

Curriculum

All students

- **Addressing student mistreatment**
 - **We have asked all course, clerkship, AI, and elective directors to be sensitive to student mistreatment. This includes** long-standing discrimination based on gender, race, and sexual orientation, as well as the recent rise in anti-Asian/Asian American harassment related to COVID. We are asking that students, residents, and faculty acknowledge these events when they occur and address them in ways appropriate to the situation, regardless of whether the source is a patient or a team member. Please contact Dr. Reis or any of the deans if you are not certain how to address a concern
 - All are welcome to “attend” upcoming discussions
 - AME conferences
 - This Friday, May 8 (8-9 am): Responding to sexual harassment (Drs. Yecies and McNeil)
 - Friday, June 26 (8-9 am): Identifying and responding to microaggressions (Drs. Gonzaga, Ufomata, Bonifacino, Chang and Hamad)
 - Free online bystander intervention training is also available on the Hollaback website:
 - 30 minute mini-training: <https://www.ihollaback.org/harassmenttraining/>
 - 60 minute training to Stop Anti-Asian/American and Xenophobic Harassment: <https://www.ihollaback.org/bystanderintervention/>

MS1-2

- **OSB**
 - **Neuroscience**

Our first remote organ system block ended today with the final exam. Generally things went well, although we continue to seek feedback for improvement that will help with other courses. We will continue this approach to the OSBs until we are able to ease the social distancing requirements
 - **Intro to Psychiatry** will be remote and start tomorrow
- MS1 students have been great about signing up for OMED’s academic advising meeting (wrap-up meetings) with individual faculty members. These brief meetings will take place throughout May.
- **IPC (CP/APE)**

- CP/APE will remain on hold until the fall

MS3-4

- We have decreased the **requirement of eight electives to seven** for graduation for the class of 2020 only
- **Period 12.5** has been modified for the class of 2020 only, electives remain available for any MS4 interested. Students may also elect an additional vacation month. Students should notify UPSOM of their 12.5 plans by 4/20
- **Preclerkship week** has been postponed to the first week of June (6/1-5). At present the plan is for it to be conducted remotely with synchronous activities Monday and Tuesday and the remainder asynchronous.
- **Clerkships** and other clinical rotations (including **electives and AIs**) are on hold until June 5. Over the next few weeks we will be identifying options for assuring that all students are able to complete required clerkships.
- **Assessment week** will probably run remotely at the end of April
- **Buprenorphine Training**: We will be offering an optional but strong encouraged virtual training on the use of buprenorphine in addiction, for all MS4s, on April 24th from 12:30p to 6p, led by Dr. Antoine Douiahy and colleagues. This “waiver training” will position our students to get certified to provide medication-assisted treatment later, after getting supplemental training in residency, and it helps us fulfill addiction medicine learning goals. All elective course directors are encouraged to release students to allow them to attend this training; we don’t believe any students will have synchronous conflicts at that time
- **Remote electives** will be available in May. Several have been developed and others are in the works.
- **Bootcamp** is moving to Period 12.5 for the upcoming academic year
- **Please see the appended text from Dr. Rosenstock’s email on May 5, with extensive descriptions of current plans for M3 and M4 curriculum.**
- **Away electives**: At present few if any schools are accepting visiting students. Everyone is aware of student and program director concerns about the impact on resident selection processes. We will update you as soon as there is clarity about the options to have away experiences.
 - **The AAMC’s Visiting Student Learning Opportunities (VSLO) program has put into place a short-term, two-week suspension on applications to away rotations from April 15-28, resuming on April 29th, as stakeholders across the medical education community discuss how to approach away rotations in this current and next academic year. They recognize that 1) these away rotations play an important role in the residency application process, but 2) travel restrictions and variations in rotation availability may create inequity among students as they seek rotation experiences in a compressed timeframe. New guidance is expected by the end of April. Unfortunately, we are still waiting for that new guidance. Most schools are not scheduling visiting students at this time, and there is a very active national discussion about this topic across multiple specialties.**

Assessments

Prometric cancellation of testing dates has affected students all over the country. Prometric announced on 4/17 that they will **begin Step1 testing on May 1, 2020**, on a site-by-site basis with appropriate social distancing. Securing new dates is likely to be slower than usual. They will be providing weekly updates.

The current Step 1 system is quite chaotic, as you well know. While some students have dates that appear solid, many have had one or more dates cancelled and are experiencing difficulty rescheduling. This is a national problem, and the AAMC is urging the NBME to establish a prompt and equitable plan to resolve the chaos. We are working with other medical schools in Pennsylvania to urge the governor to give a green light to Prometric to resume testing in PA. We are also working to persuade the Dept of Health and the Board of Medical Examiners to act.

