



**Association of
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Interim Guidance on Medical Students' Participation in Direct Patient Contact Activities: Principles and Guidelines

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This guidance document is intended to add to, but not supersede, an academic medical center's independent judgment of the immediate needs of its patients and preparation of its students. The medical school dean has the authority and responsibility to make such decisions regarding medical students.

Background: On March 17, 2020, the AAMC released *Guidance on Medical Students' Clinical Participation*, which supported our member medical schools in placing, at minimum, a two-week suspension on their medical students' participation in any activities that involved patient contact. The impact of COVID-19 continues to vary widely among our 155 AAMC-member medical schools depending on location. Shortages of personal protective equipment (PPE), respirators, and other essential supplies persist; in surge areas, these shortages are acute. Progress has been made on numerous fronts over the past two weeks and likely will continue. The scarcity of testing is improving; clinical trials are underway for the treatment of COVID-19 with antiviral drugs and immunomodulators; and the FDA recently approved rapid point-of-care testing. Manufacture of PPE and other essential supplies is accelerating, and our knowledge of COVID-19 biology continues to increase. Sustained social distancing has been among the effective public health measures to "flatten the curve" in several other countries. However, in North America, the curve has not yet flattened, and in the upcoming two weeks, the numbers of new COVID-19 cases are projected to continue to increase rapidly. The following guidance is based on North American, not local, considerations of public health, patient care, and medical student education and safety concerns, including the current critical needs to conserve resources (e.g., PPE, tests, staff) and to avoid unnecessary physical contact to curb the spread of the virus.

Guidance: Unless there is a critical health care workforce (HCW) need locally, we strongly suggest that medical students not be involved in any direct patient care activities for the next two weeks, through April 14, 2020. The primary goals of this guidance are bending the curve for the public health of North America, conserving limited PPE supply to keep HCW and patients safe, and maintaining public and HCW safety given current testing availability.

If there is a critical HCW need locally, we suggest medical schools and teaching hospitals consider the following principles and guidelines when deciding if, when, and how it is appropriate to include

medical students in the HCW caring directly for patients (including patients with *and* those without known or suspected COVID-19).

1. Current medical students are students, not employees. Although they are on a path to becoming licensed MDs, they are not yet MDs.
2. Medical students' participation in direct care of patients should be **voluntary**, not required. Schools should document with their medical students that their participation is purely voluntary for public service or humanitarian reasons only and will not be compensated. To the extent practicable, such voluntary activities should not disrupt students' continued participation in any core, ongoing learning activities. Core curriculum academic credit should not be offered to students volunteering to participate in direct care of patients; if elective academic credit is offered, nondirect patient care opportunities for the elective academic credit should also be offered.
3. To ensure patient and student safety, students must always be appropriately supervised by faculty and other health professionals acting within their scope of practice. Schools must be clear in policies, language, and actions to consistently and genuinely convey that students' participation is voluntary. More specifically:
 - a. Clear and consistent messaging from institutional leadership, including education and student affairs deans, is essential to ensure that students do not experience any sense of social coercion to volunteer to participate in the direct clinical care of patients.
 - b. Such messaging should recognize that individual students have different personal and family situations (which may or may not be known to others) and that, more than ever, this is a time for students to treat their peers and colleagues with care and respect and to scrupulously respect other students' confidentiality.
4. Opportunities to volunteer in direct patient care activities should be offered to students *only* if there is a critical HCW need for them to do so. To the extent possible, schools should align the number of student volunteers with the critical HCW need and expand the number of student volunteers and their functions only as needed. Decisions about assignments should be based on the competence of the student to take on the responsibilities involved rather than on the student's particular year in medical school; there may be responsibilities for which any medical student, regardless of their year in medical school, can be trained (e.g., checking vital signs).
5. Student Health Services directors should actively participate in screening potential student volunteers, including considering (a) the responsibilities involved and (b) the student's current health status and the presence of chronic health conditions or other safety risks.
6. **The medical school should ensure that student volunteers are fully trained (or retrained) for whatever specific clinical roles they are asked to assume in the direct clinical care of patients.** Such training should include safety precautions specifically in the context of COVID-19 exposure and the current COVID-19 pandemic. The school should also confirm and document that student volunteers have been informed, to the extent possible based on current knowledge, of all risks associated with the clinical care of patients in the pandemic, particularly of patients with known or suspected COVID-19, including (a) the procedures for care and treatment and a definition of financial responsibility should exposure occur and (b) the effects of subsequent infectious and

environmental disease or disability on future medical student learning activities and progression to graduation.

The AAMC will update this document dated March 30, 2020, *Interim Guidance on Medical Students' Participation in Direct Patient Contact Activities: Principles and Guidelines*, in two weeks unless circumstances indicate a need to do so sooner.

This document updates and replaces guidance issued by the AAMC on March 17 and March 23 regarding the participation of medical students in direct patient contact activities.