Clerkship Committee (CC)
May 26, 2020
12:30 - 3:00 PM


1. Welcome and Thanks
The meeting was called to order at 12:35 PM by K. Busche (Chair). K. Busche thanked everyone for coming.

2. Approval of the Meeting Agenda
K. Busche asked for any amendments or additions to the meeting agenda as circulated, there were none.

Passed Unanimously

3. Approval of the Minutes from April 30, 2020
K. Busche asked if there were any amendments or corrections for the minutes as circulated from the April 30, 2020 meeting of the committee. There were none.

Passed Unanimously

4. Presentation

4.1 HX and PX Observation
The committee received a presentation on HX and PX Observation from committee guest N. Zondervan.

5. Class of 2021 Clerkship

5.1 Online Learning
K. Busche asked if any of the Clerkship Rotations had any issues with the online curriculum that the students were currently working through. A. Maini asked about Zoom resources to assist with the transition online, K. Busche mentioned D. Beninger would circulate Zoom resources to the teaching team. A. Maini mentioned in terms of the Class of 2021 online learning schedule: students who were in Group A have now transitioned to Group B and vice-versa - and it seems to be moving along well, nothing pressing regarding this has been mentioned to the student leaders.

K. Busche asked A. Maini and T. Hawes to remind the Class of 2021 students to fill out evaluations for the preceptors for sessions that they have attended. K. Busche updated the group that normally preceptors receive automatically generated emails with numeric feedback from students, due to the transition to online learning it was temporarily disabled to ensure preceptors don’t automatically receive low numeric ratings without context that it was due to a Zoom technical issue etc. The data is still being collected for the future.
5.2 Return to Clinical Activity

RETURN TO CLERKSHIP SCHEDULE

K. Busche mentioned the group had been sent out an anonymized ‘return to Clerkship schedule’ yesterday, developed by M. Paget and S. Tai. The schedule includes: no staggered entries, all student electives in before the CaRMS cut-off, addressing student wishes for what content is most important to them to have done before the CaRMS cut-off, and fits within the bounds of clerkship rotation capacities available to UME.

M. Paget mentioned the schedule also ensures no student starts their first block with an elective on June 15, or in the second block. K. Busche mentioned UME was also able to delay some of the elective time to later in the calendar year, knowing there will not be any visiting electives until at least the end of September.

T. Hawes asked a question regarding the schedule noticing students were returned all of their elective weeks minus one, accounting for the elective week that was cut in half when students were pulled out from clinical rotations due to the COVID-19 pandemic. T. Hawes mentioned students were inquiring where the conversation was at regarding giving that one week or the whole elective back to students’ schedules. K. Busche mentioned UME had hoped to be able to do that, but it may not be possible to give that elective week back due to logistics, he also mentioned a majority of students who were on electives at that point did receive an ITER for that week’s elective.

A. Maini asked a question regarding the front-end versus back-end of electives, for students who have already completed a lot of electives locally for specialties that they are interested in; was there any differential applied to those students who completed local electives versus students who did not complete them locally - in terms of who got scheduled back-end electives? M. Paget mentioned there was no mechanical rule set applied to hypothetical students who had an August or September elective block - due to capacity of clerkship rotations to accept learners, the focus was on ensuring each learner had an equitable amount of elective weeks before the CaRMS cut-off. M. Louis mentioned all medical schools across the country have similar restrictions. M. Louis explained the difference between local vs. visiting electives: visiting electives allow learners to visit different schools and get a feel for what the school and program looks and feels like and try and get a recommendation letter from someone local to a school to which the student is applying - although it is not ideal to have visiting electives cancelled, but to keep in mind every medical school in Canada is dealing with the same issue. M. Louis mentioned it will not be uncommon this year for students to be applying through CaRMS with only local electives, therefore it will not be a ‘Calgary-program’ issue; it is a universal across Canada problem.

S. Wicklum asked a question around rural family medicine spots that the Family Medicine clerkship rotation sends - costs for transportation one-trip out and back have previously been covered by RPAP, with very few six week family medicine spots - have the finances been dealt with through RPAP? K. Busche said UME will have a look at how many students this will possibly impact, and then have a conversation with Dr. Aaron Johnston in DLRI around this concern. S. Wicklum mentioned she would be willing to reach out to A. Johnston and loop K. Busche in. K. Busche agreed with the plan.

