

Medical Education

Dear students, Medical Education Faculty, and Medical Education Staff,

As many of you are aware, we are at the beginning of a 4th spike in COVID infections, primarily driven by the Delta variant. Data are still being gathered about this variant and its implications for us, but we wanted to address how we are approaching this new spike from the educational operations perspective. Please note that these decisions are made in consideration of the unique needs of a campus and faculty with health care responsibilities. We need to be vigilant about protecting not only our students but the faculty and staff on whom our patients depend for care.

Our plan for Bridges for the Fall Quarter 2021 is as follows:

- Large group lectures will be held remotely, either synchronously or asynchronously, per course leadership
- Small group sessions (including CIC, CMC, Foundational Sciences, etc.) will be held in person
- Given the enhanced ventilation in the anatomy lab, anatomy will be held in person
- All indoor, in-person educational activities will require masking; consuming food/drink will not be allowed
- Clinical activities will continue as they have over the past year, following the guidance of the hosting clinical facility/institution

The decision to move to remote large group activities is based on the following:

- We can deliver didactic content remotely while maintaining quality as long as there are other opportunities for interaction in the curriculum.
- Lectures are typically held for several hours in a row in rooms where physical distancing is not possible.
- Avoiding eating and drinking during prolonged lectures is challenging.
- Surveillance of compliance with the daily screener app in a large group setting is difficult.
- As has happened in the School of Dentistry, a positive case in a student or faculty member in a lecture hall will require a large amount of contact tracing that can overwhelm these valuable resources and may result in quarantining of students and faculty.

The decision to sustain in-person, small group activities is based on the following:

- We have a much more nuanced understanding of how much and what content should be delivered remotely versus in person; this includes the significant benefit of in-person interaction, particularly in small group settings, on educational impact, professional development, and personal wellness
- We have the benefit of having run small group sessions in person for CMC, maintaining student and faculty safety, even without available vaccines
- Compliance with vaccines in our faculty, staff and students is good and the risk of
 infection in vaccinated people is still quite low (according to recent data, <0.3% of fully
 vaccinated individuals had a breakthrough infection, even with the more contagious
 delta variant circulating [1])
- The shorter nature of most small group sessions and the small number of people make it feasible to social distance, monitor compliance with daily screener use and to forbid eating and drinking.
- In the event of a positive case in a small group, the number of people who need to be contacted is lower.

We will reassess these decisions as needed later in the fall when the course of the current spike is clearer, or sooner as conditions warrant.

As always, we thank you for your patience and adaptability in these ever-changing times.

Sincerely,

Medical Education Deans UCSF School of Medicine

Catherine R. Lucey, MD, MACP

Vice Dean for Medical Education Executive Vice Dean for the School of Medicine

Michelle A. Albert, MD, MPH

Associate Dean for Admissions

Peter Chin-Hong, MD

Associate Dean for Regional Campuses

John Davis, MD, PhD

Associate Dean for Curriculum and Interim Associate Dean for Students

Karen Hauer, MD, PhD

Associate Dean for Competency Assessment and Professional Standards

Kevin H. Souza, MS

Associate Dean for Medical Education

1. https://www.latimes.com/california/story/2021-07-30/breakthrough-cases-rising-in-l-a- but-vaccinated-still-hold-strong-protections





