General

Statistic from UNC Health: of the 25,000 employees only about 80 have tested positive for COVID so far and only one of those employees clearly contracted the virus at work and that was before the mandatory mask policy was implemented. Bottom line is that the public health measures work if we adhere to them

UNC's Roadmap for 2020 has recently shared that 3ft, instead of 6ft of social distancing with masks, will be enough for the fall semester and that faculty and students will not be notified if a classmate tests positive for COVID-19 because they will not be considered close contacts. Is UNC SOM going to follow these same guidelines? If so, what are the options for students who believe that these guidelines are insufficient and therefore do not wish to risk their health to participate in the activities that are only being offered in-person?

We remain in challenging times and are doing our best to provide you with an amazing education and at the same time protecting your health. Clinical students are seeing patients at a range closer than 3 feet. They are protected because of their masks and eye gear. Non-clinical SOM spaces are maintaining 6 ft or more physical distancing currently. For more context, leading scientists from the SOM are working with the University to develop the best guidelines based on current science. For students who feel their personal circumstances does not allow them to participate in such activities we ask you to contact Student Affairs. We can work with you to individualize your training and help you with a leave of absence when necessary.

Why did students stop receiving vital sign COVID update emails?

Students are still receiving the emails but they have been sent much more sporadically over the last few weeks. Barring emergencies/urgent “breaking news” we plan to concentrate updates in the normal Thursday Vital Signs newsletter.

Apologies if this was asked already, but will student groups be allowed to hold small meetings on campus or should group leaders plan for fully virtual events? Can you provide any additional guidance for planning purposes? Thank you.

Student groups can meet on campus, as long as they adhere to the current University and State guidelines. Currently those guidelines limit groups to 10 students and ask students to stay 6 feet apart and wear masks.

The online academic calendar for 2020-2021 Indy Phase seems to indicate that July 3 and 4 are holidays for students. I am certainly willing to go to work on those days, but was hoping to clarify if those are supposed to be days off for students. I have not received communication about it from course leaders on my current Indy Phase rotation. Thank you!

The class of 2021 was not informed that July 3 was a holiday and that we were supposed to take the day off. How come? For those of us who went into work, do we get to take a different day off?

We work hard to keep our on-line calendars up to date. July 3 was a University Holiday. We apologize if we did not communicate this in other ways. Given the compressed nature of the curriculum we would not recommend taking additional time off if you came to work on July 3.

Tuition and other financial questions

Previously, it has been mentioned that starting for either the Class of 2021 or 2022, students will no longer be able to take reduced tuition for a reduced course-load their final semester of Individualization Phase. Has the timing of that changed given the new graduation requirements for 2021 and 2022 in this time of COVID? I appreciate wanting to de-incentivize "short-changing education," but for these two classes whose clinical years will be most affected by COVID and who will have fewer graduation requirements, not allowing students the option of reduced tuition throughout their clinical years for reduced course-load seems unfair.

The tuition changes will apply starting Fall 2021. The tuition changes are intended to make sure that students who step away from the main curriculum can still receive health coverage and other benefits and at the same time not putting negative incentives in the way for students to maximally benefit from the curriculum. Students should work with their College & career goal advisors to schedule their clinical courses to maximally prepare for residency.

I recall that there was some discussion about the summer campus health fee of $50 being reimbursable. Who is the contact person for this, and for what dates does this apply? I also had a hard time finding the date our fall student fees kick in for student health coverage online.

Those fees are reimbursable. Please contact Office of Financial Aid somfindaid@listserv.med.unc.edu

When are financial aid packets expected for the fourth years?

This week. Please reach out to Financial Aid with any questions. somfindaid@listserv.med.unc.edu

Testing

Any updates on the August/September dates that step 2 CK will be offered at UNC?

We have been approved and are completing the paperwork for NBME We should be able to announce the dates within the week.

Clinical care:

I'm having trouble remembering to fill out the wellness check, and have forgotten to do it most days over the past week. I will work on getting better but in the meantime, is there some way we should retroactively attest that we were asymptomatic on days that we forgot to sign it? Thank you!

Behavior change is difficult and we are looking at multiple ways to help you adhere to this requirement. It is part of an overall strategy to protect each other and our patients. There is no need to fill out the health checks retroactively but we welcome ideas on how to increase adherence.

Hi, I was curious to see if rising MS2s are still on the timeline to start 3rd year in March of 2021? I am asking to plan ahead with regards to finding a place to rent out for the year for those of us going out to our respective branch campuses. A lot of that may depend on STEP1 testing site schedules and whether or not we get approved to be a testing site I would imagine maybe? Not sure but wanted to see what y'alls thoughts are. Appreciate all the work y'all are doing for us!

We anticipate that Application Phase starts as anticipated in late February. We would not delay the start even if the NBME continues to have trouble offering sufficient testing spots.

Is there any way that medical students could be granted scrubs access in the hospital? I'm currently on the psych rotation and most staff are wearing scrubs but it's a clerkship that doesn't typically get access. I'd feel better having the option to have scrubs to change in/out of without having to buy my own.

Yes, we recently discussed this at an Application Phase meeting and students should be able to get access. We will work with clinical leaders to make sure this happens. Let course directors know if it is not working

Would it be possible for clearer guidance to be provided to ED physicians about which patients are appropriate for Application Phase students to see during their ED shifts? I appreciate that it is clearly outlined that students should not see high-risk PUIs or those with confirmed COVID-19. However, for moderate-risk patients--for example, those with a fever, chills, and body aches potentially attributable to another infection who are concurrently being tested for COVID-19--it seems like this is left to the discretion of the attending physician. Given that students do not have an option to put on an N95 for extra protection, it seems less than ideal to have students seeing these patients.

