Association of Academic Health Centers International

ADVANCING HEALTH AND WELL-BEING WORLDWIDE Newsletter

June 22, 2020

Latin America & The Caribbean Regional Office

EDITORIAL NOTE:

It is with great pleasure that we launch the first Newsletter issue of the Association of Academic Health Centers International (AAHCI) for the Latin America & the Caribbean (AAHCI-LAC) Region.

AAHCI-LAC is commendably led by AAHCI Regional Ambassadors Profs. Tarcisio Eloy Pessoa de Barros Filho, Valeria Aoki, Aluisio Segurado, and Eduardo Krieger with Regional Office Manager, Talita de Almeida. They oversee an outstanding team that facilitates opportunities for shared knowledge, capacity-building, and collaborative initiatives and efforts across regional academic health centers. The LAC office is committed to working with academic health centers in the region to identify and respond to pressing issues, to broaden discussions on these matters, and to exchange experiences and best practices.

As you may know, AAHC was founded in 1969 to advance health and well-being through the values-based leadership of academic health centers in the United States. AAHCI was founded in 2008 as an integral part of AAHC to bring together institutions around the world that serve the academic health

WHAT'S INSIDE

center mission and share a global vision of enhancing health and well-being worldwide.

In June 2017, AAHCI announced the opening of the inaugural LAC Regional Office, hosted by The University of São Paulo Medical School (FMUSP) in Brazil, to facilitate an important change in the way healthcare is delivered in the LAC region through innovative models aimed at advancing best practices. Today, USP continues the objective of bringing together academic health centers and promoting regional activities and programs that are of particular interest in the region.

In this inaugural issue, AAHCI-LAC will share how members in the region are responding to the ongoing coronavirus pandemic. Future issues will highlight additional activities in the region and share important news to facilitate collaboration among members.

UPCOMING MEETINGS

2020 Annual Meeting
October 7-9, 2020

LAC Regional Roundtable
June 23, 2020

Thank you for advancing the missions of academic health centers in the LAC region and around the world!

Enjoy the read.

Steven L. Kanter, MD
President and CEO
Association of Academic Health Centers/International

AAHCI-LAC | Regional Perspectives on COVID-19 Pandemic

University of São Paulo Medical School, Brazil: Facing the COVID-19 *Conundrum*

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The COVID-19 outbreak triggered a worldwide twist since the beginning of 2020. The main responses of the University of São Paulo Medical School toward this crisis are summarized in this article. By the end of January 2020, with the Asian/European COVID-19 outbreak, our main University tertiary hospital, known as Hospital das Clínicas (HCFMUSP)—the largest hospital complex in Latin America—launched its Crisis Committee.

The first reported COVID-19 case in Brazil (BR1), a patient coming from Northern Italy, was diagnosed on February 26, 2020. A collaboration of Brazil and the UK (Adolf Lutz Institute, Tropical Medicine Institute FMUSP and University of Oxford) completed the genome sequence of BR1 (known as the first reported COVID-19 patient in Latin America), which was released on February 28, 2020.

Since then, HCFMUSP initiated a "war operation", designating all 900 beds (300 in ICU units) located at the Central Institute, and redirecting them to COVID-19 patients. The "operation" task force included the State of São Paulo Governor, the State Department of Health, and the Coronavirus Contingency Committee, with a massive mobilization of healthcare professionals. This strategy enhanced the capacity to assist with severe and moderate cases of COVID-19 patients, as referred by the State Dept. of Health. This was the biggest "operation" ever held in the history of FMUSP.

Additionally, high-tech initiatives were implemented at the hospital: telepresence robots to reduce healthcare professionals' exposure to the COVID-19 virus; the development of low-cost ventilators by a multi-professional team from FMUSP and Engineering School-USP; development of an electrical impedance tomography to monitor patients who need artificial ventilation, thereby increasing the availability of lung ventilators and releasing beds in intensive care units (ICUs) for patients with severe COVID-19; and ultra-sound guided minimal invasive autopsies, improving the diagnosis of COVID-19 infection while avoiding contamination of the healthcare professionals.

