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Medical Students and Patients with COVID-19: Education and Safety Considerations

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All of our member institutions are actively preparing for and responding to the coronavirus outbreak, and we recognize that this impacts constituents and learners across all AAMC mission areas — patient care, medical education, and biomedical research. Institutions are gathering information and data and making informed decisions regarding the medical education and the health and safety of our students, faculty, staff, and patients in the context of a very rapidly changing situation nationally.

The AAMC anticipates our member institutions will employ different approaches to managing COVID-19, influenced by individual school policies; local, state, and federal regulations; and variations in the spread of COVID-19. We encourage you to also reflect on the core principles of education and patient care as well as your students' roles in both. These principles guide your work every day and will continue to do so going forward as you work to modify practices within the context of these principles.

Building on previously convened internal subject matter experts' considerations that focused on the standard medical education curriculum and how students interface with patient care and health teams, the AAMC offers the following updated considerations:

- *Nonclinical courses:* Each school will make its own decisions in this area, following institutional policies, local public health agencies' recommendations and national public health agency guidelines. Numerous medical schools are already *not* convening in-person classes, large group meetings, etc., shifting entirely to virtual delivery for non-clinical courses.
- *Introduction to clinical rotations:* Unlike in clinical rotations, the primary focus in these courses is on learning, not patient care. As such, bringing these courses into

clinical spaces could create an additional burden on faculty, staff, and patients. We recommend evaluating these activities in the context of current clinical volume and health care provider capacity in your setting. ***If there is a surge of patients that stresses core care providers in your setting, consider suspending these activities in patient care settings until the epidemiology of COVID-19 is better known and the burden on frontline care providers from COVID-19 patients has diminished.***

Reordering curricula or providing alternate experiences both can be explored: while this may be a burden on educators and students, it appropriately prioritizes patient care and learner safety in this extraordinary circumstance.

- *Clinical rotations and interactions:* Students in their clinical years (on their core clinical clerkships and clinical electives) are members of the health care team and can provide meaningful care. These students, after receiving appropriate training, are regularly involved in the care of patients with communicable diseases like influenza, measles, TB, and HIV. In these situations, student level of involvement is determined by school policies that consider well-established transmissibility data and morbidity/mortality data. How can we apply these principles to the current situation? For COVID-19, we do not have these critical data about transmissibility, morbidity, and mortality, even as we need to make important decisions. In the interest of student safety, student direct care of known or suspected cases of COVID-19 infection should be restricted until better epidemiologic data are available. Clinical students may be able to otherwise continue their roles as part of the care team. **However, schools may increasingly experience difficulties in continuing to place students for required clinical experiences due to health-care - system-wide challenges related to COVID-19 and some schools may suspend all clinical activities for their students for a period of time. Under these circumstances, schools should commit to suspending clinical activities for as short a period as necessary, for safety reasons, and should commit to creating meaningful alternate learning opportunities for impacted students. Schools should contact the LCME Secretariat for guidance.** The LCME encourages you to contact the LCME Secretariat if you anticipate significant changes in the structure, timing, duration, and/or location of the medical education program.
- *Away rotations:* Schools are encouraged to identify local alternatives, which may include both clinical and non-clinical experiences, for their students who had planned away electives in the upcoming months; similarly, schools are encouraged to postpone rotations at their institutions for visiting students from other institutions.
- *Objective Structured Clinical Examinations (OSCEs):* Many schools are cancelling or postponing OSCEs due to concerns about the safety of both their students and their

standardized patients, modifying assessment programs as needed to adjust for unavailability of OSCEs.

- *Match Day Celebrations:* AAMC recommends all schools follow current school and local policies regarding large group gatherings. Numerous medical schools have replaced plans for face-to-face Match day celebrations with virtual events and/or plans to distribute Match results electronically so that their students can have the opportunity to celebrate with small groups of family and friends in small-gathering settings.
- *National Board of Medical Examiner (NBME):* NBME Assessment information and updates due to COVID-19 is available at:
<https://www.nbme.org/news/coronavirus-covid-19-assessment-information-and-updates>

We strongly encourage all schools to keep open lines of communication with their students, updating them with accurate information as regularly as possible in this very rapidly changing environment. We recognize that a large volume of COVID-19 patients would significantly alter the clinical mix of patients and the students' clinical learning. We encourage educators to communicate clearly with students and their clinical supervisors, emphasizing the uniqueness of this situation, the importance of the role of students on a health care team in a crisis, and the professional obligation of learners to help — as appropriate — with all aspects of patient care, and to set clear expectations for how clerkships and other learning experiences might change. ***As noted above, you are encouraged to contact the LCME Secretariat if you anticipate significant changes in the structure, timing, duration, and/or location of the medical education program.***

We recommend that schools review their required clinical encounters and develop alternate ways for students to continue to meet these requirements (e.g., paper cases, simulations). We encourage school clerkship directors, medical education leaders, and student affairs leaders to work closely together to support and guide their communities to ensure that all students, as well as all others in the health care delivery environment, regardless of potential virus exposure, receive required training and refreshers on proactive measures, like hygiene practices and appropriate use of personal protective equipment, consistent with LCME standards and school policies and to ensure that everyone has accurate, current information on COVID-19 epidemiology. This health emergency will help us teach future physicians about concepts and principles essential to competent medical practice and offer a unique practice-based learning experience for the next generation of health professionals.

Based on what is known today about COVID-19, most medical students are not representative of a high-risk population for the virus. Current data suggest that those most at risk are the elderly and those with compromised immune systems or underlying chronic medical illness. **We**

recommend you inform all students that if they have a health condition that puts them at high risk or have unique circumstances (e.g., caregiver for an immunosuppressed family member), they should work with their student affairs dean, student health center, and, as appropriate, disability service providers to identify educational experiences that reduce their risk while meeting educational requirements.

As a health care community, we are learning daily about COVID-19. Your policies and our recommendations will likely change as our knowledge develops. When academic medicine is faced with novel challenges, we do our best work when we share with and support each other.