

There are a lot of questions about electives, both relating to local electives and visiting ones.

I would suggest that you start to mentally prepare yourselves that there may not be any visiting electives this calendar year. We won’t have a final decision on this for a couple of weeks: the UME Deans group has been discussing this possibility; the AFMC Education Subcommittee will think it through and then the final decision will be made at the level of the AFMC board (which is made up of the Deans of all of the Canadian medical schools). My understanding at this point is that this is being discussed at the Education Subcommittee next week and then will be presented for final discussion at the Board in mid-June.

While not having visiting electives would have many obvious negative consequences, there are also some reasons to not have them. Among these is the risk of travel, the cost of travel and accommodation, the fact that educational experiences will vary widely in quality (and what to expect may not be known ahead of time). It would also create marked inequity, as some schools would have less access (e.g. those requiring longer travel, schools in provinces with mandatory isolation after travel out of province). It really does have to be an ‘all or none’ national decision as having a few schools offering visiting electives would never be able to meet the demand, and then we’d be in a worse situation: some students having visiting electives, some not. Similarly, trying to just open up an ‘Alberta only’ electives program between Calgary and Edmonton would be problematic: it would set up a situation where some students have access and some don’t. If Ontario decided to do something similar, they would have a huge advantage over students in the rest of the country. The UME Deans are united in not wanting to set up a situation that would intentionally disadvantage some students.

To try and alleviate one of the main concerns that students will have if we lose visiting electives, there is a process being developed to ask specialties to set up virtual meetings so that students can be exposed to the people at the various programs with an opportunity to ask questions and get a feel for the culture of the sites, prior to the virtual interviews.

If it turns out that there are only local electives this year, then we may make the option of doing more than one two-week block possible, if a student can provide a good rationale for what they are hoping to learn and how an extra elective in the same specialty will meet those goals. We’ll wait on setting up a process for that until we know about the visiting elective situation.
You can start booking electives in Calgary using the electives catalog, which is available on OSLER. You can book electives in the September – December period, however, you may want to wait a couple of weeks; at that point we’re expecting to have a final answer on the visiting electives situation.

Maintaining 14 weeks of electives was the goal. As it turned out, we were only able to get 13 (counting the elective that was cut off at one week by the pandemic). To try to balance that out, as previously discussed, we’ll both ‘count’ that elective by putting it on the MSPR but ‘not count’ it towards the eight-week cap. Not as good, but an effort to try and recognize the discrepancy.

Evaluations

Students in clerkship are evaluated using both MCQ exams of content knowledge and ITERs which assess knowledge, skills and behaviours. Both are still required in a shortened curriculum; in fact, both are even more important than usual to ensure that students in an altered curriculum are able to meet the standards that have been set for successful graduation. Also important for CaRMS that we can demonstrate that despite the pandemic, we are still holding students to the same standards that were previously present.

I can understand the concerns about the fact that COVID 19 and the changes to the program have been stressful and that writing exams is stressful. Nevertheless, they need to be there.

Stressors and Supports

As noted above, I get that the changes to the program due to the pandemic have been anxiety provoking. SAW is well aware of this and continues to be available to any and all students: please contact them directly. Important to keep in mind that you can also reach out to your faculty mentor; if that relationship hasn’t been sustained or didn’t work for you, SAW manages the program and would be willing to try and find you a new mentor.

Rotation Issues

If there is a further wave or even local outbreaks, it may not require moving students out of clerkship again. The situation is very different now than in March. We have a better understanding of how COVID works and how to mitigate risk and processes in place for this. We also have much more robust supplies of PPE. However, if a situation arises that moves students out again, we will first try to find alternate placements in the same discipline, second choice would be moving to other disciplines and the last choice would be moving students to the class of 2022. Capacity rules all: if we don’t have places to put students, there’s not much that we can do.

In the event that for this (or any other reason) a student has to move from the class of 2021 to the class of 2022, the UME Finance Manager will help students deal with monetary issues such as tuition and scholarships.

Each of the clerkships is working on the detailed rotation schedule (e.g. how clerks will have their time divided up on any given rotation). They have, just like the students, just received the schedule that was sent out last week and so they couldn’t complete those detailed schedules until they knew how many students they would have at a time. One error from my last message: I had noted that EM/Anesthesia would include seven EM shifts in their nine days; in fact you’ll have five shifts in that time.
Sibyl is spending the weekend of May 30/31 working on the bulk of the site/selectives. Should be available sometime the week of June 1.

With the schedule we ended up with, the rotations end on May 2, the week following will be MCC review content, finishing on May 9. This is the same format that would be present in any year.

Students have asked about wearing scrubs – I do suspect that this will be fine on pretty much any rotation but will confirm this with the clerkships. I have asked our office manager to talk with our AHS liaison to make sure that scrubs will be available through the hospitals and, assuming ‘yes’, when/where the distribution rooms will be open.

**Pagers**

Pagers will be given out on June 2/12 at the time of the PPE/IPC sessions, instead of the June 8/9 date previously arranged. Students who aren’t in attendance at either of the two dates will have arrangements from UME to have a time to do a pager pick up. Lily or Jane will be in touch with those students.

**CaRMS Applications**

There will be joint SAW/UME evening session in mid-June. At that point we’ll address both the usual kinds of things that we talk about at this time of year (e.g. the components of the CaRMS application and the timelines) as well as all of the new issues in this pandemic year.

Hope that covers things. Again, I’ll forward any big news as it comes up and continue to try and send out broader communications like this one every week or so.

Take care
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May 29, 2020

Limpkins

Not surprisingly, with the clerkship schedules going out, there have been a lot of questions. Rather than replying to all of them individually, I’ll address some of the FAQs.
Individual Questions about Schedules
I know from emails to me and a much larger number to Sibyl that not everyone is perfectly happy with their schedules. Message received. Sibyl is working her way through these questions. She is aware of the ones that have come to me directly. She will communicate with each of you and will try to find options for you, however, it may not be possible to put things together exactly as you want, largely due to the need to put things together for all students and our capacity limitations.