Medical education and graduate studies (MSc and PhD programs) have been another relevant issue during the COVID-19 crisis. The sudden and necessary transition to online classes, webinars, and alternative methods of evaluation and research has been a huge challenge. It included not only a fast adaptation of faculty and students to the new system, but also the need to provide access to all medical students, including those in vulnerable socio-economic status. The Graduation Committee, together with the Center of Medical Education, has provided support to achieve the high standards of a referral medical school in the country, including a preceptorship program involving interns and medical students.

Of note, the creation of task force teams focused on research regarding many aspects of COVID-19 was an inspiring movement and may bring future relevant contributions to science, especially regarding pathogenesis, epidemiological studies, vaccines, and clinical trial protocols for SARS-COV2.

Perhaps the greatest impact of the COVID-19 crisis on medical education was the interruption or cancellation of incoming and outgoing movement of students and faculty, which has been always intense, stimulating, and productive at FMUSP. Hopefully we will reinstate such experiences in the near future.

During the COVID-19 quarantine and the cancellation of presential classes, the Center of Medical Education FMUSP organized a photography contest for medical students themed "A look through my window". Among the contestants (117 medical students and 13 faculty members), the 10 best photographs were selected. Figure 1 is the winning photograph.

Figure 1. Winner of the project: "A look through my window"

1st place: Gabriel Chicote Guimarães

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5. FMUSP NEWSCAST JUNE2020

The COVID-19 challenge: Clinical and Laboratory experience at the Botucatu Medical School, UNESP, Sao Paulo, Brazil

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Brazil was hit by COVID-19 relatively late. The first case was diagnosed on February 26, 2020. That should imply that Brazil benefited from COVID-19 experiences in other countries. However, due to political and administrative crises, the Ministry of Health lacked an articulate strategy with the 27 Brazilian states. Those states are highly heterogeneous; and even within them the municipalities vary widely in terms of socioeconomic, demographic, and environmental aspects.

São Paulo is Brazil's most populous state (44 million inhabitants), and its 645 cities (39 in the capital metropolitan area, 606 in the inner state) also present high heterogeneity. São Paulo State University (UNESP) is distributed among several of those cities. Our research has focused on clinical aspects, epidemiology, surveillance, molecular diagnosis, and space-time modelling of COVID-19 in inner Brazil, with emphasis on small to middle-size municipalities and on the inner São Paulo State. The research is aimed at improving healthcare and guiding public policies. As Brazil approaches 500 thousand cases and 35 thousand deaths, emergency science can be a pillar of public health response.

An important action for research and patient care in Botucatu Medical School was the implementation of diagnostic tests for the detection of SARS-CoV-2 by RT-qPCR. Carrying out diagnostic tests into service was an important action associated with the pandemic. The diagnosis' implementation brought agility in obtaining results to support clinical and epidemiological decisions for differential diagnosis and actions in the health service in the context of the pandemic.

The Molecular Laboratory of the Clinical Hospital of the Botucatu Medical School already had an adequate physical structure, a level of Biosafety for handling Class II biological agents, and human resources specialized in molecular diagnosis in virology. Professors, researchers, students, and technicians have joined scientific and technological efforts to standardize the SARS-CoV-2 diagnosis, and it was possible to institute the methodology on March 23, 2020. Just a few days later—on April 1, 2020—the Molecular Biology Laboratory at the

Clinical Hospital of the Botucatu Medical School became part of the Brazilian Sao Paulo State Platform for the diagnosis of SARS-CoV-2.

At first, diagnostic tests were available for patients with severe acute respiratory syndrome, patients in hospital isolation, patients in intensive care units, health professionals, and deaths according to the Brazilian Ministry of Healthy recommendation.

With an increase in the number of cases in the city of Botucatu, and the declaration of community transmission, the availability of diagnostic tests was extended. At this moment, the molecular biology laboratory is performing testing for individuals with flu syndrome, with the support of the Botucatu Health Secretary. This strategy, known as mass testing, had already been adopted by other countries, which were successful in controlling the pandemic.

COVID-19 brought a new reality and major challenges for public health, which led to a reorganization of the Medical School and the rapid undertaking by professionals to implement actions that have been contributing effectively to face the coronavirus pandemic.

Universidad de Antioquia (UdeA)'s Regional Perspective on COVID-19

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Due to the COVID-19 crisis and pandemic, border closures and many other measures have been adopted, after being tested internationally, including the prohibition of inter-city mobility. The immeasurable deficiencies of health systems (in developed, developing, or underdeveloped countries) have become evident. Physicians worldwide faced an impotence due to the scarcity of physical resources, elements of personal protection, and deficient physical and economic resources—all within the framework of caring for thousands of patients every day–including the small, but not negligible, percentage of children who die.

