

## Foundation Phase questions

I'm a MS1 FIRST scholar who is concerned about the possibility of clinical rotations being cancelled this summer, as this is a key component of our accelerated curriculum. Do you have any more information about the status of clinical rotations for June/July? Thanks!

I think we will be better able to answer the question about re-entry into the clinical rotations in the next 4-5 weeks. At this point we are planning on restarting Application Phase in late June. It is possible that Indy Phase students will be able to start a bit sooner. The FIRST leaders will work closely with you to make sure you have the experiences you need to reach your education objectives but it is likely that your clinical rotations this summer will also be pushed back

Has there been any update on the CMSRP program this upcoming summer? Also, if the program gets modified to only include projects without direct patient contact would there be an opportunity to find a new project for those whose projects included direct patient care?

For CMSRP projects that were cancelled, will students be able to submit alternate project proposals? For example, a project that can be completed remotely instead of an original global health project

Are there any updates on CMSRP funding for the summer? A lot of students are really depending on this funding and any updates would be appreciated. I realize there are likely many projects which are now unable to happen but instead of cancelling these projects perhaps students could work with their PIs to find ways to modify their projects so that they can be completed virtually

The leaders of the summer medical student research program have announced that the program will continue this summer and funding will be available. Some of the experiences may need to be modified based on clinical realities in the hospital. Please touch base with the director of the program (Evan Dellon) and your research mentors about modifications.

Will students accepted into the Summer Urban Experience be expected to stay at the Raleigh campus for third year?

The students accepted into the summer program are not required to stay in Raleigh for App Phase but being selected to take part in the program will be taken into consideration during the ranking process

During the class meeting, can you include information about the time allotted for extra step 1 studying at each campus?

Are there discussions about allowing current M1s to take Step 1 during 3rd year?

This question came up at the last townhall meeting. We have been discussing whether to make it optional for students in Foundation Phase to postpone Step 1 exam until after Application Phase. It is still unclear when the P/F option will be implemented. NBME has said 1-2 years.

## Application Phase questions

I am wondering if there are any updates on the timeline for clinical rotations for new App phase students. Some of my classmates and I have wondered if it would be possible to shorten CBLC, as it does not seem feasible to shorten other inpatient rotations. Also, after talking with some older students, they felt that the block was longer than necessary. This could allow us to maintain our normal timeline and would decrease conflict when the current MS1s enter the App phase next year.

We are meeting with the course directors and using student input. It is hard to shorten only one course in a trimester as the rotation of all students from one trimester to the next no longer works. We have successfully shortened Application Phase in the past and will have a draft proposal out in the next few weeks.

### Indy Phase Class of 2021 questions

Will the SHS5 immersion day planned for April 17 happen virtually?

We do plan to continue with immersion days virtually and the course directors will reach out to let you know the dates. For now please keep April 17 on your calendar if you were scheduled for that time

For those of us scheduled to take CPX in either April or May do we know yet if this will still happen or is it likely to be cancelled? Is there potentially an alternate or virtual way for us to get some assessment in case some of us end up being able to take Step 2 CS before the clinical skills center is up and running again?

We are looking to continue CPX and will do so virtually using telemedicine format.

One thing that has been particularly useful from these town halls have been sharing what you have heard at the national level regarding board exams, ERAS, LoR, away rotations, interviews, the Match, etc. As students, we aren't part of these conversations, so as you hear about things please share them with us. I think that this will help suppress a lot of the anxieties that will come as a result of lost clinical time and the adjustments we're having to make. This is especially true for things that are sooner, such as those who have to submit early applications for residency (e.g. military, ophtho, urology) - if you hear anything about these, please share. Thank you for all that you do and for putting these town halls on!

We will continue to share what we hear in our national conversations and also use your input to shape those conversations

Any chance we can get the meeting minutes from Individualization phase planning meetings? I know you don't want to make us anxious/frustrated when plans change but I think it would actually relieve some anxiety if we had some idea of where things are heading.

We should have a draft version out for further student input in the next several weeks. We have used input from your student body reps and also input we have heard during townhalls and from individual emails you have sent

As awesome as Mindy and rest of the registration team is, I found Indiv Phase scheduling Round 1 and 2 process to be incredibly complex and archaic. Why can't we use a method similar to one we do as

undergrads (online and like shopping carts?) Choosing 12 different courses for each slot is hard and a bit nerve wrecking. once we all can return back to Indiv phase, I really hope leadership team will offer Indiv students a less complex process and more importantly- give us priority over new App Phase students (in terms of clinical rotation placements). This way, we can get our remaining LORs and grades especially if we haven't done so well in App phase.

We have considered going to a system similar to the system UNC undergrads use. What is lost is the ability to tailor individual requests. The manual process we have used is less elegant but more individualized. Using this manual process later this spring will likely be to everyone's benefit. We will also have to overhaul our catalog to be able to do a CC style shopping cart process and we have hired on a staff member to do so.

We will work to make sure there is appropriate capacity for all students, recognizing that Indy Phase students need certain rotations (such as AIs) prior to ERAS

### **Indy Phase Class of 2020 questions**

How are we supposed to get our TB/other health testing done? My residency asked for me to have these things in by April 15. Is there a residency governing body who is able to communicate with all of these programs because some places are on lock down (like N.C.) and some are not which makes it nearly impossible to comply with getting fingerprinting, health tests, etc done.

We are working with residencies in NC to facilitate credentialing process. Many of the requirements are under institutional control (for example TB testing, background checks etc) and we hope to make process easier by waiving certain requirements. We will try to do the same with programs outside of NC but have a lesser ability to influence some of those programs

### **COVID course and block 3 and 4 rotations**

For Indiv Phase students: are we getting SHS5 credit through this COVID-19 course? Or will it count towards a 6 hour elective credit?

Individualization phase: Any chance of including the longitudinal SHS/SOM course requirements into the COVID course? Could help us down the road to free up the January block!

The course objectives for the two courses are different. We are looking at ways that to loosen the requirements for Indy Phase to allow you to finish your course work and match successfully into residencies. The longitudinal nature of the course does allow you to "front load" and complete some assignments early. Some assignments are made richer with more clinical experience. The longitudinal nature of the course will allow you to take a clinical course in January

I wanted to bring up that I feel somewhat frustrated that community service is part of the grade for the COVID-1 course. I think it goes without saying that all of us want to help as much as we can during this pandemic, but some of us are less able to do so or less willing to take on the risk associated with service opportunities for various reasons. At this time, there are very limited opportunities that are virtual/remote. While there is an attempt to separate clinical vs non-clinical activities (i.e. you aren't

supposed to volunteer to make PPE if you are also involved in a clinical opportunity), there is some amount of risk inherent in all of these options. For some of us, who have family members that we don't want to put at risk, or who ourselves have underlying medical conditions, the safest thing we can do for ourselves and others is simply stay home. With all of this in mind, I do not think that this should be a graded portion of a required course.

We are aware of the different situations of different students. We have many opportunities to do service virtually. The website for student opportunities is now live

<https://ipep.unc.edu/students/carolina-covid-19-student-services-corps-carolina-cssc/>

Firstly, thank you SO much for all of your thoughtful Town Hall sessions and kind feedback! For the anticipated COVID Part 2 course in May, what opportunities are there for students to tailor their elective towards their specialty of choice? For example, Medical Management of OB/GYN during COVID-19 or Emergency Medicine during Pandemics

That is a great suggestion and one we are considering. Our hope is that May-June can be used for increasingly more clinically focused electives and rotations.