Electives
Yuan has sent an email earlier today with a reminder about the electives catalogue and how to arrange local electives.

There are some disciplines that are still figuring out what their elective capacity will be over the coming months — obviously its a moving target as to how busy things will be for some clinical areas. Once they get the site/selective schedules (as noted above, Sibyl is starting work on these now) they will have a better idea of how many elective students they can accommodate.

Our hope was to get back to the full fourteen weeks of electives planned at the start of the clerkship year. We were able to fit in electives in the revised schedule to get up to 13 weeks (counting the one week elective that you completed right before the shut down). Putting in another one week elective would create havoc in a schedule largely built on four week chunks. It would mean students having staggered start times on many rotations which the clerkships would have difficulty managing, as it would mean repeating orientations and other educational events that they won’t have the ability to do.

The one-week elective that was produced when clerkship paused in March will still be included on the MSPR. In addition, we won’t count it towards the eight-week electives cap (i.e. there is a nine-week elective cap for the discipline you were in on March 13).

Sites/Selectives
Sibyl is also working on getting these set up. The starting point is keeping what students had previously, however, there are a significant number that will change. This is simply because there are some sites that have fewer spots available for learners and some specialties that aren’t taking clerks. Not much we can do about either of those realities.

MSPR Cutoff
Sorry — I thought we had mentioned this! Any rotations that are completed by December 11 will be included on the MSPR.

PPE/IP and C
Amazing work getting signed up so quickly for the June 2 and 12 sessions! Really appreciate that, as it makes planning much easier. If any students do need to be moved around in order to have relatively similar numbers, Shannon Leskosky will email them with updates. Sibyl and I have a list of a small number of students with circumstances that have prevented their sign up. Specifically for those students who can’t attend due to their move to a UCLIC site — Nicolle will be in touch by email. Even if you aren’t in one of the local session on June 2 or 12, please do complete the online module that was linked in my PPE Sign Up email. Also, thanks again for your kind patience with the technical glitch on the signup genius. I did find it hard to believe that the sign up was full in five minutes! Appreciate those who let me know about the problem.

You will have also likely seen the messaging from the provincial government that non AHS facilities will have to start paying for PPE. That includes physician offices outside of the hospitals. While the
AMA has outlined a plan to try and fight this, we’ve started looking at how we will ensure that this doesn’t limit you doing clinical work in affected practices. Dr. Naugler and Karen (UME finance manager) are working on this and we’ve had preliminary discussions with the Family Med Clerkship as its Family Medicine that is going to be affected by this disproportionally.

I am currently drafting a document that will define the kinds of patients that clerks will be able to be involved with when doing clinical work. I am going to solicit input from the clerkships to refine that document. Once we have a final version, it will be circulated to all of you as well as to all preceptors via the clerkship leaders.

**EM/Anesthesia Block**
Just a reminder that you will do five weekdays of Anesthesia and seven shifts in EM during this two-week period. You will therefore be scheduled on one or both weekends in EM. Both exams will be done on the same day at the end of the block in order to make the schedule work in this combined rotation.

I think that’s all at this point. I’m sorry, but I don’t have any available time for another online Q and A, however, we will have a combined SAW/UME evening session in mid June (details are being worked on while I type this). I will see some of you on June 2 (I’ll wander by the atrium — looking forward to actually seeing some students in person!).

Have a great weekend. We’ll get there.

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May 14, 2020

Limpkins

Unfortunately that this is coming out the night before a zoom session — I would like to have gotten it out earlier but had to a) have time to do it and b) have a few pieces fall into place. My hope is that the number of new questions raised may be offset by answering some that might have been asked.

**Clerkship Scheduling**
Thanks for your patience as we sort out the schedule for your clerkship year. I’m sure you understand that it is a complex process.

The CaRMS timeline has been established: [https://afmc.ca/en/node/357](https://afmc.ca/en/node/357). This allows us to include all rotations and evaluations up to the December holiday break on the MSPR.
Your clerkship rotations will end on May 9, instead of April 11 as previously scheduled and the total number of weeks in the program has been reduced from 132 to 130. This does give us a couple of weeks for students who miss time during clerkship or require remedial time and deferred or rewrite exams.

We are just about finished with figuring how to shorten some of the core rotations to fit everything in to the shorter timelines and establishing the capacity for learners in the various clinical rotations.

Our plan is that most students will start with block two rotations by sliding the clerkship, however, that will depend on capacity in all of those rotations. I hope you can understand that exact capacity information is challenging for each of the rotations to know, as they are projections a month out. Easier in some areas than others. We’ll then squish the clerkship by shortening some rotations as well as extending out the clerkship by four weeks.

Please find a link to a survey that we need you to complete: [https://survey.ucalgary.ca/jfe/form/SV_82CnlKNUMiMOWs5](https://survey.ucalgary.ca/jfe/form/SV_82CnlKNUMiMOWs5). Survey closes at noon on Wednesday, May 20. What we want you to do is essentially create a ‘rank order list’ of all the disciplines in the list: just put them in order from 1-30 by clicking on them and moving them up or down the table. If you change your mind, you can fill out the survey a second time. We’ll use the last one that you put in.

We are not redoing the clerkship lottery. We know your original preferences based on the original clerkship lottery and the schedule that was developed for you out of that process. This survey data will be used in the event that some mandatory rotations do not have capacity for learners: we’d like your rank list for disciplines we’d be able to place you in so we can start everyone in clerkship on June 15th. We need to equip ourselves to take advantage of learner capacity in areas that have been less impacted, but do so in a way that aligns with student interest. As an example, we may not have full capacity for rotation X, but could place you in either ENT surgery, Neurology or Public Health. This rank list will inform those types of decisions if we are forced into them.

