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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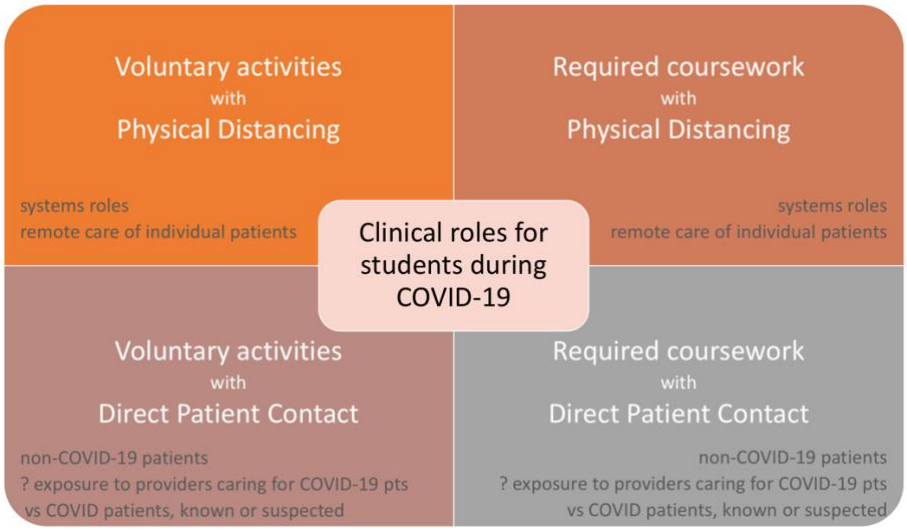
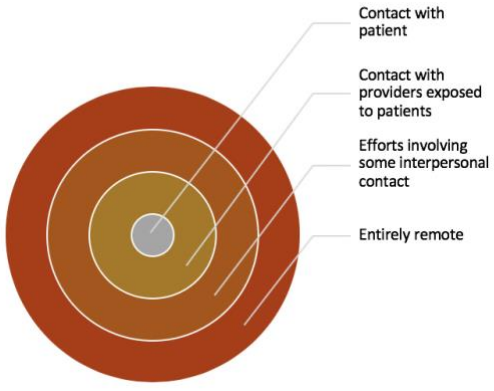
OUTLINE

SPECIFICITY OF LANGUAGE

- 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

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

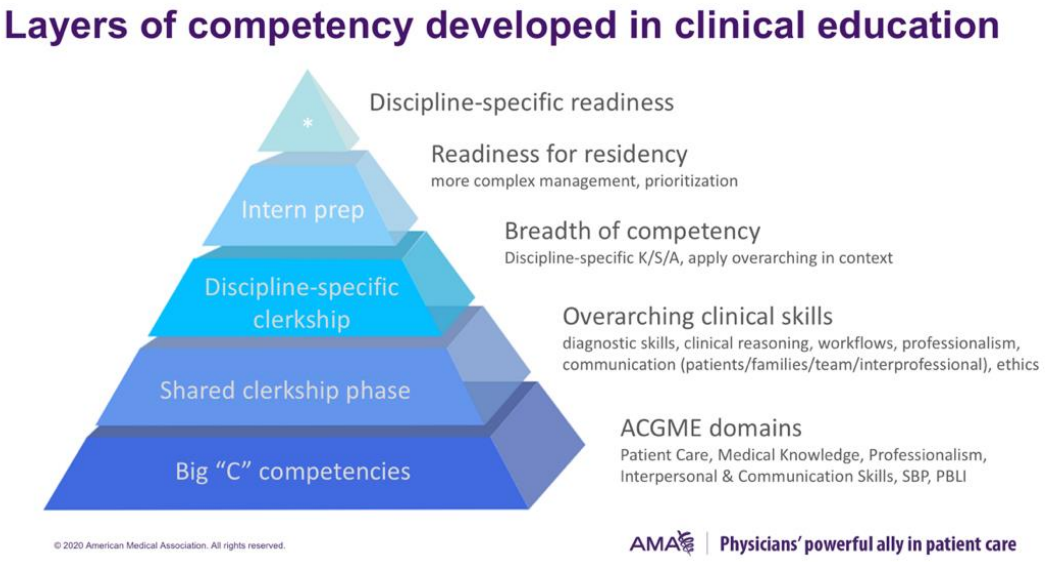
Amplify teaching capacity in clinical environment

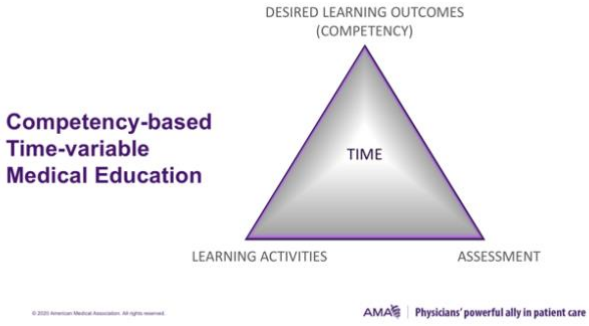
- consider separation of responsibility for teaching / feedback from direct care delivery (master clinical teachers, competency coaches, etc.)
- near-peer teachers (senior students)
- inter-professional opportunities for shared learning goals

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

American Medical Association, May 2020

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

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”