

Townhall Q&A Week of 8/17

## COVID

If you are a clinical student and get tested somewhere other than Campus Health, let them know that you are a health care provider. That can expedite testing.

Despite the announcement by the Chancellor about moving all classes to a virtual format, the medical school is able to continue our current curriculum. We will keep you closely informed of any changes. We believe that for Foundation Phase we have been able to minimize the risk to students and staff by the precautions we are taking in our PCC small groups. Likewise we feel that PPE and protocols are appropriately protecting students in the clinical years.

I was wondering if any developments have been made in disciplinary action against med students who are not complying with social distancing? Various students across all years are breaking the guidelines mandated by the state (partying, large gatherings, etc.). It seems like it is only a matter of time until the virus spreads throughout the med school.

As I mentioned in the townhall 2 weeks ago, there are multiple ways to help our colleagues adhere to the appropriate standards both on and off campus. When directly encouraging our peers does not work you can submit reports of inappropriate behavior on our online learning environment platform. <https://www.med.unc.edu/md/forms/student-mistreatment-and-learning-environment-concern/> We have not received any recent reports and will follow up if reports are submitted. We still hope that in the majority of cases, we can give each other direct collegial feedback to change behaviors. We are hearing of increased reports that such peer feedback is working. As health care providers we have an obligation to model appropriate behavior

Hi Colleagues. Now that the University is shifting to remote learning for undergraduates, is there an update on how this will affect parking availability/cost for rotations? Thanks!

It is a great question. We have not heard of any changes in plan but will pass any updates on to you. IN the past updates have also been quickly posted <https://move.unc.edu/parking/>

## Foundation Phase

I noticed that ultrasound sessions were mostly scheduled between 2-5 pm last semester. Would it be possible to have earlier or later options this semester so that students can try to attend both ultrasound and PCC in one day and limit their visit to campus? Thank you for all of your hard work in trying to keep everyone safe!

The ultrasound sessions that are planned by PCC are being held during their normal PCC class times. It may be difficult to fully coordinate the other sessions. We are dependent on the availability of instructors. Students will receive a sign up soon so that they can at least select days and times that work best for me. We will take precautions with ultrasound sessions, keeping distances, using multiple rooms, and wearing PPE.

Thank you to our amazing faculty and admin for incredible leadership over the past couple months! I was wondering if you could speak more about the usage of undergrads in PCC? Given the increasing number of clusters over the past 3-4 days, it appears the spread of covid is unfortunately inevitable for students living in dorms or densely populated apartment/houses. Are there any policies set in place to discontinue having them in PCC if needed, especially those that live in dorms/fraternities/sororities? I understand they fill out the same wellness questionnaire as us, but there is no way an undergrad would ever 'out' themselves for not following the social distancing guidelines.

With the Chancellors announcement, these students will likely not be able to join us in person. We are exploring options and the PCC course directors will have more information for you within the next few days. The PCC course directors are appreciative of everyone's patience and forbearance as we work through this.

It is so apparent how much energy has gone into making the transition to med school (and virtual med school) as smooth as possible for M1s, and I am incredibly thankful for the entire UNC SOM community. I am also already so impressed by the faculty and the quality of their lectures, as well as the excitement and collaboration of my M1 colleagues. I know that the best practices for our virtual lectures are being discussed right now, so I don't mean to provide redundant feedback. However, I do want to echo what a couple of my peers have brought up about the distracting nature of Zoom's chat feature during our lectures. It currently feels a bit too much like trying to text on your phone while listening to lecture. I've done a lot of research about how to mute/silence the chat on my own computer (if there is a way to do that then please totally disregard this comment and just let us know!), but to my knowledge only the host of the Zoom can disable/enable the chat. Comments that do not directly pertain to the lecture have been kept to a minimum after the course directors made an announcement on our 2nd day about keeping the chat focused on lecture. However, having questions and responses, even those that are very interesting and pertinent to the lecture, constantly popping up on your screen makes it really hard to focus on the lecture material itself, and that's starting to feel really overwhelming. I want to learn from my peers and am very invested in hearing what they have to say, but I'm also struggling a lot with the current format: which is high volume, near-constant, and has no opt out. I would personally love to see the expectations for Zoom more closely mirror the in-person learning environment.

Some potential solutions that I've thought about are

- 1) having several designated periods during lecture where the Zoom chat is enabled for questions so it's not while content is actually being delivered
- 2) having all questions saved for the end of class (either to be answered live or responded to in writing afterwards, based on the lecturer's preference). We could also be asked to send questions in a direct message to the lecturer or moderator.
- 3) Finally, we could use some format that is separate from Zoom (like a Teams channel) to synchronously submit all questions/responses/commentary related to the lecture. Students that are able to multi-task could follow along with the channel during lecture, those that can't (like me!) could review it after lecture, and the professor could also have access so they could respond in the way that is best for their personal teaching style (live during lecture, during designated periods of lecture, after lecture, OR they could ask that questions directed to them be simply sent to their email).

