

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. In addition, students have not had as many in person sessions in years 1 and 2 and therefore may lack confidence and social connections (Ian Scott, presentation to Year 3/4 curriculum committee, May 2021).

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 (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. We cannot predict the likelihood or geographic location(s) of a fourth wave.

Attitudes

We are aware that Dr. Bonnie Henry has noticed that some judgements have been made about those who need to self-isolate. We trust our students to follow Dr. Bonnie Henry's provincial guidelines and the guidelines of their local health authorities.

This document is meant to be supportive and allow students to quarantine without judgement.

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. For example, 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 “Competency Achieved” 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 2022 and 2023

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 and MEDD 440. As MEDD 440 is all one course, students may take up to 4 weeks of wellness time at the discretion of their RSPS if they needed to make up competencies during noncurricular time.

B. Students miss major components of their elective (MEDD 440)

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. The radiology department needs only 48 – 72 hours notice to tailor an elective.
2. Allow for up to a 4-week absence during the elective course