Our early information about capacity is looking positive — if we had good capacity in all rotations, we might not need to use these alternatives, but we’d rather have them as an option than have to scramble for them at the last minute.

We are planning for all students to complete the same duration of time in each core rotation (just want to be clear: while we’re changing the length of some of the rotations, the length will be the same for all students so that students have adequate training and are prepared to write the knowledge-based MCQ exams in those rotations).

We will still be bringing the UCLIC students back for their Calgary-based rotation blocks as usual but don’t have the exact timing of those blocks at this time.

We will be providing some time for electives: we should be able to get in the same total number of elective weeks as was planned before the pandemic (but won’t guarantee that all those electives are before the CaRMS cutoff). We’re going to try to save some of that elective time for the October to December time period, as there may be the ability to book electives at other schools at that time. That is not guaranteed: we don’t know if electives will be offered at all, some or no other schools. We will prioritize elective time for the students who have had fewer electives prior to the pandemic interruption.
We will not have an October week off. This was put in place to give students dedicated time to work on CaRMS applications right before the deadline and to give students a break after 10 months of uninterrupted clerkship.

I still feel that this will give you an education that will leave you prepared to start residency and give you the time and experiences to make you competitive in the match. However, we are at the limit of what can be done. If there is a second wave of COVID or if there is a sudden loss of capacity for any reason (e.g. outbreaks in a hospital) then we will be faced with not being able to provide you with an appropriate clerkship and if this comes to pass, we will have to contemplate graduation for some or all students in 2022. I don’t want to think about that, but it is the reality.

**Clinical Work**
Both AHS and the University have been clear that they feel it is appropriate for clerks to return to clinical work on June 15. AHS has specifically told us that they are comfortable that there are supplies of PPE that are sufficient to support having clerks in the clinical environment.

Some of your clinical work may be virtual, working with health care teams that provide care by phone or other telecommunications. Other work will involve direct patient contact. As is always the case, learners, particularly junior learners are not expected to be put into direct contact with patients where the encounter is likely to be high risk.

**Students with Special Situations**
I mentioned this in a previous communication but want to mention it again, as I haven’t had many replies: there may be some students who cannot safely or reasonably return to clinical work on June 15. If you have other health conditions or are on medications that render you immunosuppressed, you should consult with your health care providers to make a decision about whether it is safe for you to return to the clinical environment. While no one is going to be at zero risk when clerkship restarts, individual students with significantly increased risk should consider whether or not they are going to come back now or not. Please let me know by email if you are in a situation like this and please make arrangements to talk to your health care team about your safety.

Similarly, if you have obligations to look after kids or other family members such that you will not be able to return to full-time clinical work on June 15 you should also let me know so that we can find a time to discuss your options.

**Zoom Session**
I will provide further updates as information comes available. Please remember that we have another Zoom Q and A available for the class tomorrow, Friday May 15 from 1115h to 1230h. [https://ucalgary.zoom.us/j/93742498594](https://ucalgary.zoom.us/j/93742498594).

Take care,

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May 1, 2020

Limpkins

Not a ton new to report, but here’s the latest.

There has been a note posted on the MD Program website (on the clerkship handbook page) that summarizes things for the online curriculum. Nothing new – just laying out everything that has been noted in prior emails and online conversations.

We are still on track for a June 15 resumption of clerkship. The Clerkship Committee had a meeting yesterday; we had discussions around what the restart of clerkship will look like and specifically what the schedule could look like. We have started to mockup schedules that will address the challenges that the COVID interruption has created. We will need to extend clerkship into May to make up the missed clinical time. We will need to reduce time in some or all of the clinical clerkships in order to fit all blocks into the time that we have available. We are not planning to redo the clerkship lottery; we will be asking students to provide us with their discipline priorities so that we work to make sure that the pre-CaRMS cutoff includes the rotations that are most important to each student, including both core rotations and electives. This means that we will have to hand-make each student’s clerkship schedule; this will be a labour intensive process but one that we feel that we can accomplish to give each student a clerkship that will meet his or her needs. We’re working with the clerkship directors now to finalize the details that we need to do up all of these schedules. You’ll be hearing from the UME soon with a request for each student to provide us with input.

Of course, we also will need the finalized CaRMS timeline to build those schedules. There has been a lot of back and forth between UME Deans and PGME Deans to find a CaRMS timeline that meets the needs of students and residency training programs. The AFMC is considering all of the input and I believe we should have a timeline within the next week or so. I believe, based on everything I’ve seen that the MSPR cutoff will be in December and the document submission deadline will be in early February. If this is how things play out, our schedules will be fine.

We will have to acknowledge that there are some students who may not be able to restart clerkship on June 15. Those of you who are parents without other child care options; those of you who are looking after other family members; those of you who are immunosuppressed or have other health conditions that could put you at increased risk from COVID19: you may not be able to return in June. What I will need to do is to talk with any students who feel that they are in one of these groups. Please contact me by email so that we can set up a time to discuss your personal situation. It may be necessary for some of these students to consider requesting a leave of absence to move into the class of 2022 to complete clerkship. Of course, as always, if you want to have someone from SAW join in at a meeting, just let me know and we can help to set that up.

Electives will all have to be local until the end of September. The plan is for visiting electives to restart at that point through the portal. Obviously, for that to work, the lead time for electives will be much,
much shorter than the usual 26 weeks. There will be more info coming about this over the next few weeks.

Sorry that this is a bit light on certainties. I suspect that my next communications will have some more nuggets of fact, particularly about CaRMS.

“An unbiased appreciation of uncertainty is a cornerstone of rationality—but it is not what people and organizations want.”

– Daniel Kahneman, *Thinking, Fast and Slow*

Remember that SAW is available by phone and online – use them whenever you need them.

