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COVID-19 Updates for Medical Education

Dear UCSF Chairs, Faculty, Residents and Staff,

Thank you for your continued support of medical education during these challenging times. We have been amazed at the incredible work that School of Medicine faculty, staff and learners have undertaken to respond to the educational challenges of the day: from redesigning coursework for remote learning on the fly to showing support and empathy for our community as we collectively grieve the persistence of racism in our society.

It is clear that structural racism and its manifestations in the form of police brutality, systemic economic and educational disadvantage and health and health care disparities, is a public health crisis. It intersects with and is as much of a pandemic as COVID-19.

Therefore, as we prepare to welcome a new class and continue to support our current extraordinary students, we are redesigning our educational programs to address these two epidemics, both of which are responsible for intolerable amounts of suffering and loss of life in our communities. Like all important change work, this will require a continuous improvement mindset and the concerted work of all of us.

Core Principles for Redesigning School of Medicine Educational Programs

In designing the educational recovery for the School of Medicine, we are relying on a core set of principles:

- We will work with all course and clerkship leaders, faculty and staff to continuously advance our institution's goal of eliminating health and health care disparities through education, research, patient care and public service.
- We will support and role model best practices in public health to address the pandemic.
- We will design new instructional, assessment and community building methods to enable our learners to advance towards a timely graduation in a remote environment while maintaining our high-performance standards.
- We will engage in harm reduction strategies to minimize risk of infection to our learners, faculty, staff and patients.
- We will remain alert to signs of improvement or deterioration in the public health environment and will be prepared to respond to those changes in alignment with our core principles.

Plans to Continue to Advance Equity and Address Health Disparities

- **Differences Matter Orientation:** As we have for the last five years, the School will begin with a Differences Matters Orientation focused on bias, privilege, inclusion and equity.
- **Reading List:** Incoming students will read one of the following books before orientation: [Differences Matter Orientation Book List](#).
- **Core Curriculum Changes:** The UME curriculum will accelerate its efforts to prepare a workforce capable of and committed to eliminating health and healthcare disparities. These issues will be represented in the Core Inquiry Curriculum, the Clinical Microsystems Curriculum and all F1 and F2 blocks and clerkships. New content on the impact of racism on human health will be incorporated across the curriculum, led by faculty with expertise in these areas.
- **Differences Matter Education Group:** [Charlene Blake, MD, PhD](#), and [Aisha Queen-Johnson, MSW](#), lead the Differences Matter Education Group and, along with [Meghan O'Brien, MD](#) have prepared materials and offer consultations to faculty to support this work.

Plans to Address the COVID-19 Pandemic

- **Clinical Education:** All Foundations 2 and Career Launch clinical experiences will proceed in clinical environments that have sufficient patients, PPE and physician supervisors to support our students' education. If sites are unavailable, we will redistribute students to different sites.
- **Lecture/Small Groups:** From now through December 31, 2020, all lectures and discussion groups of greater than 10 students will be held remotely for all phases of the curriculum.
- **In-Person Learning:** Small group, experiential learning activities such as physical diagnosis, simulation training, sensitive topic discussions and preceptorships will be held in person on the Parnassus Campus. On average, we expect that each student will be on campus one day a week. Groups will be fixed, so that in the event that a student or faculty contracts COVID-19, only the members of that group will need to be quarantined.
- **Public Harm Reduction Strategies:** All individuals and small groups will be instructed to adopt public health harm reduction strategies: physical distancing and masking in public, universal hand hygiene and remain at home if new symptoms develop. If the planned on-campus activity does not permit social distancing (for instance, physical diagnosis), students and faculty will use standard clinical PPE for those encounters. The School will supply students and faculty involved in these approved on-campus activities with PPE.
- **Symptom Tracking:** All learners and faculty will begin symptom tracking using the UCSF Health app two weeks prior to the first on campus activity. All students new to UCSF will undergo COVID-19 PCR testing the week prior to starting on-campus activity. All students and faculty will be instructed to report all new symptoms for evaluation. School of Medicine policies have been adapted to enable more liberal use of sick days.
- **Shadowing:** F1 students may shadow clinical physicians if sufficient PPE is available for their safety.
- **Extracurricular Activities:** All extracurricular activities will take place remotely until large group activities are approved. We do not have current plans to resume Student

Service-Learning Experiences (previously known as Free Clinics) until those environments have sufficient space and procedures to evaluate patients for suspected COVID-19.

- **If the pandemic environment improves prior to December:** We will first add back small groups with less than 20 members. We do not anticipate returning to in-person lectures until we are at level 4 in California's COVID-19 recovery plan.

3 Things You Can You Do to Help: Lecturers and Discussion Leaders

- **Follow the lead of your course directors in adapting your lecture or discussion groups for remote delivery.** School of Medicine Course directors, along with technology and instructional design experts have formed working groups to identify best practices for the critical elements of online learning: content delivery, interactive discussion activities, faculty-student relationship building and student-student community building in the virtual environment, asynchronous office hours and strategies to empower students to continuously engage with the coursework. We are endeavoring to have all classes use the same core technologies to address the functions listed above so that students have a predictable and consistent on-line experience in every block. This will minimize cognitive load so that they can expend more intellectual energy mastering the material.
- **Set aside time to adapt your content delivery for remote delivery.** Remote delivery of content is quite different than in-person delivery. For example, to create connections with the students, you may be advised to start by sharing a little about yourself. You may be advised to use a series of short lecture segments with embedded Q and A and deliberately spend a long time on any complicated slide.
- **Review your lecture and discussion group content to ensure that you are using contemporary views on the impact of structural racism on health and healthcare.** The recent episodes of police and community violence against Black people has created renewed urgency in ensuring that anti-racist content be embedded across the curriculum. [The Differences Matter Education Group has written a primer for faculty to understand how to address issues of race in the curriculum using anti-racist strategies.](#) They also offer [individual consultations](#) for faculty who wish to have their slides and cases reviewed through this lens.

Thank you for all you do to support our learners.

Sincerely,

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Executive Vice Dean, UCSF School of Medicine
Vice Dean for Medical Education

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