I've never been to an in-person lecture with over 150 people where it felt productive, natural, or respectful to the lecturer for there to be so much back and forth of questions and comments. It would be helpful if expectations for in-person classrooms could be upheld as much as possible online. Again, we are all still figuring out how to learn via Zoom (and also really eager to get to know each other and the faculty), so I totally understand/appreciate the energy and enthusiasm. If the chat feature was optional or could be silenced, this wouldn't be an issue at all, and I would actually love to find a solution that maintains the level of engagement we currently have with the one caveat that there is a way to opt out of the notifications popping up. Sorry for the ramble, and thank you so much for your consideration!

Thanks for that thoughtful submission and thinking about solutions. I have passed your suggestions on to the Foundation Phase course and block leaders. Other suggestions are welcome.

This past week an email was sent to the Foundation Phase informing us that private messages over the Zoom platform were able to be downloaded. Professionalism in the workplace and in class is of the upmost importance -- and I believe this is why the note was sent out. However, my concern is that this is actually a privacy violation. Zoom has stated on their website that these communications are not able to be seen by the host. I would like clarification on this matter as it seems an interesting retrospective claim to have been downloading private messages when students were operating under a different understanding.

A faculty member confirmed that in the spring, private chats were showing up in the downloaded transcript. We believe that Zoom has fixed that bug over the summer. However, it still appears that private chat between a participant and the host (typically Jane or Jana) do in fact show up in the downloadable transcript. We of course are not intentionally trying to read their private chats, but in managing the chat for the purpose of distributing Q&A, some private chats with the host can apparently be seen. We wanted the students to understand this.

### **Application Phase**

When filling out One45 surveys, and reading evaluations/feedback from preceptors, is there a way for students to give input about the quality of the preceptor feedback? I'm aware that there is an appeals process for grades but that feels long and arduous. Do students \*ever\* get to give input on the quality of feedback we get? At the end of rotations, I feel like when 1) preceptors give good feedback in person, it doesn't get reflected on the forms because they took so long to fill them out and forgot what we discussed or 2) preceptors give good feedback in person and it's harsher on the forms. Most often, we didn't get to go over the form together and then I feel stuck with whatever was submitted. Frankly, by the end of each rotation, I am ready to move onto the next whirlwind so have little energy to fight back on these evals which feel so hugely important in App Phase. I just feel like there is very little opportunity to give feedback to preceptors after reading what they had to say about us since students are required to have One45 forms submitted by the last day of the block and results are released afterward.

Student comments on the quality of teaching (including the way teachers give feedback) is really important and taken very seriously. Please include such feedback on the end of rotation One45 forms. You can also use the learning environment forms where you can provide feedback on what could be done better and also what was done well

Also please consider contacting your course director. If a preceptor is not providing adequate feedback or conflicting feedback, the course director should know. It is often easier and faster for the course director to reach out to the preceptor.

We do know that training preceptors can be challenging, especially if they manage big patient loads in a hectic healthcare system. We have developed this website to help with preceptor development:  
<https://www.med.unc.edu/md/preceptor/>

You should also know that department chairs, clinical supervisors, and program residency directors receive the feedback on their physicians on an annual basis.

Grades and evaluations can be appealed using the process outlined here  
<https://www.med.unc.edu/md/policies/files/2019/01/Grade-Written-Comment-Appeal-Policy-and-Procedures-LCME-9.9.pdf>

Such appeals need to happen to the course director in writing within 20 business days of the notification of the grade or evaluation

### **Individualization Phase**

MS4s: My apologies as I was not clear when I submitted this question previously. I mentioned a list of open houses for programs as a question for the last town hall, but that was actually in reference to any list floating around of residency programs throughout the country doing open houses. For example, we got an email from Mindy regarding a virtual open house with the Charlotte IM program.

Unfortunately there is no centralized resource as far as we are aware. Your best resource is your career goal advisor. When we become aware of offerings from programs (through our AAMC listservs or otherwise) we forward those opportunities on to students. Mindy's email re the Charlotte IM program is such an example

Indiv phase question: I'm running into a parking issue for one of my rotations which is scheduled in block 8. It is a rotation where I'll be in clinic half the time and in the hospital half the time, so I only need a permit to park at the hospital for 2-3 days a week (and don't want to pay for a full time permit). I won't know in advance which days those are, as it depends on the schedule of the service, therefore I am unable to provide dates for a part-time parking permit for specific days. How should I move forward with this?

Your best option is to pay for daily parking using the app below

Parkmobile: <https://move.unc.edu/about/technology/parkmobile/>

just an FYI i think the dates are wrong on the updated calendar for Individualization phase

Thanks for seeing the problem. It has been fixed. We really appreciate the input

### **General Questions**

Can we get an update on the status of the Racial Equity Task Force? Is there a website where we can stay up-to-date with their work? What is the School of Medicine doing for racial justice beyond performative allyship?

