AMA Practical Guide to Restoring Clinical Rotations for Medical Students

This guide is meant to accompany the AMA guiding principles protecting learners responding to COVID-19. It was assembled based on input from principal investigators of the AMA Accelerating Change in Medical Education consortium. Posted May 1, 2020

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OUTLINE

SPECIFICITY OF LANGUAGE
- Volunteer activities versus required coursework
- Direct physical contact with patients versus physically distanced roles

COMMON PHASES OF CURRICULAR RESPONSE TO COVID-19 DISRUPTIONS
- Bridging didactics
- Patient care roles with physical distancing
- Direct patient contact

ASSESS CLINICAL LEARNING ENVIRONMENTS BEFORE RESUMING DIRECT PATIENT CONTACT
- Safety of clinical environment
- Educational readiness of clinical environment
- Considerations for impending increased demand for clinical placements
- Amplifying teaching capacity in clinical environment

USING A COMPETENCY-BASED APPROACH TO REQUIRED COURSEWORK
- Identify desired outcomes
- The role of time
- Revisit stated objectives, patient types & numbers and consider alternative approaches
- Clarify broad foundation needed by all students, versus advanced needs for subsets of students
- Leverage assessment
- Example of competency review process

SUPPORT STUDENT WELLBEING & FACULTY BUY-IN

ADMINISTRATION
SPECIFICITY OF LANGUAGE

- To address safety and educational issues, there is a need to be specific. For example, “clinical roles” and “direct patient contact” can be distinct activities but are commonly conflated.
- Consider distinguishing among the following:
  - Volunteer activities versus activities for required coursework
  - Direct patient contact
    - Contact with known/suspected COVID-19 patients
    - Contact with presumed non-COVID-19 patients (recognizing limitations in establishing COVID-19 status and some exposure risk via interacting with other providers)
  - Patient care roles using physical distancing (e.g. telemedicine visits)
  - Clinical roles distinct from care of individual patients (systems roles, e.g. contact tracing)
COMMON PHASES OF CURRICULAR RESPONSE TO COVID-19 DISRUPTION

Bridging didactics
- COVID-19-related / pandemics courses
  - provide competencies needed in new clinical environment
- General clinical topics
  - broad diagnostic skills
  - clinical reasoning
  - ethics
  - health systems science
- Discipline-specific topics
  - discipline-based knowledge base
  - specific diagnostic skills
  - focused clinical reasoning

Patient care roles with physical distancing
- COVID-19-related – managing hotlines, developing educational materials, contact tracing, etc
- General clinical
  - remote-compatible clinical electives (e.g. radiology, dermatology)
- Discipline-specific
  - addressing pre-existing clerkship expectations

Tools and strategies for physically distanced patient care roles
- virtual rounds /conferences
- research clinical questions for care teams
- telemedicine practice roles: phone-interviewing, EHR mining, write-ups (except PE)
- telemedicine care roles: technical support to patients, medication reconciliation, patient interview (can be observed by faculty)
- virtual simulation: history, coupled with physical exam queries (e.g. “what would you look for and how?”), formulating assessment & plan

Direct patient contact
- COVID-19-related – testing centers, screening, intake roles
- General clinical
  - electives focused on populations with low risk of COVID-19 exposure
- Discipline-specific
  - addressing pre-existing clerkship expectations
- See safety guidelines as well as considerations for clinical learning environments below

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ASSESS CLINICAL LEARNING ENVIRONMENTS BEFORE DIRECT PATIENT CONTACT

See guiding principles about safety and educational readiness of clinical environment

*these steps also inform future decisions whether to remove students from specific clinical learning environments in the event of resurgence of COVID-19 or some other disruption

The following attributes must be assessed at the level of each individual service to which students may be assigned; this may be more difficult for schools with distributed clinical experiences

**Safety of the clinical environment**
- PPE availability
- COVID testing protocols for students and staff
- Risk of exposure (zones: hot, medium, cool)
- Stability of unit protocols
- Faculty capacity for supervision

**Educational readiness of the clinical environment**
- Clarity regarding altered roles for students, given altered roles of all team members due to changes in care delivery processes
- Faculty bandwidth for teaching and feedback
- Alignment of alterations in patient mix with pre-existing learning objectives

**Considerations for impending increased demand for clinical placements**
- once direct care is an option, there will be an increased number of students needing placements for catch-up as well as routine experiences
- perform inventory of prior services accepting students
  - some may be unable to accept students
  - some may have capacity for more students
  - more control at “home” institution vs distributed or community sites
  - night float or other shift structures should be explored
- seek additional options - temporary or long term
  - outpatient settings have historically been under-utilized
  - inpatient services that have not previously hosted students, but could provide needed experiences

