



Association of
American Medical Colleges
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

March 5, 2020

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

Alison Whelan, MD, AAMC Chief Medical Education Officer; Geoffrey Young, PhD, AAMC Senior Director of Student Affairs and Programs; Veronica M. Catanese, MD, MBA, AAMC Senior Director of Accreditation Services; Co-Secretary, LCME

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. In the coming days, and perhaps weeks, institutions will be gathering information and data to inform decisions that will have broad implications on medical education and the health and safety of our students, faculty, staff, and patients.

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 possible 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; now is a time to think about how you might modify practices within the context of these principles.

The AAMC convened internal subject matter experts to focus on the standard medical education curriculum and how students interface with patient care and health teams. The group discussed issues related to nonclinical (classroom) interactions, introductory clinical skills courses, and clinical rotations and interactions, and offers the following considerations on all three:

- *Nonclinical courses:* Each school will make its own decisions in this area, following institutional policies and local public health agencies' recommendations. **If a local outbreak occurs, local public health decisions must be followed, and schools will be obligated to *not* convene in-person classes, large group meetings, etc. Schools may choose to be more restrictive than local public health agencies require.** You are strongly encouraged to start thinking now about what needs to be in place, as well as your communication strategy. For classroom work (including small group work), what is your contingency plan? Can you hold e-lectures? Can you pre-record lectures to send students?

- *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 you evaluate these activities in the context of current clinical volume and health care provider capacity. ***If there is a surge of patients that stresses core care providers, 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. ***Therefore, it may be advisable, in the interest of student safety, to limit student direct care of known or suspected cases of COVID-19 infection until better epidemiologic data are available. We suggest that, other than limiting direct care of COVID-19 patients, clinical students continue their roles as part of the care team.***

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 to emphasize the uniqueness of this situation, the importance of their role on a health care team in a crisis, 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. ***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.***

If the number of COVID-19 patients is very high for an extended period, it will be helpful to review the school's 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 your community 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 and student health center 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.