K. Busche asked for a motion for the Committee to accept the schedule as circulated on May 25, 2020.

First: A. Harvey
Second: M. Louis
Motion Passed

K. Busche mentioned the committee members can begin to circulate the schedule as approved to people such as schedulers. K. Busche asked S. Tai to outline the next steps in the process of getting the schedule set. S. Tai said the block list will be circulated to each rotation way, S. Tai or rotation schedulers will begin to schedule, and send each student their individual schedule soon to ensure they are aware of when they have electives and that sort of thing.
PPE SESSIONS / COURSE 8
K. Busche mentioned Course 8 has been running as a half-day course every Friday, discussions around incorporating teaching on proper use of PPE during the time of a pandemic have evolved to giving the students some time to practise those skills 'hands on' with feedback. Approval from the Dean’s office has been granted to have the proper PPE education as an in-person teaching session. Supplies have been sourced for these in-person sessions. K. Busche asked A. Maini and T. Hawes to poll the students to see how many would be available for a PPE session on June 2 or June 12.

J. Haws mentioned the session will be about one hour, in groups of 20 students with 4 or 5 preceptors, and each person spread out in the atrium as much as possible. The preceptor will show the proper way of donning and doffing PPE, the students will have the opportunity to then don and doff the PPE with feedback from the preceptor. J. Haws also mentioned all of the students will be going through an hour long online module on PPE before attending the in-person session. J. Haws mentioned the session probably has a top capacity of 100 learners per day, so those who are in town should be encouraged to attend the June 2 session to ensure there is capacity in the June 12 session for those who are out of town and not able to attend on June 2.

The committee had a discussion around the logistics of scheduling learners for the sessions. T. Haws and A. Maini mentioned they feel from the student perspective it may be easier to just start scheduling students now, rather than polling them for availability before signing up. K. Busche and M. Paget agreed to create a sign-up process of some sort to facilitate the training.

CLERKSHIP SAFETY
K. Busche mentioned a draft guideline had been circulated to the committee that outlines the responsibility for UME to keep students safe, the preceptor’s responsibility to keep students safe, etc. This draft guideline defines what sort of patients learners will be able to see during the return to Clerkship. Students will: a) not be allowed to see patients who are COVID(+) during an aerosol generating procedure, b) students will also not be allowed to see patients who are COVID(+) during other procedures that are not aerosol generating, c) students will also not be allowed to see patients who are COVID(-) during aerosol generating procedures, d) students will be allowed to see COVID(-) patients during procedures that are not aerosol generating (the vast majority of the procedures).

K. Busche mentioned a simple way to conceptualize things - if you need an N95 mask to do it, a Clerk probably shouldn’t be doing it during this time.

T. Ayas mentioned Psychiatric services sees patients from places like the drop-in centre and other places that could potentially have a higher risk for COVID(+) patients, what should be the approach taken. K. Busche mentioned on a case-by-case basis the preceptor will need to make the call. T. Ayas mentioned psychiatric services sees more patients than other services who have a poorer insight into their health status, and a poorer ability to communicate and what can be done to protect Clerks from exposure? K. Busche mentioned on a moment-by-moment basis the preceptor will need to make the call, but he is open to other ideas if people have ideas on a better way to do it.

M. Louis mentioned: a) If Clerks are seeing consults in Psychiatric services that came from the emergency department, which is often the case, the patient should already be sorted into either the i) possible and swabbed category or the ii) not-probable and not swabbed category - which may make it easier in-terms of determining if the high-risk patients should be seen by Clerks or not; and b) In terms of the COVID(-) patients, but aerosol generating procedure probable or possible category - if the patient had already been swabbed and the result came back as negative, should Clerks be able to see the patient, because services like Respirology may produce fewer learning experiences for students on the rotation.

M. Davis supported having more categories of what patients Clerks can see, if they are swabbed and
negative.

After discussion, K. Busche mentioned he would draft something for all rotations and send it out to the Directors for feedback and approval.

A. Maini asked for clarification on the Clerkship safety policy, as to what specific things learners would be able to do upon the return to clinical learning. A. Harvey mentioned many of the things in the policy were left at the discretion of the Department and UME preceptors, to ensure specific rotations were able to enforce policies unique to their area that would keep students safe. A. Harvey mentioned he would send an email out to people who had worked on the policy, to try and address A. Maini’s suggestions.

