



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Medical Students

SUBJECT: Temporary Visiting Students from Other Medical Schools Policy Related to COVID-19

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INITIATED BY: Office of Medical Education

APPROVED BY:

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POLICY: Temporary Visiting Students from Other Medical Schools Policy Related to COVID-19

PURPOSE: The purpose of this temporary policy is to provide guidance related to visiting student away rotations for non-CMSRU students during the COVID-19 pandemic based upon the Coalition for Physician Accountability guidance issued on January 25, 2021. (See attached *Updated Recommendations on Away Rotations for Medical Education Institutions of LCME®- Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants.*)

SCOPE: Visiting M4 medical students from other US medical schools

DEFINITIONS:

Visiting student: A medical student in their fourth year of medical school from a US based accredited medical school.

Visiting rotation: An in-person clinical clerkship that is offered to non-CMSRU medical students at CMSRU.

Online away rotation: An online course or clerkship that is offered to non-CMSRU medical students at CMSRU.

PROCEDURE: COVID-19 has interrupted the clinical education of most medical students in the United States. It is a medical school's responsibility to regulate visiting or away rotations for their medical students to ensure a safe environment, a valuable experience, promote equity in the residency application process, and promote the overall health and well-being of their medical students.

- The earliest date that CMSRU will consider accepting fourth year visiting medical students is on or after July 6, 2021.
- Given the rapidly changing nature of the COVID-19 pandemic, CMSRU reserves the right to cancel away rotations at any time.
- Students must apply through the AAMC Visiting Student Learning Opportunities (VSLO) program.
- Visiting students must show proof that they received and completed their COVID vaccination prior to rotating at CMSRU/CUHC.

- Visiting students must attest that the rotation they are doing at CMSRU/CUHC is their one visiting rotation in that particular field as recommended by the Coalition for Physician Accountability. For example, if a visiting student has already completed a visiting Gastroenterology elective, then they will not be allowed to perform the Gastroenterology elective at CMSRU / CUHC. If it is found that a visiting student does not follow this rule while on rotation here, the rotation will immediately end, a grade of Unsatisfactory (Fail) will be entered and the visiting student's medical school will be contacted. Students must submit a Visiting Student Attestation Form stating this is their one visiting rotation in that particular medical field to consider their application complete.
- Applications that are complete with the Visiting Student Attestation Form will be forwarded to the clinical departments for review.
- Visiting students may apply to register for an online away rotation offered by CMSRU/CUHC departments, if available. These applications for online away rotations will be forwarded to the sponsoring clinical departments for review.
- The CMSRU M4 Coordinator will centrally monitor completion of evaluation forms for visiting students

Updated Recommendations on Away Rotations for Medical Education Institutions of LCME®-Accredited, U.S.Osteopathic, and Non-U.S. Medical School Applicants

Submitted by

The Coalition for Physician Accountability's¹ Work Group on Medical Students Moving Across Institutions for Post Graduate Training

Apr. 14, 2021

This updated guidance is offered in consideration of current information pertaining to the COVID-19 pandemic, its impact on the clinical learning environment, and the training of third- and fourth-year medical students seeking away rotations for the 2021-22 academic year. This update is appended to the recommendations created by this group and released in January 2021. The organizations supporting this update include the major national medical education organizations, whose representatives worked together to balance the complex needs of the medical education community. These recommendations reflect our collective sense of how to proceed, and we urge each medical school, sponsoring institution, and residency program to carefully consider them and commit to working together to create an equitable, transparent, and successful residency selection process for the 2021-22 cycle.

This guidance is intended to add to, but not supersede, the independent judgment of a medical school, sponsoring institution, or residency program regarding the immediate needs of its patients and the preparation of its learners: Medical school deans have the authority and responsibility to make decisions regarding their medical students, and designated institutional officials and program directors have the authority to make decisions regarding residents in their sponsoring institution and programs. Because students rely on predictable, common practices across schools and programs as they prepare to transition to residency, a shared response to disruptions caused by the COVID-19 pandemic will greatly reduce unnecessary confusion, stress, and inequity among students while promoting a more successful 2021-22 residency selection process for all.

Introduction

When the work group met in December 2020 to consider whether to update the May 2020 away rotation recommendations, new variants of the coronavirus were just beginning to appear on the scene, the country was weathering another surge in infections, and the death rate was hovering around 3,000 per day. While two vaccines had been introduced, distribution and administration had not lived up to expectations, and in many states, there was uncertainty about where medical students fell in priority and when they might receive the vaccine that could enable them to travel freely to elective training at institutions away from their home medical school and medical facilities.

¹ The Coalition for Physician Accountability is a membership organization designed to advance health care and promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. Founded in 2011, current membership consists of senior leadership and governance representatives from the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), American

Board of Medical Specialties (ABMS), Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), American Medical Association (AMA), American Osteopathic Association (AOA), Educational Commission for Foreign Medical Graduates | Foundation for Advancement of International Medical Education and Research (ECFMG | FAIMER), Federation of State Medical Boards (FSMB), Liaison Committee on Medical Education (LCME), National Board of Medical Examiners (NBME), National Board of Osteopathic Medical Examiners (NBOME), and the National Resident Matching Program® (NRMP®). In addition, the Joint Commission and the Council of Medical Specialty Societies (CMSS) serve as liaison members. The Coalition also appoints public members to its membership to ensure adequate representation of the public voice in the deliberations of the Coalition.