Take care,

KB

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April 7, 2020

Limpkins

I hope everyone is holding up through the pandemic. Things continue to evolve and change on a day-to-day basis.

I have attached a document that outlines, in a general sense, what we are going to start providing you in terms of online learning. We are essentially moving some of the teaching that would normally be done during clerkships (called ‘academic half days’ by many clerkships) into the time between now and our planned return to clerkship. As you will see from the attached schedule, we’ll have 4-5 half days per week of educational time from the clerkships and course 8. This is material that would normally be taught during the time you are in clerkship. By front-loading some of this, it will mean more clinical time when we get you back into the clinical environment and will allow us one option for some flexibility when it comes to adjusting the schedule for the rest of the clerkship year.

As noted in the document, a more detailed, week-by-week schedule will be coming in the near future; each clerkship is working on the final details of this at present. As soon as that is available, we’ll forward that on to you. We’ll get out the group assignments later this week.

As of today, I don’t have any further information about what the return to clerkship will look like. Still working with a return date of June 15 at this time. Further conversations are ongoing about moving the
CaRMS process back substantially and compressing the timelines within that schedule. I’m optimistic that those discussions will result in a very fair process for our students. Right now, assuming that all goes according to plan, I do believe that we will be able to have your clerkship completed with a fair match process and a residency start date of July 1, 2021. I will update you as I know more. As I have said before, there are many, many external factors that bear on this.

I realize that this is incredibly frustrating. Its hard being a student at the best of times. As human beings, we find it very difficult to not be in control, and our students often feel a lack of control: schedules are given to you to follow, the nature of learning and working in a clinical environment is unpredictable and challenging and sometimes, things don’t go well. That’s all really difficult for our minds to deal with. Then, when something completely unexpected appears from out of the blue to throw an even bigger spanner in the works…that can be overwhelming. We’re trying hard to provide you with accurate information. At this point, however, I simply can’t give you a perfect answer on what the rest of clerkship is going to look like. I don’t like that, because I’m not in control, so I know that its even harder on all of you.

I get a weekly email from a group called Farnam Street (https://fs.blog). Lots of interesting essays, articles and podcasts. This was a quotation in one of those recently that I thought explains this well (the most important part, I’ve bolded):

Generally, the people who know the most about something talk in terms that involve uncertainty (e.g., generally, if, but, yet, possible, unlikely).

People that know the least, tend to talk in absolutes (e.g., always, will, never). The language you read and hear, be it online or in person, is a proxy for quality. **While we have a tendency to seek out certainty, nuance is generally more accurate.**

Shane Parrish

Our brains would prefer it if we could say with certainty what was going to happen to our clerkship, but, at this time, it would be an oversimplification. I’d like to make some iron-clad guarantees about how things are going to work, but its not possible.

I’m going to try to find a time next week to do another Q and A. I’m back into a more regular clinical schedule (doing almost 100% phone consults: who needs the neurological exam???) so it may have to be less than a two-hour session but I think there will be time to make it work.

Take care,
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University of Calgary
Class of 2021 – Clerkship Teaching
Block 1: April 20 – May 15
Block 2: May 18 – June 12

Group A: Emergency Medicine; Psychiatry; Obs/Gyne; Surgery

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Group B: Family Medicine; Internal Medicine; Pediatrics

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• Students will be divided into two groups
  o Group 1 will do Group A clerkships for four weeks, then Group B for four weeks
  o Group 2 will start with Group B, then switch to group A after four weeks
  o Students will be divided into groups by UME; students will be notified of their assignment by email

• The general schedule is outlined above
  o Detailed schedules with exact start/stop times will be provided by the individual clerkships prior to the start of the curriculum on April 20
  o It is possible that sessions may have to be cancelled if preceptors are unavailable due to clinical activities
  o Not all clerkships will have teaching sessions on each of the four weeks
  o UME program coordinators will forward students Zoom links/phone numbers

• The sessions will include combinations of ‘live’ online lectures via Zoom, interactive Zoom sessions, online clinical teaching, guided self-study of online learning materials and pre-recorded material

• We will be recording as many sessions as possible
  o Sessions will not be recorded if patients are involved
  o Some other sessions may not be appropriate for recording, depending on the content; this will be at the discretion of the clerkship/course 8 leaders
  o The goal of recording these sessions is:
    ▪ To have resources for students who cannot attend at the time of the session
    ▪ To have resources that students can access later when they are on the clerkship rotations
    ▪ To allow for the fact that during the worst of the pandemic, there may not be preceptors available to provide teaching and the recorded sessions may be substituted
  o Recorded sessions will be uploaded as podcasts in the OSLER system which will be available to be viewed online (but not downloaded)

• Students are required to attend the teaching sessions (as would be the case if these were being offered during the rotations in a more typical clerkship year)
However, given the situation that students are experiencing during the pandemic, it is readily acknowledged that students may not be able to attend at the time that the sessions are scheduled.

- Students who cannot attend will need to submit a request for an excused absence through OSLER.
- Looking after families, being ill, doing volunteer work are acceptable reasons for an excused absence; the expectation would be that students attempt to schedule other activities to allow them to attend if possible.
- Attendance will be kept during the teaching event.
- Students who do not attend the sessions when provided will be expected to review the teaching material at a later date.

- UCLIC students will be offered the opportunity to do some other online content with their local preceptors; communication about this will come directly from the UCLIC program leaders.

March 25, 2020

Boops Boops and Limpkins

Again, some good news to start: https://www.cbc.ca/news/canada/calgary/u-of-c-covid-19-contact-tracing-1.5509022?fbclid=IwAR0X9pyeRt3jlBakluXX8lglERgKN9vXT_SkgBegaKqEdbtp33NjYHSt45k. So cool! Great work. I have also been told by the student coordinators that our clerks have provided great services for the students providing family care for health care workers and a huge number of volunteers to manage the command centre for the Complex Care Hub. Awesome!

