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Guidance on Medical Students' Participation in Direct Patient Contact Activities

This document updates and replaces guidance issued by the AAMC on March 17, March 23, and March 30, 2020, regarding the participation of medical students in direct patient contact activities.

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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: The impact of COVID-19 continues to vary widely among AAMC-member medical schools depending on location. Four weeks ago (March 17, 2020), the AAMC released guidance strongly suggesting that medical students not be involved in direct patient contact activities. Over the past four weeks, substantial progress has been made in (a) efforts to “flatten the curve” through adherence to public health guidelines, (b) availability of PPE, and (c) COVID-19 testing availability. Globally, knowledge about SARS-CoV-2, the virus that causes COVID-19, advances daily. Steady progress continues in the development of therapeutic approaches to and testing for COVID-19. The response of our medical students to this unprecedented disruption has been remarkable. Their resilience, creativity in finding innovative ways to be of service, and willingness to do so — amid many uncertainties about what lies ahead personally and professionally — are inspiring. We also recognize those student services professionals who are working with and counseling medical students during this stressful time, and our medical educators, whose extensive collaborative efforts have led to the rapid development and implementation of new methods for curriculum content delivery and assessment.

In this environment, AAMC guidance for medical schools regarding medical students' participation in direct patient contact activities continues to be based on public health considerations, PPE needs, and COVID-19 testing availability. This guidance includes two sections:

- SECTION I. This section provides guidance for medical schools in locales with significant, active current or anticipated COVID-19 community spread and/or limited availability of PPE and/or limited availability of COVID-19 testing. We acknowledge that this currently includes nearly every AAMC-member medical school. This guidance is unchanged from the previous guidance of March 30, except for the **addition of new details pertaining to students' health care insurance coverage, PPE, and COVID-19 testing at the end of SECTION I in bold font.**
- SECTION II. In planning ahead, we anticipate that timing will vary considerably across medical schools regarding when there will no longer be significant, active current or anticipated COVID-19 community spread AND when both PPE and COVID-19 testing become readily available locally. For planning purposes, Section II provides **new considerations** for medical schools pertaining to the participation of medical students in direct patient contact activities as part of their required clerkships or other required clinical experiences in the MD-degree program core curriculum.

The COVID-19 situation remains fluid and may change frequently and rapidly on a local basis. Medical schools, with their clinical partners' knowledge and input, should carefully evaluate their local situation on a regular basis to make determinations about their medical students' participation in direct patient contact activities.

SECTION I

For medical schools in locales in which there is significant, active current or anticipated COVID-19 community spread, and/or limited availability of PPE and/or limited availability of COVID-19 testing the AAMC guidance remains that, 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. The primary goals of this guidance are bending the curve for the public health of the community, conserving limited PPE supply to keep HCW and patients safe, and maintaining public and HCW safety given limited 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, non-direct 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.
7. **The medical school should review health care insurance coverage for their students to ensure that if student volunteers take on any specific clinical roles, volunteering will not inadvertently cause the student to lose the health insurance coverage they have.**

8. **PPE supplies should be sufficient for medical students to have consistent access to appropriate PPE for all situations in which PPE use is indicated. The school should document that students have been specifically trained and assessed in PPE use and safety precautions in the context of the current COVID-19 pandemic.**
9. **SARS-CoV-2 PCR testing, with a reasonable turnaround time for results, should be readily available to medical students, patients, and all health care providers. Identification of individuals with COVID-19 among those tested should occur expeditiously so appropriate care and quarantining of these individuals and others with whom they had contact can be promptly initiated.**
10. **Results of SARS-CoV-2 PCR testing among medical students and graduate medical education (GME) trainees should be closely monitored for any increase in incidence of COVID-19 among students and/or GME trainees. If the incidence is increasing, there should be an evaluation of whether students are being provided with adequate training and appropriate resources. Steps that could be implemented for the protection of medical students, other health care personnel, and the patients for whom they care *may include temporary suspension of medical students' participation in direct patient care activities.***

SECTION II

For planning purposes, the AAMC suggests the following considerations regarding medical student participation in direct patient contact activities as part of required clerkships or other required clinical experiences in the MD-degree program core curriculum when there is not significant, active current or anticipated COVID-19 community spread AND when both PPE and COVID-19 testing become readily available locally.

The AAMC recommends medical schools ensure that (1) reasonable safeguards are in place to minimize medical students' risk of contracting COVID-19, and (2) medical student participation in these required clinical experiences should align with the school's educational program objectives.

1. Medical students participating in direct patient contact activities as part of required clerkships or other required clinical experiences should be able to do so in an environment that appropriately mitigates their (a) risk of transmitting the virus in the community, (b) risk of transmitting the virus to patients for whom they care, and (c) personal risk of infection and illness.
 - PPE supplies should be sufficient for medical students to have consistent access to appropriate PPE for all situations in which PPE use is indicated. The school should document that students have been specifically trained and assessed in PPE use and safety precautions in the context of the current COVID-19 pandemic.
 - SARS-CoV-2 PCR testing, with a reasonable turnaround time for results, should be readily available to medical students, patients, and all health care providers.

Identification of individuals with COVID-19 among those tested should occur expeditiously so appropriate care and quarantining of these individuals and others with whom they had contact can be promptly initiated. An active COVID-19 tracing program should be in place to determine potential exposure to students and others.

- Results of SARS-CoV-2 PCR testing among medical students and GME trainees should be closely monitored for any increase in incidence of COVID-19 among students and/or GME trainees. If the incidence is increasing, there should be an evaluation of whether students are being provided with adequate training and appropriate resources. Steps that could be implemented for the protection of medical students, other health care personnel, and the patients for whom they care *may include temporary suspension of medical students' participation in direct patient care activities.*
2. Medical students participating in direct patient contact activities as part of required clerkships or other required clinical experiences should be able to do so in an environment in which the patient population, resident supervision and teaching, faculty supervision and teaching, and administrative/staff support are all adequate to ensure that (a) medical students have sufficient opportunities to meet the goals and objectives of the required clinical experience, and (b) the required clinical experience occurs in alignment with all applicable LCME accreditation standards.
- Limitations in patient volume and/or clinical diversity alone may temporarily preclude meaningful medical student participation in direct patient contact activities as part of required clinical experiences at some clinical sites and/or in some disciplines.
 - Availability of faculty and residents for supervision and teaching, and adequacy of administrative staff, may vary by clinical site and/or discipline and should be considered within each required clinical experience. Limitations related to faculty, residents, and/or administrative staff may temporarily preclude medical students' participation in direct patient contact activities at some clinical sites and/or in some disciplines.
 - In making decisions about the participation of medical students in direct patient contact activities as part of required clerkships or other required clinical experiences, medical schools should seek guidance and support from clinical sites' leadership and the GME program directors whose trainees teach and supervise their medical students.

Each medical school should consider how to best prioritize the needs of all their medical students in making these decisions. The above considerations may be helpful to schools making decisions about elective as well as required core clinical experiences. Schools should continue to refer to LCME COVID-19 guidance documents ([lcme.org/covid-19](https://www.lcme.org/covid-19)) in making decisions about appropriate approaches to the structure, content, and duration of required clerkships and other required clinical experiences in the context of their school's educational program objectives,

course and clerkship learning objectives, and required clinical experiences. Given the magnitude of the COVID-19 pandemic's disruption to all aspects of life, including medical education, changes to the order of clinical experiences, a shortened duration of direct patient contact weeks, the expansion of alternative, nondirect patient contact clinical activities, and altered progression through the required clinical curriculum likely will occur for many students.

The AAMC will update this document, dated April 14, 2020, as needed.