Here are some of the efforts that are in process related to the strategic plan of the SOM or other ventures -

- Increasing access to black mental health providers, including subsidizing deductibles for community providers, increasing the diversity of CAPS providers, and offering group sessions
- Increasing support for OSEE including increased staff and increased support for faculty advisors
- Crystal Cene has recently been named to lead efforts around using data both internally and externally to promote DEI efforts at UNC Health. This provides an opportunity for students to become involved in scholarship. Dr Cene has expressed an interest in working with students
- Launch of a Social Justice curriculum task force that is asked specifically to develop an anti-racism curricular thread for the MD program. The task force will report to the education committee in October and those minutes are distributed to students through your student government presidents who are voting members of the education committee. The task force has just begun to meet. There is student representation on the task force. More broad input will also be sought at the task force meets. Updates will also be posted on the webpage of the Office of Inclusive Excellence (see below)
- Improving admissions practices and evaluating outcomes to recruit and admit a class more representative of our state's population
- Evaluating and improving clinical assessments and the rewards that follow them, such as AOA distinction, to address unconscious bias
- Developing more holistic assessment methods that depend less on standardized MCQs
- Funding of \$2.5M in the SOM strategic plan for URM faculty recruitment and retention
- Faculty development including required DEI training for course directors
- Participation in racial equity training is part of the incentive program for the clinical department chairs
- Developing an innovative year-long pipeline program

Other initiatives are listed on the webpages for the Office of Inclusive Excellence.

<https://www.med.unc.edu/inclusion/programs-and-initiatives/>

I recently came across this study highlighting Racial/Ethnic Disparities in Clinical Grading in Medical School. <https://pubmed.ncbi.nlm.nih.gov/31032666/> While this data represents just one school and is hardly enough to draw any major conclusions, it does make me wonder how is UNC SOM, as one of the leading public medical schools in the nation, doing on these fronts? So my questions below: 1. What percentage of AOA student inductees at UNC in the last 5 years are from the following categories: Black students, First-generation, and Low-income? 2. How does UNC's AOA statistics compare with national average especially those medical schools who are performing better on the equity and diversity fronts? 3. On the flip side, what percentage of the students who had to delay Step1 or perform significant remedial work are from these backgrounds? 4. As Dr. Thomas is leading the SOM wide DEI task force, is there any plans to make these data more transparent and available for us to view as a congregate? For additional reference, please review this study published in JAMA Internal Med by Yale researchers on how AOA is susceptible to significant bias against black and brown students. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2607210>

Addressing biases in assessment is a high priority in medical education across the country and one of our highest priorities here at the UNC SOM. The leaders of AOA (student and faculty) having been looking closely at the proportion of Under Represented in Medicine (URM) inductees. We have added

transparency to the process and recent inductees are markedly more diverse than in years past. The UNC AOA inductees for the past 10+ years are listed on the AOA webpage. The ability to induct up to 25 residents and fellows each spring and 10 faculty has also allowed nominations to be more inclusive, especially of candidates who were not selected during their medical school careers. We compare favorably with other institutions that value equity as we do. But we have a long way to go. A number of medical schools have dismantled their chapters due to this concern. We have not planned to do so yet as we do not think it addresses the underlying concerns. URM students who in the top quartile of the class have a good chance of being inducted but we need to find more effective ways to ensure that more URM students are in the top quartile. We need to find better ways to assess students in an unbiased way. Because there is more flexibility within AOA nationally at this time that did not exist in years past, we are looking to revamp the candidacy process again in spring 2021 to allow the students and faculty to nominate eligible students based on professionalism, service, leadership and academic excellence rather than clerkship grades. There is also a proposal currently in the hands of the AOA Board to remove the eligibility criterion of the top 25% of the class in order to allow for each medical school to choose their AOA nominees in a way that aligns with our mission and values. It has not passed yet but is pending.

The question about Step 1 performance is related as there is mounting and strong evidence that these exams have inherent bias. We are working on multiple fronts to address these underlying issues. See answer above.

It was nice of the school to get students access to OnlineMedEd's CaseX during the quarantine to help stay on top of clinical skills. Unfortunately for me, I had already spent my personal money on this third-party platform, so is there anything that can be done to financially reimburse students like myself that had already spent money on something that the school hadn't originally provided?

These times are so unusual and quickly changing. I think we can figure something out. Can students in this situation or similar situations touch base with Julie Golding and she can try to work something out.

I was wondering where there is information outlining the available resources for those who are victims to sexual harassment or sexual assault. I enjoyed the MS1 virtual orientation, but I felt like that the issue of sexual harassment and assault and resources available at UNC for victims was not covered to an adequate degree. I believe it would be the best for the entire student population to be aware of these resources for their own knowledge and in the case of helping fellow students.

Everything is more difficult because of COVID. We sent out the Carolina Women's Center presentation that students received last year. I have attached them to this email. Let us know if you have other suggestions on how we can make this information more visible to students.

Thank you for holding these town halls and providing an anonymous Qualtrics form for students to express what's on their minds. My wish is that this would have been started sooner to have this type of suggestion box earlier in medical school. I think these town halls are a huge silver lining of the pandemic; thank you for your hard work and collaboration with students!

Positive comments like this make my day! Thank you