

**MESSAGE FROM BEAT STEINER, SENIOR ASSOCIATE DEAN FOR MEDICAL STUDENT EDUCATION,
ABOUT TOWN HALL Q&A ON MARCH 19, 2020**

QUESTIONS

General:

1. Added by faculty member: How important is social distancing? **Social distancing may be the most important thing you can do right now to stem this crisis and flatten the curve. Please take guidelines to not gather in groups very seriously. We now have community spread in NC and really the only way to stop this is social distancing. Maximize it in all your decisions (volunteer activities, social activities etc)**
2. Is this a PPE issue? Or for our protection? Or just to get us out of the way for a bit?
The pause was primarily prompted by the confusion around PPE restrictions and the faculty and residents having to adjust to so many new protocols. In that environment we needed to take a step back to clearly define the role of students. I believe there are many essential roles for students and we will define those as quickly as possible in the next few days. If you have suggestions please share them.
3. What do I have to do/sign to go back to the Medicine Service TODAY? (Wilmington Campus Student)
We will get you back on rotations as quickly as possible. Campus directors are working with us to make sure reintegration happens smoothly.
4. Can we still participate in telehealth/phone visits with our preceptor if they're doing them?
Part of our work right now is communicating with the teachers in clinical settings and seeing what is possible. Participating in tele-visits is one such option
5. Will UNC be cancelling or maintaining elective surgeries and clinic visits in March, April, May and June? The patient volume that we could expect would really impact our learning; some fellow students and I are considering taking a leave of absence until COVID clears up if UNC indeed postpones elective patients so that we could volunteer our efforts toward the COVID response in the community or pursue other endeavors for the time being.
Surgical leaders are looking carefully on how to triage surgeries. Taking a leave of absence is of course always an option but we do not recommend that option. There will be much work to be done here and much learning to be done here. We will work closely with you to make sure that you get the educational experiences needed to become competent physicians. That may require some creative reordering and changing graduation requirements around electives
6. For MD/PhD students or others taking LOAs and not completing a continuous Application phase, if clinical experience is significantly decreased due to precautions (no participation in surgeries, C-sections, vaginal births, etc.), would there be an option to suspend current rotations and resume when returning?
Transitioning to PhD early is an option but remember there are restrictions being put into place on research labs as well. Please touch base individually with Student Affairs.
7. How far in advance will you communicate when we need to come back? I want to drive home and be with my family. Can I do that?
Given public health measures to limit travel we recommend that you stay in our community. Announcement to be able to return to work will likely happen with 1-2 day advanced notice
8. How will the clinical evaluations submitted by our preceptors be affected by our temporary suspension?

We will work closely with course directors to make sure that clinical evaluations reflect your performance.

9. If clinical experience is limited, how will that be reflected in our tuition?

The Chancellor is involved in this discussion and stated the system will make the decision after April. We do not anticipate changes in tuition as long as you are enrolled but will work hard to make sure that your clinical experience is robust and leads to an on-time graduation

10. Will UNC SOM follow the recommendation of the joint AAMC-LCME guidance statement (3/17) of a two week suspension of clinical rotations?

We have already implemented that change but if we see that students can return earlier because services are ready for their help, we will return students earlier

11. Will there be an option for students to opt out of returning to the wards? Even with the best intentions to remain protected, we cannot eliminate the risk of catching the virus, and I don't think the educational value is necessarily worth the risk. This is especially true for students with families or preexisting conditions.

If students have medical conditions or family situations that require them to opt out, Student Affairs will work with those students to give administrative excuses. There are however inherent risks to being a physician. We will of course minimize those risks as much as possible

12. What roles do you anticipate students participating in towards the coronavirus response (in either clinical or public health capacities)? Will we only be recruited for patient care or public health activities if a critical mass of residents and clinical staff become ill or overburdened (e.g. last resort) or will we be recruited from the beginning?

We are quickly developing ways to reintegrate students

13. If the administration is burdened right now, we students are happy to design our own educational experience centered on the coronavirus response.

We always welcome students finding ways to volunteer in the community as long as that service is done in a responsible way from a public health perspective. We are also collecting and disseminating volunteer opportunities. Our priority is to develop the educational experiences that help you contribute and also teach you to be the physicians that you will need to be

IP:

14. Will I get credit for my Indy phase block 1 course?

We are working hard to make this happen. The course directors will be in touch with you to design alternative assignments that will allow this to happen.

15. For Individualization Phase students, will we resume on March 30th where we left off in the rotation? Or will we start new rotations?

We anticipate that Indy Phase students will start a new block on March 30.

AP:

16. Are current 3rd year rotations paused? will we still complete the full allotted time for each rotation once we are allowed back on the wards?

The longer course duration in App Phase gives us some time to adjust. We may adjust the length of each block or otherwise modify the courses slightly to make sure you reach your educational objectives. We will keep you closely informed

17. Will virtual didactics for MS3s be in addition to or in place of already scheduled courses? At least for surgery, it would be nice to go back knowing that all didactics are done and I don't need to take several hours every Friday away from the OR. Thanks for your help during this time! We appreciate all of the thought and time that goes into this.

