

FoM Checklist for year 3 student restart on July 6, 2020

Much preparation is paving the way for our students return to clerkship on July 6th.

Here we present

- a readiness checklist for your department, which is based on
- FAQ updates on how students may attend patients, and assessment methods (below)

Checklist for departments:

ITEM		Relevant FAQ	CHECK completed
We have a clear plan for PPE for students, including:	We know what PPE the students need in our environment(s)	1	
	We know where and how to get PPE for students	2	
	We know that our students will have direct observation of donning and doffing on July 6.		
Faculty and residents have met to discuss department specific implementation of:	Appropriate direction to students on which patients they may see and which they may not	3	
	How to manage patient flow around restriction on student -patient interactions		
	Where and how to hold ward rounds to allow students to follow guidance for protection without difficulty	4	
	Admin collaboration for remote academic half day attendance either individually or in very small groups	4	
We have planned (as possible) to accommodate students who must learn remotely by:	Telehealth	5	
	Online learning (modules and virtual cases/ other resources)	5	

ITEM		Relevant FAQ	CHECK completed
For the shorter rotations, the head evaluator has reviewed:	Adjusted expectations for Direct Observations, including increase frequency but flexible options	7	
	Timelines for evaluation discussions and meetings	7	
	Access to assistance in follow-up of a struggling student and other concerns such as absence requests.	7	

FAQ for year 3 student restart:

1. What PPE will students use?

https://med-fom-fac-dev-sandbox.sites.olt.ubc.ca/?page_id=2687&

2. Who will provide PPE for students?

Students will bring their own goggles.

- a. Hospital based PPE – health authority
- b. Community based PPE – supplied in each medical office as/if possible

3. Which patients may students see?

https://med-fom-fac-dev-sandbox.sites.olt.ubc.ca/?page_id=2687&

4. What is recommended to students for Covid protection during in-person teaching?

Physical distancing is preferred for protection, but:

- a. When physical distancing (<2m) from team members is not possible, goggles and surgical masks are to be used by faculty and students
- b. For small group teaching, such as team rounds, it may be possible to provide adequate distance between participants, but goggles and surgical masks will still be appropriate for spacing <2m
- c. Medium-large group teaching, such as academic half day will be virtual until further notice in accordance with the BC phases of re-opening per Dr. Bonnie Henry

- d. For Direct Observations (DOs) constructive verbal feedback is the most important element. To enter feedback on direct observations into the documentation tool there are two options:
 - i. Students themselves may type (or use the audio recording feature) the feedback on their own phone to avoid phone passing or in telehealth situations (preceptors are not required to confirm / authenticate this formative feedback)
 - ii. Preceptor may use the qualtrics tool directly on their own device / computer (ask student to send the group link)

5. How can students learn if they cannot see patients in person?

In the current situation, in-person clinical learning experiences will be limited to some extent. As well, students themselves may be unable to attend in-person at times due to symptoms and / or quarantine. For these reasons, where feasible, it will be advantageous if contingencies are in place for students to learn remotely.

Options for remote learning, include telehealth with patients here at https://med-fom-fac-dev-sandbox.sites.olt.ubc.ca/?page_id=2726&, and a variety of online learning and assignments, as suggested by your department.

6. How will I handle student illnesses, absence requests, and care refusal when the student already has so little clinical exposure? Students may run into situations in which they miss / must miss clinical time, and this will be problematic in short rotations.

- a. Students are guaranteed the right to refuse work that they perceive as unsafe. The student must be given discretion on this because of their potential for underlying heightened personal risk which is private to them. For any concern that a student is refusing appropriate work, the recommendation is to simply note the situation and forward details to DISSL and / or year 3 site director for appropriate discussion, rather than confronting the situation directly yourself.
- b. Please be aware that faculty are obliged to permit, and indeed to insist, that students who are unwell not attend in person. Note that students are eligible for expedited Covid-19 testing.
- c. Students must still be permitted to negotiate absences for important life events, despite the new time constraints of shortened electives.

7. How will evaluation be different in shortened rotations and in context of potential absences? With less clinical experience it is more important than ever to document any concerns regarding incomplete achievement of competency.

- a. Direct Observations (DOs): the number of direct observations will be as before, but in fewer weeks for service, so aiming for 2 DOs per week in some rotations will be helpful. To facilitate obtaining DOs, restrictions on which DOs should be achieved in each rotation have been removed. The student will know which DOs they need. Faculty will decide which DOs can be provided based on available experiences eg physical examination DOs may be limited.
- b. Evaluation timing: Evaluations will be more tightly spaced. Rotations less than 4 weeks do not require a formal mid-rotation evaluation. However, and in particular when a student is not meeting milestones, it will be very important to document concerns in writing (email exchange) at mid-rotation to demonstrate that the student has been made aware of the concerns and given guidance.
- c. Competency concerns: If you feel that the student has had a less than adequate exposure to clinical learning in your rotation, please document your concerns in your evaluation. "The sooner the better" in letting the the head evaluator know of a potential need for increased academic support for any individual student.
- d. Academic support: The head evaluator is strongly encouraged to avail themselves of contact with the year 3 site director and assistant dean for the region in requesting longitudinal support for individual student concerns.
- e. If despite early warning and supports, a student is not able to meet year 3 competencies by the end of the available time on rotations, this should be noted on the EoR (non-MSPR box), so that concerns may be addressed in future curriculum for that student.