On to the updates.

2020s

Everyone has been informed by Dr. Desy (Assistant Dean, Evaluations and Research) that the exam team has decided to take all of our exams online, in consideration of safety (students and staff) and the requirements of the University. Her email earlier this week laid things out in detail. We are ready to go for our first round of exams this Friday, March 27.

Dr. Desy is also leading the ongoing development of the Competency Committee, which I have described in previous emails. Their plan is to start with a review of students who have outstanding remediation, make-up time, rewrite and deferred exams and make a decision about how and when to address these deficiencies. I am sorry that this is taking time, but we need to have a clear process to do this so that we can demonstrate that your degree is valid.

With the move to online exams, there is really no longer a need (from the UME perspective) for students to remain in Calgary. As per Dr. Desy’s email, we can accommodate people writing exams in
different time zones. This should free up some students who have expressed concerns about looming travel restrictions.

2021s

Dr. Naugler and I participated earlier today in the online meeting of the AFMC UG Deans group this morning. There continues to be general support for some principles that need to guide when clerks return to the clinical environment. First, it needs to be safe. That includes both safety for students and all other health care workers (e.g. many jurisdictions have limited PPE and there would not be enough to supply students and still have enough for others). Second, a return needs to occur at a time point when there will be enough care providers that students will receive a good quality educational experience. Finally, the group continues to agree that we have to make efforts to not disadvantage students from any school. That is particularly pertinent for schools like U of C and McMaster, who have less time in clerkship to begin with.

At this point, however, because of regional disparities, there is no agreed upon date when all schools will have students back into clinical clerkships. Its important to keep in mind that there are ‘higher powers’ that have absolute governance over when clerks can restart: the University, AHS Clinical Departments and Public Health all have to agree that you can be back into your rotations.

Based on conversations with one of our Medical Officers of Health and our Dean’s Office, we have been advised that we will not be able to have students back in for at least three months. Therefore, we have decided to plan for the return to clerkship no earlier than June 15. This is closely aligned with decisions at several other schools (e.g. five of six Ontario schools), who have proposed a return date of July 5. Of course, it is possible that our return will be later than mid-June, but it won’t be earlier.

This is pertinent for those of you who are looking to travel to be with family and friends. There is no need for you to be in Calgary at this time: any education that we do will be done on line.

There is a separate conversation about plans for the UCLIC students that involves UME, DLRI and the UCLIC clerkship leaders. We will communicate directly with UCLIC students by email.

The AFMC UG Deans group will be working with CaRMS to make plans to adjust the timelines for the Match for 2021. We do feel that there is significant flexibility to make this happen. As of today’s meeting, the AFMC UG Deans still feel that we can plan for a residency start date of July 1, 2021.

Therefore, our next planning process will start this Friday, at our next Clerkship Committee meeting:

1. Starting plans for how we will adjust the clerkship rotations and timelines. There is little doubt that we will need to extend the clerkship beyond our usual mid-April end point. We will also need to look at how we will use the time that is available to ensure that we both meet the requirements to train students broadly in medicine (i.e. mandatory rotations) as well as support students to have adequate career exploration and supporting CaRMS applications through electives. We are going to have further discussions through the national UME Deans group about how we will make electives work, both locally and for visiting students.
2. Planning educational programs through virtual learning in all clerkships while students are out of clinical placements. We are fortunate that the development work for this has already largely taken place for the Boops in their final weeks of clerkship. The goal would be to complete as much of the ‘non-clinical’ learning now to maximize your time on the clinical side when you are back in clerkship.

At a higher level, we’re also going to have to start looking at how this will affect future classes. We’re going to need to look broadly at the timelines for the Tanukis to start clerkship as well as the classes that follow them. Everything we do will have ripple effects.

I would like to set up a Zoom Q and A session next week. Information on a date and time will follow.

I appreciate that this process is upsetting and that uncertainty about your progress through medical school is making us all anxious. We’ve got a great team in UME that is working to both make the best decisions possible and keep you up to date on all of the changes. You’ve all been really reasonable and supportive. That has really helped the whole team in UME. Thanks.

Stay well.

KB

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March 20, 2020

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! Its 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 disadvantaging 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

Kevin Busche MD BSc FRCPC
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Department of Clinical Neurosciences
March 17, 2020

Boops Boops and Limpkins

As you are aware, the COVID19 situation continues to evolve, on an hourly basis. I’ll try to continue to provide updates every few days. Am I ever glad I took keyboarding in high school!

I think it’s important that you are aware of the current national context. Over the days since we made our decision around pulling out the clerks, the majority of Canadian schools have followed suit. The AAMC (the US equivalent to AFMC) and the LCME (US equivalent to our accreditation body, CACMS) have advised all American schools to pull students from clinical rotations. Almost all Canadian schools have also cancelled visiting electives.

This isn’t just a UME phenomenon: many clinical services are also removing junior residents (and even more senior ones). Emerge is a good example – the only residents working ER shifts in Calgary are relatively senior emerge residents. No R1s and no off-service.

The decision that we made last week was made in conjunction with our clerkship leaders and is also actively supported by most of the clinical Department Heads. The Dean’s office was very directed in its support of the decision.

At this point, we don’t have an answer for how long the current situation will exist. We may be able to get our students back into some clinical areas before the pandemic crisis has passed: there may be some places that students can go safely early on, with a graduated return to other areas. This might have to be staggered, both in time and location to make things work. I can’t be much more specific at this time. All of that being said, UME doesn’t make decisions about return times in isolation: the clinical departments have to give the ok, and then we look at what is safe for students and what is going to provide a meaningful learning experience. Again, think of the Emergency Room – we can’t send learners back there until the leadership of Emergency Medicine tells us we can do so – they have veto power.