We are taking time during the pause to "front load" didactics. It will be up to individual course directors to decide what didactics are still needed when you return

18. Given the prudent cancellation of elective clinic visits, how will you ensure that students will have a worthwhile educational experience that prepares them for patient care? Can students instead devote their efforts to coronavirus response (both clinical triage and public health response) while still receiving credit for their Application Phase rotations? In lieu of this, could we receive credit for a self-designed 4th-year Coronavirus Response Elective and use this time to contribute to outbreak response? I think we would get more out of this once-in-a-generation learning opportunity in pandemic response rather than engaging in virtual didactics instead of patient care during Application Phase. Many of my classmates and I would prefer to volunteer our time toward coronavirus response rather than participate in didactics during Application Phase that do not in a large part involve direct patient care or observation. There is no substitute, for example, for being in an OR.

This is an option we are considering for courses where the educational objectives for that course can not be met. For example if the surgery block of CSP does not allow you to meet the educational objectives of that course, we will work to create COVID19 response electives that give you credit towards graduation. You would then make up the other courses later

FP:

19. This is obviously a very rapidly changing situation, so thank you very much for your excellent communication updates. I have questions about 2 things in the future, which I understand may not have a definitive answer at this time given the timing. 1) Is it possible that Foundation Phase students will attend over the regularly scheduled summer to make up Anatomy Lab and PCC sessions? 2) Is it possible that summer research opportunities (CMSRP, MSTAR, etc.) will be cancelled to allow for class make-up?

The Foundation Phase courses are committed to finishing in late May as scheduled, given the current conditions and ability for faculty to teach virtually and for students to learn and be assessed remotely. **PCC 2**, which has canceled classes for the next few weeks, will re-evaluate the situation in April and if need be will add virtual tutor/student meetings on clinical reasoning and cases to finish the semester. Next fall in PCC 3, faculty will be able to include any missed clinical skills from this spring's PCC 2. **SHS 2** is on track to finish the semester as scheduled. Likewise the GI Block of **Medical Science 3** is able to provide comparable (although not identical) experiences and finish the semester in late May (barring no additional unforeseen challenges). While we cannot replicate anatomy cadaver experiences, we can provide comparable experiences to achieve block learning objectives. The anatomy faculty are committed to providing additional optional ungraded make-up anatomy experiences with cadavers in the summer and next fall to ensure that students enter the Application Phase with appropriate exposure to knowledge, skills, and attitudes.

20. We are concerned that we will begin to lose our physical exam and clinical reasoning skills without PCC meeting regularly. Would it be possible to do large group clinical reasoning sessions with Dr. Koonce (or whatever is easiest) over Web Ex? Can we have access to the cases that we review in PCC to read over on our own?

Tommy Koonce said that he can certainly explore the possibility of large group clinical reasoning sessions. It's even easier to release the cases. If we get more than a few weeks out, he will definitely do some version of that.

21. Regarding the senior mentor program-- this is something I have really enjoyed so far. Might it be possible to conduct visit 2 over the phone?

The senior mentor program is on pause. Having said that, it's totally fine for students to visit by phone or FaceTime if their mentors want to do so. There is no pressure to do so, however. Visit

2 included doing the mini mental status exam that really has to be done face to face. Visit 3 (intimacy, friendship, and aging) will be much easier to do at a distance.

SUGGESTIONS

22. It is unlikely at this point that students are going to get quality experiences in their rotations with elective patients if the healthcare system becomes swamped with Covid-19 cases. Third year rotations should be suspended indefinitely and optional elective courses should be created to allow students to contribute to the Covid-19 response. This need not involve direct hospital care or use of scarce PPE. The administration and student body should collaborate to create meaningful opportunities for students to serve the community without unreasonably endangering themselves, patients, or other members of the healthcare community. This could detract from wasted time and the need for replacement didactics while making a real difference to the North Carolina community by helping the healthcare community bear more weight in patient load over the next few weeks/months. One example could be home visits or telemedicine with elective patients who will be less likely to visit UNC clinics in the near future. Another possibility could be working with screening clinics throughout the community or finding other ways to serve state/federal public health officials. I'm sure many more/better options abound.

This is a great suggestion and we are implementing this idea

PRAISE

23. This is not a question. I want to just applaud the SOM leadership team for being so considerate and compassionate about keeping us in loop and trying to limit interruption in our academic timelines. But please continue to make decisions in the absolute best interest of the patients and public health first and foremost. Medical students should definitely be an afterthought right now. My voice may not be representative of general medical student consensus, or it may be, I don't know....we should all be in medicine because of the higher call to service and patient care/public health. Clinical rotations and issues of graduation timeline are no doubt of huge interest and concern for me...but nothing concerns me more than the literal safety of our community at large especially the immunocompromised and underserved minorities. Our widespread health inequities will impact the level of care and disproportionate suffering our neighbors from lower SES, undocumented, black and brown communities, non-English speaking, LGBTQ folks, rural communities will experience. Please invite and include student leaders from these communities in the decision-making that UNC Health should be doing to ensure health injustice can be minimized as much as possible in the coming weeks and months. These issues worries me far more than whether this pandemic interrupts my graduation timeline and/or whether I am directly providing clinical care and/or whether my didactics/board exams are getting pushed around, etc. Please give us TANGIBLE ways to contribute whether getting in direct patient care and preparation: I have seen other medical students across the nation offering to provide free childcare for healthcare workers or donate blood. Are these of need in UNC Health? Anything we can do to serve will be the best learning I can possibly imagine in these extra ordinary public health emergency we are facing.

Thank you