

Mitigation Strategies for Compressed Clinical Curriculum Years 3 and 4, Undergraduate Medical Education, UBC

Preamble

Due to the COVID-19 Global Pandemic, our students have returned to a compressed curriculum. Most pressing is to develop mitigation strategies for students who may need to miss additional clinical learning opportunities in this already condensed curriculum. We have maintained a robust amount of clinical learning time (70 weeks c2021, 64 weeks c2022, 70 weeks c2023). We need to anticipate the very real possibility that a given student may spend multiple weeks self-isolating due to potential COVID-19 exposures which includes community exposure. Our goal is to preserve promotion and graduation timelines where possible, without compromising clinical learning. The WHO is veering away from the terminology of “second wave”. There is little evidence that COVID-19 is seasonal, and instead we should prepare for local spikes; a far more likely is the scenario that there will continue to be spikes and increased clusters in geographically distinct locations.

Attitudes

We are aware that Dr. Bonnie Henry has noticed that some judgements have been made about those who need to quarantine. We trust our students to follow Dr. Bonnie Henry’s guidelines regarding not gathering in large crowds, etc. This document is meant to be supportive and allow students to quarantine without judgement. We recognize that despite following all of the rules, any of us could need to quarantine at any time.

Principles

1. We are committed to preserving graduation and residency start date timelines, while ensuring exit competencies are met.
2. As a competency based medical school, we will focus on students achieving Course Learning Outcomes and Exit Competencies rather than become focused on x number of weeks in a given discipline.
3. We will ensure adequate clinical exposure in the MEDD 431 disciplines to meet the learning objectives and MEDD 431 course outcomes.
4. Some competencies may be able to be obtained virtually (see Appendix) and be flexible with virtual learning for those students who are self-isolating and are well.
5. We need to ensure that we explore all possible options for students to achieve competencies. Options include but are not limited to obtaining competencies virtually, supplemental clinical time, or directed electives.
6. Recognition that as much as we are mindful of (1), (2), and (3), there is no replacement for authentic learning in the workplace. We cannot give students an “on track” at the end of

MEDD 431 if they are really not ready to commence electives. Similarly, we cannot give students a “pass” on electives if they are not ready to start residency. We are responsible at the end of the day to graduate competent physicians.

Process of Ensuring Competencies

The following represents a menu of options that may be utilized to aid with a plan for a student who misses a significant amount of clinical time. As with all students who are at risk of not meeting their milestones in a given discipline for any reason, the process of promotion is as follows: The RSPS (Regional Student Promotions Subcommittee) makes recommendations to SPRB (Student Promotion and Review Board) for endorsement. Therefore, we encourage department clerkship directors and site directors to recommend “at risk” students to their site RSPS for review and support.

Class of 2021

A. Students miss major components of MEDD 431

1. Complete components of MEDD 431 virtually in real time if possible. See Appendix for MEDD 431 milestones including those that may be able to be completed virtually [highlighted]. (This is only feasible if student is well. Works better if for example student can zoom in on team discussion). Keeps students on track for their MCQ block examination where possible (there is no Year 3 OSCE for this class).
2. For those students who have missed clinical time, the RSPS may consider offering (for this class ONLY) make-up MEDD 431 competencies during elective time. This has been approved by the MDUP.

B. Students miss major components of an elective

1. If students are feeling well, they can be moved into an educational activity that be completed from home, exactly as we did for the class of 2020 when they were removed from clinical learning midway through their final elective.
2. Consider using time over the winter holiday to complete competencies.
3. May need to consider supplemental clinical time at the end of year 4 and rolling graduation.

Class of 2022

A. Students miss major components of MEDD 431

(due to need to self-isolate or a hospital on COVID lockdown and large numbers need to be removed)

1. As much as possible try to find alternative clinical placements if a clinical setting is shut down.
2. Complete components of MEDD 431 virtually in real time if possible (only feasible if student is well. Works better if student can for example zoom in on team discussion). See Appendix for MEDD 431 milestones including those that may be able to be completed virtually. This may allow a student to remain on track for their MCQ block examination where possible and on track to complete their Year 3 OSCE. In discussion with RSPS if needed, consider whether student has met competencies of the block.
3. For a longer period of absence, students may enter into FLEX (e.g. entire hospital shut down and limited placements available elsewhere). This will mean that they delay the start of their electives, but they will get the same # of electives in total.
4. Students may complete MEDD 431 during their noncurricular time. They have 2 weeks over the winter break and 4 weeks between MEDD 431. In addition, their electives will be all one course for them: 24 weeks of MEDD 441. If a significant portion of their noncurricular time is needed, students could then request a 2 - 4 week absence during MEDD 441 to ensure wellness. The current absence policy states that a 2 week absence from a 4 week elective is permitted and thus a 24 week elective would provide ample opportunities for wellness.