I did have the opportunity to talk with VP Eds Arjun, Tabi and President Alex by phone today to try to answer, where possible, the questions specific for the 2021s (in the google doc that came from the Limpkins). They will update that class on our conversation. It is largely specific to the implications for the rest of the clerkship year and the CaRMS match in 2021.

What I can summarize is that we are very sensitive to the need to ensure that our 2021 students have a clerkship that not only prepares them for residency but also one that prepares them effectively for the match. We’ve already started thinking, in a general sense, about how we could potentially shift, slide and fracture the clerkship schedule to accommodate more clinical time including more electives before
the CaRMS cutoff. Those plans are of course very preliminary as it depends on when we can get rolling.

Dr. Naugler and I have worked with AFMC to set up a first teleconference tomorrow with the Associate Deans of the med schools across the country to start talking about both short term plans (how do we keep education rolling without clinical placement, when do we restart clerks (and how)) to longer term questions (do we need to adjust the duration of the clerkship year, do we need to alter the match schedule). In pre-conference email conversations, several schools have opined that we need to work nationally so that individual schools aren’t disadvantaged by whatever shakes out from this. We’ll also talk about what other schools are doing to finish final evaluations on their graduating students.

For the 2020’s, we’re continuing to work on plans to ensure that we can review everyone’s clinical performance to date in order to graduate you on time, as planned. The evaluations team is developing a framework that will allow us to do this in a straightforward fashion. This will be labour intensive but it’s important that we can demonstrate to you, to the public and to your future training programs that we are graduating students who are safe and entrustable as they begin residency.

We are still planning on sitting all 2020 knowledge exams as scheduled (regular exams, rewrites, deferrals – although we may move up the latter two, still working on that). There may be some time shifting so that we can do those exams without unduly putting students and staff at risk of unnecessary social contact. As of today, we are still planning on writing those MCQ exams on site; we can use the med skills center so that every student has a private room to use. Those rooms will be cleaned before and after every use. We have been given special dispensation by the Dean’s office to do our exams on site. Usual approved academic accommodations will be honoured. Any student who isn’t comfortable with this can request a deferral and we’ll sort out when we can do those deferred exams at a later date. I would proffer that I think there is a reasonable chance that this whole plan will fall apart, if we are told that there are more restrictive quarantines in place, at which point we’ll move to plan B which involves online exams.

The clerkships are still all working on converting learning sessions to Zoom and sending out other learning resources. Keep in mind that all of our clerkship leaders and teachers are still having to manage their clinical work, so getting things out this week or next for the 2020s will represent a great turnaround time.

Let’s finish this missive strong. As of tomorrow, we’ll have ~150 students trained for contact tracing. I can’t give you any numbers but the student-driven plan to provide child-care for front line health care workers is also moving forward quickly. I’ve heard from many faculty (including the Dean, Vice Dean and Senior Associate Dean) who have all commended those efforts. We’ve got a couple more potential opportunities for remote health care work; I’m trying to set up a phone meeting about one of these tomorrow. When we talk with potential partners for that work, we have emphasized that we want our students to be able to train and work remotely.

I would ask that you keep a journal of your activities while you are off. Just a quick note of when you are doing things and which activities you are part of. I don’t have admin staff to keep track of all of it right now; I have no doubt that you will do this. I’m not sure how we might recognize your good works later on – we can’t call this an ‘elective’ as there’s no way to have preceptors and evaluations in place. I don’t want to start an ‘arms race’ of activities while you are off of clinical work; remember, some people are unwell or quarantined or have young kids and can’t take part in some of the things that students are doing. I know that you are doing things to help because it’s the right thing to do. I would encourage you to use your journal record of what you are doing from day to day to help you to
reflect on the difference you are making. That is what is important and it’s OK to feel good and feel proud about the things you do even in the midst of a bad situation.

If you have questions, you can try emailing me directly, although I will admit that I am only getting to about half of my emails and I have to prioritize things that affect all of one or both of the clerkship classes.

Take care of yourselves and take care of each other.

KB

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March 15, 2020

All

I’m going to start with some good news, as that does seem to be in short supply these days. My heart is warmed by the fact that within 11 minutes last night, we had our 20 volunteers to start training and working as contact tracers with Public Health today. I am also further overjoyed to note that as of right now, I have over 100 more volunteers for training and service in contact tracing. You are all awesome. I have bragged about you to the rest of the UME offices in the country.

I would also like to acknowledge that I know that there are many reasons why some of you may not be able to volunteer to help out with this! We shouldn’t hold anything against our colleagues who aren’t on that list.

I will be communicating further with the first 60 people on the waitlist later today about how to access the online training session that will be taking place tomorrow. For everyone who I don’t email today, I will likely be in touch in the next day or two with the next training session or other opportunity to help.

Even if you aren’t available for contact tracing, there should be some other opportunities coming down the pipe. Dr. Naugler is continuing to try and find a way for our students to help out with Health Link. There are some other great student ideas percolating to do important support work and there will be further communications coming soon.

As of this afternoon, Western, Toronto, Laval, UBC, Ottawa, Sherbrooke have also paused their clerkships. We are setting up a teleconference this week with all of the Canadian schools to brainstorm ideas for both activities for suspended clerks and how to try to move towards getting clerks back into some kind of modified clinical rotations.
We will start this week to look at all students with upcoming exams and remedial/make up clinical time. That has to be done student by student and we’ll communicate with students directly in each case. Part of this decision depends on whether the university will allow us to have students come in to the school (very widely spaced out, of course) to write exams on site. If that can’t happen, we’ll have to reevaluate things.

I have been told that there is a rumour circulating that the second round of the CaRMS match has been cancelled. This is not true. CaRMS has posted on their website that the second round of the match will proceed as scheduled. All interviews will be conducted virtually, and the programs will identify students about this directly. Please don’t forget about your colleagues who are going through this.