For Colombia, as for other countries, this has been an illness that has completely revolutionized the dynamics of work—with technology as an ally, with quarantine and social isolation as protection for the vulnerable population, and ever increasing rates of depression and anxiety. The above has caused more damage in countries, such as Colombia, with such a high Ghini quotient. This pandemic does not respect the social position and is expected to increase inequity, especially since the pillars of the economy are the generation of raw materials, agriculture, and construction.

Colombia adopted a policy of preventive isolation and prioritized human resources over economic resources to help flatten the infection curve and keep morbidity and mortality figures low, while keeping the public sector and commerce active. The decision has not been an easy one considering the processes the country has been going through in attempting to position the orange economy and

the Venezuelan migratory crisis, while our supportive health system is weakening.

It is essential to synthesize and generate evidence that decision-makers will use to design and implement public policies. For this purpose, the Unit of the Universidad de Antioquia (UNED) was designed to work on evidence and deliberation for decision making.

During the pandemic, the amount of work has increased along with the need to develop rapid syntheses of evidence regarding pharmacological and non-pharmacological measures, the prioritization of health systems, and other recommendations to impact the design of guidelines and protocols that improve the quality of health services.

Our work has just begun; and we continue to work on developing a map of evidence regarding COVID-19 that is accessible to the public, a fast summary of the destination of dead bodies, and information on how personal protective equipment for health personnel should be supplied and administered. All of this is intended to generate a useful contribution for the country and, above all, to improve the response capacity of decision-makers as well as control the spread of the pandemic.

Universidad del Rosario (UDR)'s Regional Perspective on COVID-19

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The COVID-19 pandemic impacted us, like everyone else, unexpectedly. The country reacted rather quickly—actually 15 days after the first case was diagnosed—with mandatory preventive isolation for the entire population. The university closed its services and has been that way since; we will possibly remain closed until August 1, 2020. Most courses have been attended remotely, assisted by information and communication technology. I would say we are in good shape, but this is not so for the vast majority of universities in the country. Of course, our clinical practice has suffered the most, as only the internship and residency programs have continued to function normally. Clinical rotations and other courses in the medical curriculum have had to be postponed. However, we have been able to carry out many semiology activities, using tools such as iHuman™ or other platforms in connection with teleconsultation and telemedicine, which has been very interesting.

The virtualization of medical education in Colombia has been slow to implement, which was undoubtedly accelerated by the emerging conditions of the pandemic. We have not been very inclined to the use of virtual tools for clinical care as well, but we have seen ourselves doomed to use them; and I think that these changes have come to the country to stay.

A critical factor for me has been the lack of reality of our students in the face of the magnitude of the crisis and the changes that it has produced. There is a marked tendency to try to return to the previous normality, which surely will not return. And, in

some initial stages of the crisis there was a questioning of medical ethics and especially of altruism; a mixture of fear and uncertainty among the students, yet with the desire to know quickly how their academic situation was going to be solved; and, the least interest was regarding the economic impact of households due to unemployment and the precariousness of the economy as a result of confinement.

Countries like ours debate between health and economy, which is a false dilemma, yet a reality that cannot be hidden. In fact, we are starting the economic reopening of the country without having reached the peak of infections and while still facing a weak health system, especially in the regions outside the big cities.

In this scenario, we are headed to open the medical education sector in August, which will lead us to continue conducting many of our educational activities in person, assisted by technologies or alternatives, and returning to clinical practice with extreme precautions.

Crises can be good opportunities for change; and this one highlighted the need for these changes in the region. That is the greatest achievement, but, we must be careful. It could well be the greatest frustration, also, if we do not take advantage of the moment with everyone's help.

Sharing these regional experiences is vital to discovering solutions based on experiences in similar situations.

Tecnológico de Monterrey School of Medicine and Health Sciences Response to COVID-19

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TecSalud is the Tecnológico de Monterrey Health System, that incorporates innovative clinical, academic, and research services through its Medical Academic Centers. The School of Medicine and Health Sciences, Fundación TecSalud, San José and Zambrano Hellion Hospitals, Health Institutes, and other associated institutions are integrated as part of TecSalud. TecSalud brings innovation and professional excellence to Mexico's healthcare. It has created a cutting-edge academic program in health sciences, offers an innovative health system focused on the patient, and conducts research focused on transforming healthcare in the country.

