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A Position Statement from the Alliance for Clinical Education on Clinical Undergraduate Medical Education in the Coronavirus and Post-Coronavirus Era

The Alliance for Clinical Education (ACE) is the organization of 8 specialty-specific clinical undergraduate medical education organizations (<http://allianceforclinicaleducation.org/>). Our constituent member organizations are responsible for directing the core clinical clerkship experiences in US medical schools and also largely responsible for many of the mandated clinical experiences of the 4th year of medical school training. ACE has therefore been heavily involved with the abrupt medical education changes as hospitals and ambulatory settings cope with the coronavirus pandemic.

Given, the need for rapid response, this statement is issued by the leadership of the Alliance for Clinical Education only. Executive Committee members appointed by the represented organizations approved this statement, many of whom sought input from leaders in their organization.

Now that thousands of medical students are in alternative learning models, it is time to develop plans for the remainder of this academic year. Explicit and detailed national plans for rising seniors entering the match program in the 2020-21 academic year need immediate attention. Toward those ends, ACE proposes the following actions for clinical clerkships.

1. For mandatory clinical experiences in which students are not allowed in the clinical setting, selected alternative learning models should:
 - a. Identify which learning goals and objectives can be successfully achieved
 - b. Identify which learning outcomes can be successfully achieved
 - c. Identify which learning outcomes and objectives have been/can be achieved through other past or future clinical experiences
 - d. Go through a peer-review process
 - e. Assess student knowledge and skill acquisition in a reliable and valid way
 - f. Be evaluated by students as a useful experience
 - g. Optimize active student learning
 - h. Be graded in ways consistent with ability to fairly discriminate student performance
2. Whenever possible, students should be allowed to participate in telehealth encounters as an opportunity to practice and demonstrate multiple skills, such as:

- a. History-taking
 - b. Medication reconciliation
 - c. Clinical reasoning
 - d. Application of evidence-based medicine
 - e. Clinical documentation
 - f. Communication with patients (including patient education, health coaching, shared decision making)
 - g. Teamwork and communication with clinical team members (including soliciting consultations, patient handovers, using team members to the maximum allowed by role licensure)
 - h. Professionalism
 - i. Evaluated to provide student performance feedback
3. Develop an acting internship telehealth experience, in which students are the “primary caregiver” in observed telehealth encounters, preferably in the student’s specialty of choice.

In the upcoming academic year, clinical experiences for rising seniors will likely be affected. Since 4th year mandatory experiences may also be affected and loosening of travel restrictions may roll out region by region, ACE also suggests the following actions:

1. A one-year moratorium on away electives/audition clerkships, unless students are at an institution where an experience is not available, and an away rotation offers a student’s only opportunity for such an experience.
2. Postponement of the 2021 NRMP match date to the latest date possible that would allow the graduating seniors/incoming residents time to find housing and arrange to relocate, and for residency programs to facilitate application of training licensure.
3. Based on a revised 2021 NRMP match date, work backwards to choose and publicize the latest possible dates for rank list submission, interview periods and opening of ERAS applications.
4. Changes to and variations between MSPE and narrative statements will undoubtedly add additional burden for GME program directors. Even in the face of this, ACE advocates that program directors pay particular attention in 2020-21 to the MSPE and narrative statements that are provided for each student. This will be the optimal way to determine what strengths each student applicant will bring to their residency program.

These extraordinary times demand flexibility, but this flexibility will also demand rigor to ensure that students affected by the pandemic are allowed to optimize their education in medical school and are not inadvertently devalued in the match process.

If there are questions about this statement, please email alliance4clined@gmail.com.