**CLERKSHIP ILLNESS**

K. Busche brought up the possibility that Clerks will become unwell during their rotation, either with COVID or other illnesses. K. Busche mentioned it is the responsibility of all committee members, and UME, to reinforce the message that Clerks that are unwell - can not come into the in-person learning environment. Students who miss a significant amount of time, may be unable to complete their Clerkship this year as the schedule is already tight, so any time missed beyond two weeks may not have the wiggle room to make-up the time in order to graduate on time - given this incentive to not miss time, it is important to reinforce the policy that those who feel unwell can not come into the in-person learning environment. K. Busche mentioned the make-up time required for the amount of time missed, is left to the individual Clerkship - K. Busche asked each Clerkship to assess what amount of missed time they are willing to forgive for those clerkships with altered schedules for the class of 2021. K. Busche mentioned that everyone who works in the hospital is required to go through a screening process in order to come to work - and this will also apply to the Clerks.

T. Hawes asked if students would be able to use holiday time or CaRMS interview time to make-up time that they missed in light of the unprecedented COVID-19 pandemic situation and the restrictions in the schedule. M. Louis mentioned she felt this is something that should not be left off the table, but it would need to be based off of capacity to accept make-up learners etc. T. Ayas asked for a minimum or maximum of amount of make-up time that should be able to be forgiven or made-up at a different day and time. K. Busche and S. Tai mentioned each rotation has historically been given the freedom to determine the amount of days on their own.

The committee agreed each clerkship will look at the minimum and maximum amount of forgiven missed days, how make-up days could be made-up, and to consider holidays and CaRMs interview time as periods where days could be made-up by students in the class of 2021.

**COVID-19 RESOURCES**

K. Busche committed to making a webpage on the UME website with a link to all of the COVID-19 resources and policies available to the returning Clerks.

**OVERNIGHT CALL / CALL ROOMS**

K. Busche mentioned UME is not allowed to have overnight Clerks if they do not have a dedicated call room available for the Clerk. If services have lost a call room, and are not able to get them back - other avenues need to be explored like only having the Clerks do the evening call and ending at 11:00PM.

**ELECTIVES**

The committee had a discussion around Class of 2021 electives and reference letters for CaRMS - including if two weeks of an elective is a direct-entry specialty was enough time to demonstrate an understanding of what the specialty entails, versus four weeks.

K. Busche and M. Louis agreed to have a discussion around the questions and concerns brought forward around the Class of 2021 electives and how the schedule would impact the students' applications according
to the current CaRMS timeline.

6. Class of 2022 Clerkship

6.1 Planning for Clerkship
K. Busche outlined the current plan for the Tanuki Class of 2022 Clerkship to begin in January of 2021, which is a later start day than was originally planned, and the clerkships will be extended to end a bit later than was originally planned. K. Busche mentioned the current plan for the Class of 2022 Clerkship lottery.

7. Clerkship Reports

7.1 Course 8
J. Haws delivered the Course 8 report and presentation to the committee. J. Haws asked if any committee members had questions or comments.

M. Louis mentioned she supported the idea of getting learners more skills earlier in Clerkship on how to deliver patient presentations to preceptors - as it is something they struggle with when they move from Pre-Clerkship to Clerkship and learners who develop those skills earlier seem to receive better feedback from preceptors.

S. Weeks mentioned the Pre-Clerkship is looking at rebranding the “Well Physician” name as it can cause confusion from the learners over what the sessions actually entail, and if Course 8 would also be interested in re-branding. J. Haws mentioned there is a need to ensure learners understand what is contributing to their wellness and the wellness of their colleagues, and what makes a complete physician. J. Haws agreed there is a need to ensure the learners’ expectations are in alignment with what the sessions are actually delivering. J. Haws mentioned a suggestion to rename it: “How to Survive and Thrive in Medicine” and agreed with it.

K. Busche asked for a motion for the Clerkship Committee to accept the Course 8 report as presented by J. Haws.

First: A. Maini
Second: S. Weeks
Motion Passed

8. Next Meeting
K. Busche mentioned that the committee’s next meeting would be on June 30 from 12:30 - 2:30PM and that the committee would be receiving reports from the Internal Medicine, Psychiatry and Obstetrics and Gynecology clerkship rotations.

9. Adjournment
K. Busche (Chair) adjourned the meeting at 2:31 PM.

Minutes: Dave Beninger – June 29, 2020
Edits: Dr. Kevin Busche – June 30, 2020