

Townhall 11 May 26, 2020

General

Attestation needs to be signed for all students who return to clinical rotations. You can not continue on clinical rotations without the attestation. If there are health concerns or other concerns that preclude you from completing the attestation, please contact Student Affairs

We will find out more information about parking before June 1

Health Fee update: students who would have ordinarily paid \$330 will only pay a \$50 one time copay if campus health services are needed in July. We can reimburse students for this copay if you submit a receipt.

Can we have more details on the proposed clinical waiver and the reasoning behind requiring students to sign it if we are expected to believe we are safe to go back to clinical practice?

The waiver is intended to ensure to students understand that risk from infectious diseases does exist. This risk has always existed and the pandemic has raised our awareness of these risks. We will do everything to minimize risks but we cannot eliminate risks. By signing the waiver students are acknowledging that risk and acknowledging that students have voluntarily chosen this professional path.

Hello. Thank you for taking the time to field our questions and concerns. I have an interesting concern and ultimately a question about how to navigate that concern. As we are all experiencing, the state is beginning to reopen economically and while there are improvements from a public health standpoint in terms of testing and resource allocation, it is likely that we will face various outbreaks of coronavirus moving forward. This may serve to develop the herd immunity necessary to fend off the infection until a vaccine is developed. However, there is a significant personal responsibility to maintain public health measures, such as distancing and masks, in order to protect those that are more susceptible to the virus. Arguably, we as students, faculty, and physicians should be leaders of those initiatives as we are working to develop the skills necessary to treat these vulnerable patients along with everyone else. The difficulty I am having is reconciling this motivation and mindset that we should have with the actions I am witnessing among many of my UNC SOM peers. Although I am trying hard not to make false assumptions towards people's motivations for certain actions (I myself am not perfect in upholding these standards either), I struggle with the fact that I see many of my classmates, particularly those in leadership or representative positions, posting on social media about beach trips, parties, and other high risk activities with their friends. I know we are not back in clinic yet, but once we do return, actions such as these are putting our patients, many of whom vulnerable to the virus, at high risk of complications as a consequence. Maybe people will be better when we do return, but I do not believe that our clinical status should be the primary influence on how behavior. Again, I am trying hard not to judge others for their actions, but I can't help but have difficulty reconciling these behaviors with their stated motivations of wanting to save lives and improve healthcare. It sounds cynical but it makes me wonder if there is a decent portion of my classmates whose primary motivations are only to help others as long as it is convenient or does not interfere with their lifestyle. If simple measures such as distancing and staying at home are disregarded easily now, what is to say that other serious measures won't be disregarded in their future careers. Anyway, I guess I am seeking your thoughts on this and how to

reconcile my frustrations towards these actions without passing any underlying condemnation. What should we as students do if we feel this way? How can we go about encouraging our classmates and creating a better and safer environment for our communities?

Your question is really important. Behavior change is really difficult and sustaining behavior change is even more difficult. This is health profession students and health care providers as well. Finding ways to help each other maintain strict adherence to public health measures may be our most important task in the next year. It is a great time to put to use motivational interviewing skills that you are learning! The state and national trends suggest continued rise in COVID19 cases and a distinct possibility of a second wave that could overwhelm health systems and result in excess mortality. It is unlikely that a vaccine or effective treatment will be widely available anytime soon. We do have more testing available and more PPE available which is good. We are also implementing better contact tracing which is also important. Individually we need to wear masks, maintain 6 feet physical distance where possible, and wash our hands frequently and if asked to self-quarantine because of an exposure we need to be fully adherent to that quarantine. I do think it is possible to get the R0 under 1 if we do all those things....but it is not easy.

Foundation Phase Questions

Can you please address the 5/21 email sent by the chancellor regarding the plan for Fall 2020. Will Foundation Phase students have fall break cancelled? Will the semester end in November? Do these plans impact clinical week? Thank you.

Would you be able to inform us in greater detail about what Foundation Phase activities will be conducted in person, alongside small groups sessions?

The Professional Schools will be allowed to follow a slightly altered curriculum. We are still getting guidance about how different and should have more details in the next 2 weeks. At this point we are anticipating that the start time will remain unchanged (Orientation for MS1 starting July 29 and Orientation for MS2 on August 3). We will prioritize student and faculty safety and work face to face in small groups only when needed (for example PCC sessions). We do not anticipate having large group sessions this fall. In small groups we will ensure adequate personal protective equipment and physical distancing.

We are looking at the implications on the curriculum for canceling fall break and perhaps shortening other aspects of the curriculum so students would not need to physically return to campus after Thanksgiving

For a few residency application cycles after Step 1 scoring is switched to P/F, there would be a mix of numeric and P/F scores, which could create some inequities and unfair advantages/ disadvantages for residency. Has there been discussion about potential plans to report Step 1 scores to residencies after this switch and the issue of potential unfairness if the onus of maintaining equity is placed on residency programs?

Academic Medicine this week has multiple articles about move to P/F. The question you raise is an important part of this discussion and on the minds of many. While programs will vary in their approach, I suspect many will accelerate their plans and not consider the 3-digit score in the residency selection process as early as 2022.

Application Phase Questions:

What are the safety protocols and rules in place to protect students who are going into individual community practices during CBLC that are not equipped to the level of the main hospital?

All course directors are using a “readiness to teach” checklist for all teaching sites including all CBLC practices. This checklist includes adequate PPE supplies, established COVID testing protocols, adequate bandwidth of practice to teach, and adequate breadth of patient types

Indy Phase Question

Question regarding SHS/SOM scheduling in block 11. Long story short I took 6 hours in foundation phase so I could get flexibility in my individualization phase and receive half tuition during my last semester. I had taken block 1 off to take CK, but with COVID-19 canceling my exam, I am now scheduled to take it during block 8 and will take another block off to study for it, pushing one of my required selectives to the spring semester and thus having to pay full tuition. My question is, if I am able to do all requirements for SHS/SOM by December, can I have it scheduled during block 10 so I can stay below the 13 hour threshold for the spring? I understand if this is not possible.

Thanks for doing these town halls. Regarding spring semester and reduced tuition eligibility, how do the longitudinal courses (SOM and SHS) count towards our total credits for spring semester?

TTR and SOM/SHS5 are both courses where registration is required to occur in the spring semester because of the way both courses are taught.