Students should not be seeing patients who are known COVID positive or PUI's with symptoms likely to be secondary to COVID and have a pending test. It is OK for students to see patients who are getting tests for some other reason (ie clearance for surgery). We have been trying to make all clinical teachers aware. It this is not happening and it is hard for you to speak up, let your course directors know as they are in the best position to help you communicate this policy.

It was brought to my attention that the eye shields provided for students provide wrap around protection, however they do not provide protection from droplets entering from above. (For example, if a patient sneezes while sitting on an exam table, particularly if the examiner is below average in height.) Has thought been given to providing true face shields to students instead of surgical eye shields designed to protect individuals against blood splatter?

For central app phase students, the face shields we received are quite flimsy, difficult to see through, and (at least for me) fall down your face constantly. This makes it unfeasible to use them while seeing patients. Is there any alternative that we could use that provides similar protection while being equally unobtrusive (ie. not a full face shield)? Would the safety glasses we used for anatomy lab be adequate?

As with many things in this pandemic, recommendations are changes as we find out more information. The eye shield we issued to students are the same as those used by many UNC Health teams. For now students and other members of the health care team can still wear these eye shields or goggles. This may shift over time as we learn more. We are also purchasing full face shields for students and will make those available as an alternative.

Who could we check in with to let people know about PPE shortages? I.e. the site I'm in won't let Med students gown right now because they're short which limits our presentation. I know it's no ones fault, I just wanted to know if you'd like to be aware when this happens.

We are working closely with health care leaders to maximize your education and at the same time continue to provide the highest quality patient care. If you encounter shortages and cannot resolve the situation, please let your course directors know where this is happening so we can work with the team leads to figure out a solution. We anticipate that there are PPE shortages, and that this will wax and wane as our COVID positive populations grows.

We have had a potential COVID exposure at WakeMed, however the students weren't notified until a few days later and spent Fourth of July with their families. How can you make sure we are being notified in a timely fashion?

Ensuring rapid contact tracing and rapid testing is one of our highest priorities. The situation is complex given how spread out students are, and the multiple entities involved in contact tracing for students (the systems occupations health team, campus health, and student affairs). We are working daily to improve our process and welcome additional suggestions

Is there any discussion about converting H/HP/P Indiv courses (especially AIs, Crit Care, ACS, etc.) to P/F? This ERAS cycle will be very challenging for a lot of reasons and being back in clinical setting, I am now getting worried that the virtual nature of daily rounding including very limited patient interactions and also a lot less interaction with residents/attendings/nurses/other healthcare team members in person is going to give far less data points to my evaluators (attendings & residents) to fully evaluate me since they barely see me except during morning rounds (which is all virtual) or if/when we run the list virtually at the end of the day which does not always happen. So much of clinical learning also happened during my third year when I was grabbing coffee with the intern/resident/attending or in between patients during rounding all of which is now very fast-tracked. Another example from pre-COVID: when interns/residents would get pages from nurses or others before, they could actively involve or I could easily follow along or go with them to the unit. But now I am learning about them through notes in EPIC the next AM as I have to work in a totally different area of the hospital to maintain physical distancing and the concept of team is very hard to maintain despite texting and group chats. If nothing else, I really hope all attending physicians, individual course directors, and residents are aware of this concern and can factor this into when they evaluate us on the H/HP/P which are important factors in our transcript especially this year. Thanks!

We thought about this carefully. Moving to pass/fail has its own disadvantages (for example program directors reviewing a transcript quickly will just assume a P is a Pass and not see the notation that it is a P /F course). We are working closely with all evaluators across the institution to make sure they recalibrate their assessments given the evolving nature of interactions with learners and teachers. We are in this for the long haul so I believe it is important to think about the long-term. Students too will need to think about how they can learn the most and serve their patients the best in this new paradigm.

Residency Match and related questions

From one of the townhalls back in April, there was a mention that there was an idea of home institution residencies offering virtual interviews and binding match decisions to medical students earlier than March match decision similar to the concept of Early Decision for undergraduate college admissions. It was just a thought/idea being tossed around at that time I think. But is there any chance ERAS might be offering that as an option this cycle? This could vastly simplify match burden if all students who wish to participate in a process like this could submit one Early Decision application to only say three residencies and if they are chosen for any of these, they would be removed from the interview list for all other residency programs. This will be a huge win for all residency programs too as the administrative burden of the expected very high application burden programs will have to deal with will be somewhat lowered. Ideally, all students should adhere to a certain number of application/interview invites but I doubt that'll happen as it is not in the best financial interest of AAMC/ERAS. On a similar note, can you share any specific steps UNC residency programs are taking to ensure holistic review of applicants despite the impending vast increase of number of applicants for the upcoming Match?

We have not heard any additional information about an Early Decision option. While many education deans advocated for this, the NRMP did not move forward, presumably because of the variability among schools of medicine. Each program at UNC has their own approach to recruiting and reviewing applications, but there has been a lot of talk among program directors about how to encourage and recruit local applicants who may already know and be known by the program, how to review data that is atypical compared to traditional data, and how to ensure holistic review in these extenuating circumstances. Some programs are exploring UNC student specific interview days, some are exploring other methods of prioritizing applications, all are working on their virtual resources.