I acknowledge the worry from the Limpkins about how this is going to affect the year and your match. As I have said to a few students, you need to know that the only people who may be as worried about that you are is all of us in UME. I don’t have the answer about how we will make it work but it is something that we will address.

For the Boops Boops, thanks for those of you who let me know that the MCC exam sittings have been postponed. We’ll provide some sort of MCC review course virtually at some point — just need to think about when the right time will be. Fortunately, we do have good podcast recordings from prior years that will serve as a starting point.

I will close by saying thank you. I have had direct communications with dozens of you over the past 48 hours about a myriad of topics related to the decision to pull clerks. Virtually every one of those has been respectful and thoughtful, recognizing that there is a much bigger picture here.

I will also say thank you for the fact that many of the emails from students have included a recognition of the fact that this is hard for us too. There’s no ‘UME dean school’ and we don’t have a playbook for ‘global pandemic interrupts medical school’. All I can promise you is that everyone in our office cares about you, your health and your education. We’ll try our best and use every resource at our disposal to try to make good decisions.

Remember to access SAW as you need it. PFSP is always there for you too: https://www.albertadoctors.org/services/pfsp.

I’m proud to be working with all of you.

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March 13, 2020
Limpkins

Please review the attached letter. As you will see, you are being removed from all clinical activities. Please read the letter in its entirety; more communication will follow as things evolve.

Take care

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March 13, 2020

Limpkins

As I am sure that you can understand, we have been very busy in UME trying to plan for how to maintain our education program in the midst of the COVID19 pandemic. I also hope you will understand that the landscape is changing hourly. Thanks to all of you who have emailed with questions who have acknowledge that we’re swamped!

In the midst of everything else going on, I was able to convene, with less than 24-hours notice, a gathering with our UME leaders, the Dean’s office and representatives from almost all of our clerkships. I’m incredibly proud of how much our team values your health and your learning.

We have made the decision to temporarily suspend all clinical work for all clinical clerks.

Each service will talk with their learners directly but this will take effect no later than Monday March 16 for all students. This gives the clerkships the weekend to plan schedules; if you are on call tonight or over the weekend, you should plan to be present for this unless advised otherwise by your current clerkship.

This applies to all rotations: core or electives, at any site. You can let your preceptors know; this will also be communicated directly to all clerkships who will fan it out to preceptors. All schools where we have students doing electives will also be informed so that your preceptors will be notified.

I can assure you that this is not a decision that we have made lightly. This is supported broadly, both by the UME and the Dean’s Office.
We have taken into consideration both your safety and your learning. I do not want you in a position where you are at risk of becoming unwell. While that risk is not overwhelmingly high right now, every prediction that we have suggests that the risk is going to rapidly increase in the coming days and our decision is made with the goal of getting ahead of that curve. We want to remove people from the clinical environment who aren’t absolutely necessary. This is being forced on us to a degree; there are several clinical areas (emergency rooms, operative theatres) that either are already closed to learners or may be closing for learners imminently. You will also likely be aware that many Canadian schools have cancelled all visiting electives; those that have not will likely do so in the near future. We are closing to visiting electives now.

From a learning point of view, it will become progressively more difficult for you to learn effectively in the clinical space. With all of the above closures/cancellations, we would have to move more learners into already full clinical areas. Not only does that dilute the learning, it increases safety risks. Furthermore, clinicians are going to be busier, leaving less time for teaching and the odds are very high that there will be fewer clinicians available as more become ill or are quarantined. Clinics will be moving to more virtual care or cancellations – again, reducing capacity.

What does this mean for you, as a member of our class of 2021? That’s a long answer. Please bear with me. Obviously, this is a huge deal for all of you: you are in the midst of electives and having to think ahead to how this will affect you in the long term, including for CaRMS. We are thinking very carefully about how we will make this work in the longer term. Much of that will depend on how long we need to keep you out of your rotations.

We are in regular contact with the UME leadership at the other Canadian schools. Many of them are proceeding in a similar direction with their clerks.

We are removing all clerks (both 2020 and 2021). The details are different for the two classes, hence separate communications.

While we are going to be continually reviewing and updating, our immediate plan is that 2021 students will likely not be returning to clinical services for at least the next few weeks. You will not be required to have make up time for this. We’ll review this in two weeks, but realistically, I think you will be out for three weeks or more. While I do not think the pandemic will be over in three weeks, we may at that point be able to look at moving students into some clinical places, as our 2020s will be done in a month and we will have capacity from cancelling visiting electives. Any further thoughts on that will depend on how the situation progresses.

Please submit an ITER for your current rotation to your preceptor. We’ll consider those ITERs as final and not worry about the fact that they are not ‘complete’.

If you are at an elective outside of Calgary, as described above, you are not going to be continuing this elective now. You do not have to return to Calgary immediately (you can if you
want, but given the situation, we don’t have anything that you need to be here for on site). That being said, air travel is a risky right now because of the risk of exposure.

As this situation unfolds, we will be looking at trying to find a way to make up elective time that will be missed, in a meaningful way (i.e. before the CaRMS cut off in October). We may need to even look at more broadly retooling the clerkship schedules to accommodate this.

At this point there aren’t any MCQ clerkship exams for your class until May at the earliest, for those starting with short blocks like ER and Anesthesia. We will have to make decisions on scheduling those exams depending on rotation schedules.

As you move into the time where you would be starting your mandatory blocks, our expectation is that you will start to study the content knowledge that is a part of those rotations. We have asked each of the clinical clerkships to support you while you are ‘on’ a rotation, even though not attending in person. By that, I mean that the clerkships are working on developing resources that we can provide to you to continue learning. In addition, the clerkships will move to providing learning sessions on-line that they would normally provide in person (e.g. if there is an academic half-day in a clerkship, that teaching will still be provided, but online, rather than in person). Some clerkships may harness their faculty or residents who are quarantined to provide some online education as well. You will also have access to all of the learning resources provided through OSLER. You are expected to ‘attend’ any scheduled learning sessions and participate actively through the online session. Further details for schedules and format will be forthcoming from the individual clerkships to students.