The work group was hopeful, however, that the new administration was promising a singular focus on combating the virus, including a plan for increasing the availability and distribution of vaccines.

When the recommendations were released in January, the work group was optimistic that conditions could improve by late spring or early summer. However, uncertainty remained, including the new virus variants and their unknown impact on infectivity and vaccine efficacy, the vaccine distribution and inoculation rates that did not yet support travel to distant sites, the lack of clarity about whether the clinical environment could support the number of learners requiring clinical training without compromising the quality of that training and protection for both learners and patients, and the fact that geographic variation across the country threatened equity for learners. The work group provided guidance that could be applied consistently for all stakeholders and agreed to monitor the environment to make any necessary changes no later than April 15, 2021.

Current COVID-19 Environment

During the past couple of months, there has been a marked improvement in the environment; however, some conditions warrant caution. Nationally, 88% of states have reopened to businesses and 62% continue to mandate the wearing of masks. A recent Centers for Disease Control and Prevention (CDC) study found that the Moderna and Pfizer vaccines are 90% effective after two doses in real-world conditions. Broad vaccine distribution is occurring across the country on a weekly basis, and almost 16% of Americans (40 million) have received full vaccination since the initial distribution of vaccines in December. With increasing vaccine availability, the current administration is promising that anyone who wishes to be vaccinated will be able to become inoculated in time to enjoy small family gatherings on July 4.

In academic medicine, there is an eagerness on the part of undergraduate and graduate medical educators to see learners safely return to the clinical environment. A growing number of medical educators (currently 51% of medical schools) is reporting that most of their students who are eligible for away rotations in academic year 2021-22 have been or will be immunized by May 2021. They also report that 76%-100% of their 2021 graduating classes will be vaccinated by graduation. Institutions that host learners for away rotations are also preparing for their return to the clinical environment. They report to the Visiting Student Learning Opportunities™ (VSLO®) service that they are reviewing their requirements and preparing for recruitment in light of the work group's recommendations.

The CDC stresses caution, however, particularly around states opening up too quickly and the abandonment of adherence to national travel guidelines, mask-wearing, and social distancing. With increased movement and travel, infections, hospitalizations, and deaths have begun to

increase. It warns that resurgence in hot spots could drive a new surge and jeopardize the progress achieved over the past few months.

Updated Recommendations on Away Rotations for Learners

In consideration of current conditions, the work group offers the following update to the recommendations:

Recommendation 1 (Unchanged): The work group recommends that for the *remainder of the 2020-21 academic year* (ending June 30, 2021), away rotations should be discouraged, except under the following circumstances:

- Learners who have a specialty interest and do not have access to a clinical experience with a residency program in that specialty in their school's system.
- Learners for whom an away rotation is required for graduation or accreditation requirements.

Individuals meeting these exceptions should limit the number of away rotations as much as possible. Students should consider geographically proximate programs, when appropriate, to meet learning needs.

Programs and specialty societies are encouraged to develop alternate approaches to meeting goals of away rotations, as described in the Compendium of Resources.

Recommendation 2 (New): The improved vaccination status of medical students led to the updated recommendation that for the *2021-22 academic year, away rotations can resume during the first block concluding in July 2021*, with the following guidance:

- Beginning on April 15, learners may apply for and schedule in-person away rotations *with a date concluding in July or later*. This recognizes that not all rotations are aligned with the calendar month. Rotations may have a start date in June if the end date is in July (the rotation block must conclude in July).
- Given the compressed timeline paired with an inadequate quantity of electives available for completion, medical schools are encouraged to limit approved away rotations in any specialty to *one per learner per specialty* (as previously recommended) except in cases where additional rotations are needed to complete graduation or accreditation requirements. Residency programs are encouraged to take into consideration if a learner exceeded the one away rotation limit during the residency selection process.
- Programs may continue to offer virtual electives to provide opportunities for learners to explore the specialty and program.
- Learners for whom away rotations are required for graduation or accreditation are exempted from this guidance.
- These are general guidelines. Every student should, as always, consider all risks and benefits of any away rotation in consultation with their medical school advisor.
- If conditions deteriorate substantially, the work group may update this guidance.

This guidance is offered to encourage the consistent application of these recommendations for learners returning to the clinical environment. The decision to move away rotations up to July may provide some flexibility in learners' schedules, a few more rotations for learners who have not yet secured an elective, and the potential for an earlier career decision that informs and prepares learners for the residency selection process.

Also, please consider this additional guidance:

- Learners should consider the latest CDC guidance on travel and follow local quarantine guidelines at both their medical school and the host institution to which they will travel to complete the away rotation.
- Programs may, but are not obligated to, provide away rotations in July.
- Because conditions are variable across the country, programs are encouraged to consider during the residency selection process that not all learners will be able to participate in away rotations.

Respectfully submitted,

Accreditation Council for Graduate Medical
Education American Association of Colleges of
Osteopathic Medicine American Medical
Association

Assembly of Osteopathic Graduate Medical
Educators Association of American Medical
Colleges
Council of Medical Specialty Societies/Organization of Program Director
Associations Education Commission for Foreign Medical Graduates
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