Facing the COVID-19 pandemic, the priorities for TecSalud became: minimize disease transmission; care for patients, healthcare professionals, employees, faculty, and students; maintain the healthcare system; and reduce mortality and morbidity.

In a system such as TecSalud with two hospitals, our most important resolutions were to optimize resources, have competitive healthcare professionals, and, at the same time, protect our patients and personnel. That is why we designed an expansion plan for facilities and defined changes in

the services that each hospital offers. The plan was defined by three stages.

In the first and second stages of the plan, external modules for diagnosis of COVID-19 were installed in both hospitals along with adaptations to designated areas for COVID-19 patients in the hospitals.

In the third stage, all cases of COVD-19 that require hospitalization are assigned to Hospital San José. Additionally, a Strategic Committee was created, also known as the "Answer Room", to be the meeting point with the main purpose of making key decisions and providing follow-up to the actions of TecSalud during the pandemic.

Another of our areas affected by the pandemic was education; Tec de Monterrey was one of the first private education institutions in the country to cancel classes on campus and migrate to a 100 percent online model. This Digital plus Flexible Model (MFD in Spanish), supported by more than 30 years of experience in learning distance education, has allowed academic continuity for more than 90 thousand students in undergraduate, postgraduate, and high school programs.

The School of Medicine and Health Sciences has taken additional initiatives, such as the publication of a contingency plan in response to the pandemic for medical schools and faculties across the country. "Training to help: response of the Schools of Medicine and Health Sciences facing COVID-19" provides guidelines for an action plan during the expansion of COVID-19. The protection and safety of the educational community should be prioritized by suspending clinical activity with the purpose of training. Secondly, academic continuity should be performed through distance education with consideration toward stages of preparation, design, implementation, and evaluation. It is imperative to incorporate an intensive use of technology, digital resources, and application of virtual simulation scenarios. A third component is communication and emotional follow-up for the academic community in order to mitigate the anxiety, uncertainty, and loneliness of students, faculty, parents, and support staff. Finally, response and social responsibility are part of the medical and health sciences mission. Health professionals can contribute to the education, prevention, and support of people impacted by the pandemic.

The response and social responsibility of institutions that educate healthcare professionals to contribute to education, prevention, and support for people impacted by the pandemic situation is well established. In support of this, we launched the initiative "We prepare to help, you can save lives too", in collaboration with Universidad Autónoma de México and BBVA Foundation. The main goal is to empower communities struggling with the propagation and treatment of COVID-19 by developing and promoting freely accessible training programs in a digital format aimed at both the general public and healthcare professionals. Since its launch, training and development of faculty has been strengthened through webinars and weekly specialized courses, and discussion forums on the COVID-19 pandemic have been open for all within the community.

The "Cátedra Virtual TecSalud COVID-19" (University chair) was also launched. It is a landing

page where we make available all content that has been produced about the COVID-19 coronavirus pandemic. Aware of the impact of the pandemic on the physical, mental and emotional wellness of the people, we created the "Consejería Virtual COVID-19" (Advisory group). Through this group, our students, under the supervision of our healthcare team specialists, offer medical, nutritional, and psychological advice to our national community.

Following the actions that have been implemented by the institution in response to the COVID-19 pandemic, Tec de Monterrey announced that the next semester of academic activities will begin in August 2020 under a hybrid model, based on the prevailing conditions in the country. This hybrid model will combine on-site activities with learning distance education–including the Digital plus Flexible Model (MDF+) that has been adopted for the continuity–through the end of the February-June 2020 semester.

For further information:

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Resources:

http://www.cmzh.com.mx/pacientes-y-familiares/coronavirus-(covid-19)-%C2%BFque-debo-saber/estrategia-de-contingencia-covid19.aspx
http://riem.facmed.unam.mx/sites/all/archivos/prensa/COVID-19_RIEM.pdf
https://preparateparasalvarvidas.org/
http://escuelademedicina.tec.mx/noticias/catedra-tecsalud-covid-19.aspx

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PAST EVENT

LAC Webinar: Impact of the COVID-19 Pandemic on Medical Education
June 16, 2020