**Amplify teaching capacity in clinical environment**
- consider separation of responsibility for teaching / feedback from direct care delivery (master clinical teachers, competency coaches, etc.)
- near-peer teachers (senior students)
- inter-professional opportunities for shared learning goals
USING A COMPETENCY-BASED APPROACH TO REQUIRED COURSEWORK

Identify desired outcomes

- Use desired competency outcomes to identify potential alternative approaches and timing
- What are the overarching goals of the clerkship phase? The post-clerkship phase?
- What are the discipline-specific goals of the clerkship phase? The post-clerkship phase?
- Consider alternative methods to meet those competency goals
  - Seek input from students, who may be able to envision viable alternatives
- Collaborate with LCME to clarify whether adjustments meet standards

The role of time

- CBME leverages TIME as a resource for learning, rather than a measure of learning outcome.
- The COVID-19 pandemic has taken away time from all learners; the goal is to optimize the remaining time to help learners progress
- At some point there is not sufficient time to develop competency needed to progress to GME. Better preparation for a potential second surge this fall or winter will mitigate against additional time lost

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Revisit stated objectives, patient types & numbers and consider alternative methods

- Review stated expected types of patient encounters by considering the competencies each exposure is intended to foster
- Elements of expected encounters (with notable exception of the physical examination component and clinical workflows) may be reproduced virtually
- Document rationale for the use of alternative methods for LCME

Clarify broad foundation needed by all students, vs advanced needs for subsets of students

- Pre-clerkship clinical experiences contribute to overall competency development
- As clerkships occur earlier in curricular course, better situated to be truly foundational
- A longer post-clerkship phase provides opportunity for additional clinical rotations to support career decision-making and discipline-specific skill building

Leverage assessment

- Adjust assessment to align with changes in activities and expectations
- The clinical learning environment has always been vulnerable to variability in clinical exposures among students; variability is exacerbated by the current situation.
- Acknowledge that reduced opportunities to engage in direct patient care may result in some gaps in preparedness
- As in any cohort of students, the nature of gaps in clinical experience and resulting competencies are variable among individuals
- Use programmatic assessment to identify gaps and provide targeted coaching
- Acknowledge a need for deliberate downstream assessment and coaching, likely extending into GME

Example of a competency-based review process:

- Clerkship phase over-arching competency goals:
  - diagnostic skills, sick v not sick, clinical reasoning, diagnostic testing, communication (with patients, families, ward team, interprofessional), professionalism, workflows, ethical issues
- Clerkship discipline-specific competency goals:
  - all of the above in context, plus discipline-specific content and skills, etc
- Post-clerkship competency goals:
  - more complex management, prioritization, etc

- Supporting and assessing competencies associated with a stated expected patient case type: expectation that surgical clerkship students encounter a patient with appendicitis
  - history-taking for acute abdominal pain = could be accomplished via virtual means or physically distanced patient care with direct observation
  - signs and symptoms of specific diagnosis = could be accomplished via virtual case exercises or physically distanced patient care
  - physical exam skill in recognizing acute abdomen = can be partially address via virtual; ultimately in-person simulation or direct patient contact
  - general principles of operative techniques and sterile fields = virtual
  - informed consent = virtual or physically distanced patient care
  - advanced specialty-specific
    - general steps of operation = virtual
    - physical skill in knot tying = remote simulation with video review feedback
    - physical skill in tissue handling = in-person sim or direct patient contact
  - assessment of virtual activities can involve synchronous or asynchronous direct observation and feedback

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SUPPORT STUDENT WELLBEING & FACULTY BUY-IN

- A competency-based approach provides strong rationale for adjustments in curriculum and assessment
- Helpful to address concerns about educational value
- Enables curriculum to be responsive to faculty bandwidth for teaching and assessment
- Helps students and faculty to move forward with confidence
- Clarity of roles informs appropriate safety measures
- Emphasize communication regarding changes
- Acknowledge stressors associated with broader experience of the pandemic
- For required coursework involving direct patient contact, schools should provide reasonable accommodations to learners who are unable to participate

ADMINISTRATION

- Work within institutional curricular oversight structures and processes
- Document rationale for changes and the use of alternative methods for LCME
- Be specific regarding grading processes and alterations within a given academic year
  - clarify rationale for alteration and document for LCME
    - abbreviated experiences
    - limitations in assessment evidence
    - concerns regarding exam integrity
  - define affected student cohort
    - clarity of alternative grading protocol
    - explanation to students
    - designation in MSPE – alternative language to avoid later misinterpretation
    - e.g. rather than “pass” - which is similar to prior structure - consider completely alternative wording as a flag of change, e.g. “achieved competency”