As you are working through your studies, you can continue to complete your logbook to assist you in approaching that learning. Reading around the clinical presentations and discussing those in teaching sessions can ‘count’ towards completing the logbook in this unique situation.

We are considering moving some of the Course 8 content into the next few weeks. If we can move some of that forward, we would then free up more clinical time, once we get to a time point when we can move you back into the clinical world.

If you are wanting to find other work to fill your remaining time, there are a few options (in addition to learning as outlined above). The Health Link system in Alberta is overwhelmed and has approached us looking for volunteers to work with them; this may include working on the phone lines, contact tracing or other general help. Our Associate Dean Dr. Naugler is working on getting this set up; we will forward more information as soon as it is available. Please consider signing up: this will be meaningful work to support our community. We have the idea that we might be able to call this an actual ‘elective’ but can’t confirm this.

You could look at doing some research work in this time; it may be difficult to find a preceptor to work with as a part of a formal research elective because of the pandemic pulling people away. Any research work cannot involve time in a clinical setting. Many labs will also be closed and so that will also be difficult. If there was work you could do at home (e.g. case reports) this
would be an opportunity. If you are in a research elective that does not involve any clinical work or lab work – you can continue with this (but this will not be the case for many of you). We will be trying to assist with finding preceptors for this.

Dr. Meira Louis, the Electives Course Director, is planning to arrange an online q and a session on Monday March 16 at 1100h for all students. We’ll provide you with details on how to access this.

The monthly clerkship bursary will be processed as expected for eligible students.

Please continue to take care of yourselves and each other. We will get through this together.

While I am sure that there will be many of you that want to discuss and debate some or all of the above, I suspect you will understand that my ability to communicate with you individually is going to be limited for the time-being. Please feel free to email me, but, I will not be replying to all emails. We will continue to work on refining our plans and will be communicating regularly by email to the classes as a whole. Please alert your colleagues to these emails (remembering that the details for 2020s and 2021s are a bit different).

Sincerely,

Kevin Busche BSc, MD, FRCPC
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Assistant Dean, Undergraduate Medical Education
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HSC G701E

March 12, 2020

All

I will apologize in advance for a lengthy email. Please read this in its entirety and let your classmates know.

We are in uncharted waters. Your education is important to me. Your health is more important.

The landscape for medicine and medical education is going to be in flux for the next few weeks. Expect further information on an ongoing basis.
1. Your health
As per my email on Tuesday, you need to follow the guidelines from AHS and the University. If you are exposed to someone with COVID 19 (or possible COVID19), if you have travelled, if you are unwell: do not come to work/school. Call 811. The wait will be long. You can also try to contact Student Health Student Wellness Services or AHS Workplace Health and Safety Workplace Health & Safety 1-855-450-3619. for advice. The wait will be long. I can’t guarantee that they will have a perfect answer for you, but its worth trying.

Wear PPE as advised by your preceptors and any health care providers you are working with. Wash your hands. A lot.

2. Clinical experiences
Clinical placements are going to be changing for many of you. There are several clinical locations that are already closed to learners (e.g. emergency rooms at several sites). We are being contacted by more clerks every day who are having their electives canceled (both electives in progress and planned). If this happens for you, please email me, Sibyl, elective@ucalgary.ca (Yuan) and Dr. Meira Louis, the electives course chair. We will try to reschedule in an elective here in Calgary. You may have limited choice for those electives based on capacity. For mandatory rotations that are affected, we will have to work to find alternate clinical placements; again, this will depend on capacity and therefore we may have very limited choice. Anyone who is affected will be contacted directly.

We may need to contemplate more drastic changes in terms of clinical placement of learners. I can assure you that there are a lot of educational leaders throughout UME and the University that are contemplating all of this very seriously. We will update you with any further decisions.

At present, our normal rules apply: if you have to miss clinical time because you are sick or quarantined, that time has to be made up. Again, if there is widespread loss of capacity for you to be in clinical placements, that may change.

3. Other learning experiences
The University has advised us to prepare for all teaching and learning to go online (not in person). That affects the pre-clerkship mostly (we’re planning to do all of Course IV through ‘distance learning’ — imagine that!). For your clerkship learning sessions that are currently done with in-person sessions, they will likely move to on-line formats (e.g. you may get a podcast or a learning resource like an article and then do interactive learning by discussing that with a preceptor or having a Zoom session). My ask would be that you plan to participate in these learning sessions as actively as possible.

4. Travel
Short story: my advice would be to avoid travel. Airlines are potentially dangerous for exposure. Travelling for an elective (as outlined above), even in Canada, may not work — your elective may be cancelled. Travelling for recreation carries similar risk from the travel itself and may lead to you not being allowed to go back to a clinical rotation.

I’ve added a document that was sent out yesterday from Workplace Health and Safety to AHS physicians yesterday. It spells things out in more detail around this.

5. MCC Exams
For the 2020s, we have a call in to the MCC about what the plans are for the April/May sitting of the MCC part 1 exam. No information about this yet.

6. Be Thoughtful
Look after yourselves and look after each other. Please keep in mind that your preceptors may have significant issues related to their clinical and leadership roles that may be taking priority over their work as a teacher. I suspect if you were working with me in clinic this afternoon that you might find me a bit distracted. To that end, please be aware that if you contact me by email, I may be slow getting back to you. Similarly, we will be curtailing the number of face-to-face meetings I arrange. We’ll have to prioritize our time carefully.

I will communicate with you further as the situation evolves.

KB

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