B. Students miss major components of their elective (MEDD 441)

1. If students are feeling well, they can be moved into an educational activity that be completed from home, similar to what was done for the class of 2020 when they were removed from clinical learning ½ way through their final elective
2. Allow for a 2 – 4 week absence during the elective course.

Appendix 1 MEDD 431 Course Learning Outcomes

(highlighted learning outcomes are those that may be possible to work towards virtually)

By the end of MEDD 431, students will be able to:

1. Obtain a complete or focused history adapted to the patient's clinical situation, in a prioritized and organized manner, eliciting information and perspectives from patients and their families. *(Mapped to WBA direct observation #1: Obtain a history adapted to the patient's clinical situation")*
2. Perform a physical examination adapted to the patient's clinical situation and specific patient encounter, differentiating between normal and abnormal clinical findings. *(Mapped to WBA direct observation #2: "Perform a physical examination adapted to the patient's clinical situation")*
3. Formulate and justify a prioritized list of diagnoses and a working diagnosis, through a systematic and integrated approach, including the use of clinical reasoning skills. *(Mapped to WBA direct observation #3: "Formulate and justify a prioritized differential diagnosis")*
4. Formulate an initial plan of investigation based on the diagnostic hypotheses and select a rationalized series of tests to refine the differential diagnosis for a clinical presentation using an evidence informed approach that will guide management. *(Mapped to WBA direct observation #4: "Formulate an initial plan of investigation based on the diagnostic hypotheses")*
5. Interpret results of common diagnostic and screening tests, recognizing the implications of normal and abnormal diagnostic and screening test results and responds appropriately to these results. *(Mapped to WBA direct observation #5: Interpret results of common diagnostic and screening tests")*
6. Formulate and implement an appropriate care plan based on a biopsychosocial approach for commonly encountered presentations and diagnoses. *(Mapped to WBA direct observation #6: "Formulate and implement an appropriate care plan")*
7. Present a concise and organized oral or written summary that documents a clinical encounter to members of the team. *(Mapped to WBA direct observation #7: "Present oral and written reports that document a clinical encounter")*
8. Provide and receive the handover in transitions of care with members of the health care team to ensure that pertinent information related to a specific patient is clearly conveyed and understood. Examples include: communicating patient clinical status and tasks prior to leaving for an academic half day. *(Mapped to WBA direct observation #8: "Provide and receive the handover in transitions of care, for example handing over patient clinical status and tasks prior to leaving for academic half day.")*
9. Recognize the urgency of unstable vital signs and participate in the stabilization of the patient. Work alongside a senior colleague to manage urgent situations. Seek help when

needed. (Mapped to WBA direct observation #9: "Recognize urgency of unstable vital signs and participate in stabilization. Seek help when needed".)

10. Develop and communicate and shared plan of care with patients and their caregivers with guidance from supervisors in an empathetic manner that reflects an understanding of the patient's perspective and fosters shared decision making. (Mapped to WBA direct observation #10: "Communicate care plan with patients and their caregivers in an empathetic manner")
11. Collaborate as a member of an interprofessional team. This includes understanding the roles of the various team members and communicating respectfully and collegially with all health care providers in a manner that reflects an understanding of the roles of each provider. Demonstrate effective communication (verbally and in writing) with patients and their families. Work with other health care professionals, patients and their families to coordinate care. (Mapped to WBA direct observation #11: Collaborate as a member of an interprofessional team")
12. Contribute to a culture of safety and improvement. Activities which demonstrate this can include but are not limited to: regularly engaging in expected safety habits (e.g., universal precautions, hand washing, team time-outs, medication reconciliation, surgical checklists), identification of situations that may jeopardize patient safety, recognizing how the system contributes threats to patient safety, recognizing system barriers/errors, and reflection on one's contribution. (Mapped to WBA direct observation #12: Contribute to a culture of safety and improvement")
13. Function as a reliable member of the healthcare team, abiding by UBC and Faculty of Medicine codes of professional conduct fulfilling a responsibility to patients and their families, and to colleagues and other health professionals
14. Employ strategies for effective personal management skills with awareness of their capabilities and limitations, acting only within the limits of their competence (patient welfare as the highest priority), seeking assistance when necessary.
15. Educate patients on disease management, health promotion, and preventive medicine as well as key community and health care resources, adapted to meet the clinical context using evidence-based information. (Mapped to WBA direct observation #13: Educate patients on disease management, health promotion, and preventive medicine")
16. Describe key features of the clinic care models and demonstrate efficient and effective use of health care resources by actively searching for information from multiple, credible sources, and demonstrating integration of basic science knowledge in the clinical approach.
17. Perform the set of core practical and technical skills adhering to proper technique and patient safety protocols, including appropriate informed consent. (Mapped to WBA direct observation #14: Perform the general procedures of a physician")