Planning clerkships during COVID-19: Notes from the field

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Since U.S. medical students were removed from direct patient contact due to the COVID-19 pandemic, educators have wondered how they can still accomplish their core clinical education goals. An AMA webinar explores how medical schools are formalizing principles to help redesign their clinical rotations and also outlines how virtual models and telehealth can be used to assess students’ clinical competence and readiness for residency, all within the bounds of accreditation.

The webinar, “Clinical Education and Return to Clerkships in the World of COVID-19: Principles, Alternative Models and Assessing Competence,” was produced by the AMA Accelerating Change in Medical Education initiative and features speakers from medical school leadership and the AMA’s senior medical education staff.

Where to start

When the Association of American Medical Colleges issued its March 17 guidance document recommending medical students be removed from direct patient care, fear pervaded the learning environment, said Rajesh S. Mangrulkar, MD, associate dean of medical student education at University of Michigan Medical School. What wasn’t present, however, was a clear statement of principles to guide decision-making.

“The question is, ‘Why principles now?’ Well, we think this is a chance for a do over,” Dr. Mangrulkar said. “First of all, principles remind us what we care about most. They also can anchor our thinking and decision-making on the numerous complex decisions that await us. We also need them now because we are detecting that we are going to be in this for the long haul.”
Dr. Mangrulkar and his colleagues at University of Michigan convened a work group to draft a set of principles based on input from stakeholders throughout the medical school. What resulted was a five-part statement, teed up with a preamble declaring, in part, “Medical students are, and always have been, considered essential members of the health care team …” and followed by three principles:

- “The care of patients is our primary concern, and we must have students actively involved in our care environment. …”
- “Students must be safe and maximize the health of those with whom they work. …”
- “The school will continuously adapt to prepare the next generation of physicians. …”

“In closing, we stated that decisions are going to be made with the best available information at the time, and that we all needed to adopt an adaptive mindset,” Dr. Mangrulkar said.

Putting it into use

University of Michigan Medical School is now rolling out both top-down and bottom-up communication cascades and engaging students to provide feedback on five planning initiatives—student safety; different learning and different roles; assessment, supervision and feedback; student support; and implementation and registration—intended to tackle the multitude of questions that emerged from the development of the principles, some of which simply do not yet have answers.

“It reminds me of something that a passenger [said] on a plane once during a very bad flight,” Dr. Mangrulkar said. “They said, ‘It’s turbulent, but we’re all in this plane together. The pilot should really get on the speaker and let us know what’s coming.’ So, our hope is that these deliberate principles, these questions and planning initiatives, and our communication strategy and the engagement with students will allow us to successfully re-engage our medical students in clinical learning [when they return].”

Another framework presented to guide decision-making was competency-based medical education. By focusing on desired learning outcomes, programs can identify alternative methods to meet learning and assessment needs. Viewing time as a resource for learning rather than a measure of learning is helpful during this disruption when all learners are facing lost time.

Learn more about how the COVID-19 pandemic is impacting medical schools.
More real-world examples

The webinar went on to profile clinically oriented remote learning and assessment projects at University of Minnesota Medical School, University of Vermont Larner School of Medicine, Johns Hopkins School of Medicine, Cleveland Clinic, University of Texas Medical Branch at Galveston and the Association of Professors of Gynecology and Obstetrics.

The AMA co-secretary of the Liaison Committee on Medical Education, Barbara Barzansky, PhD, MHPE, shared examples of changes to curriculum structure and content that are consistent with accreditation requirements.

Slides and an audio recording of the webinar are available in the “Resources” section of the AMA Accelerating Change in Medical Education digital community (registration required).

Additional help with COVID-19

The AMA has developed a COVID-19 resource center as well as a physician’s guide to COVID-19 to give doctors a comprehensive place to find the latest resources and updates from the Centers for Disease Control and Prevention and the World Health Organization. The AMA has also curated a selection of resources to assist faculty, residents and medical students during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations and other events.