- **Step 1:** The Curriculum Committee approved extension of our testing deadline to December 31, 2020 (this year only). We urge students to take it as soon as possible (May, if possible), in close proximity to dedicated study time, but the option of an additional study month prior to a student's test date is available. The recent survey of our students indicates that >90% plan to take Step 1 before starting their clerkships.
- **Step 2 CS/CK** is also currently on hold. Fortunately, all of our students who need it this year (2019-20) have successfully completed it
- **SHELF exams** have been made available by the NBME for remote administration. We anticipate giving the exams for Period 11 on April 24, once we are certain that students, faculty, and staff have the required electronic capabilities. We intend to return to in-person exams as soon as it is feasible.
- **Examsoft** remote is working well remotely, although admittedly not secure
- **All Period 11 clerkships (4wks) will grade** as Pass/Unsatisfactory, given difficulties with completing full assessments. CAMPC for Period 11-12 will also be P/U, but Medicine and Surgery/Anesthesia will give full grades, to be completed after the clinical make-ups (at some point in the coming months).

Curriculum task force

- The curriculum committee approved the appointment of a curriculum task force to develop a cohesive approach to curriculum modifications to facilitate adapting to the impact of COVID 19, chaired by Dr. Buranosky and including course directors, other faculty, students, and staff representatives

Research

- **DSRP:** Dr. Levine has announced that there will be funding for the summer research programs. Drs. Defranco and Veldkamp will be providing guidance for students to begin meaningful work in the face of uncertain availability of laboratory experience at least early in the summer.
- **LRP:** The restrictions noted above also impact many students' LRP. Drs. Defranco and Veldkamp encourage students to meet with their research mentors to determine backup plans and a modified schedule for milestones (see above)
- **Research electives:** Students may schedule a thirds research elective month
- **Pitt is making plans for reopening the research labs and a set of guidelines for managing the resumption of laboratory work has been posted. The current goal is**

to reopen by June 1, and, while ramping up fully will take time, it is possible that students will have an opportunity to begin/continue their projects. Check (and keep checking) with your mentors, but be aware that the specifics for individual labs will vary and are still a work in progress.

Events

• Graduation:

- **We will NOT be pursuing early graduation this year.** None of the residencies at UPMC or other institutions where we've checked can accommodate interns early. In addition, few if any institutions have determined any other ways to use newly graduated physicians Licensure, malpractice insurance and health insurance, and impact on loan repayment make early graduation hazardous. However, although we have opted against a mass early graduation, we will consider graduating individual students early, if they have a clear need and "landing place," (eg. individuals invited by their residencies to come early, who have otherwise completed PittMed requirements, and who will be accepted without the diploma in hand)
- The usual **in-person ceremony has been cancelled**. Students have provided ideas for an alternate ceremony. We will work to select some of the ideas, with the help of students, and present them for discussion and possible revision at a town hall early next week. We are planning a virtual ceremony to be held May 18. Feedback from students is guiding the specific elements of the ceremony.
- Plans for the graduation ceremony follow. We worked to include as many student ideas as possible.
 - The ceremony will occur on May 18, as originally planned for the in-person one.
 - Start time will be 1:00 pm. That seems to be about as inclusive a time as we could manage, although it will not be good for families in Asia.
 - It will include a combination of recorded and live portions, available to you and family members.
 - We anticipate that it will last about 75 min, and will be very similar to past ceremonies
 - The ceremony will be recorded for student, as well as friends and family, as requested
 - Anyone who wishes to return next year will be welcome to walk with class of 2021 (and bring guests)
 - There will be a box of graduation memorabilia. The contents have not been finalized.
 - **Students will receive a pdf of their diploma sent to the address of their choosing the same day the OSA staff receives the actual diploma, currently expected on May 19. This will mean that students do not have to generate their own pdf as has been the case in previous years. The actual diploma will be mailed shortly afterwards.**

Pinning Ceremony

Will be held during Pre-clerkship course (currently the week of June 1-5)

Second Look

will also be a virtual event on April 24 from 1-2:30. Students who've been accepted received emails 4/7 informing them of the plan and encouraging them to participate.

Service

- A 5-person coordinating committee of students (Ben, Carly, Jane, Tejasvi, and Sara) is organizing many **volunteer opportunities**. The school can't be formally involved but Dr. Thompson is helping them coordinate efforts with UPMC and Pitt. Babysitting for healthcare workers needs to be tracked—students can't be evaluated by faculty they provide services to.
- The students have opened a website, 412med.com, which links to the School of Medicine site listing volunteer opportunities and a centralized means of registering.
- **Credit opportunities**
 - Some opportunities have the potential to be organized for elective credit. Students doing case tracking for the health department are getting elective credit for it under an established GSPH course.
 - UPMC has suggested some additional opportunities with substantial educational benefit that we are investigating making into electives. As these opportunities are clarified we will provide updates

Residency Preparation

Many are wondering if ERAS timelines will be delayed—it's uncertain. Specialty organizations are encouraging flexibility. As this takes shape we will provide updates.

Facilities

- Scaife, BST, Hillman have severely restricted access
- WISER is restricted but open
- Students are study for Step 1 off-campus
- Construction on the new building is on hold but efforts are underway to reactivate it

Student Health/Travel

- A new wellness app is available to all students at no cost: Brain manager was developed by UPMC and is done at one's own pace.
 - Search "Brain Manager" in the Apple App Store or Google Play Store. Set up an account with a valid email account, and when prompted enter the access code "calmnow"
- Students should call Student Health (or their PCP) if they think they're sick.
- No testing is currently available or needed for most students—if you're sick, stay home. If symptoms worsen be sure to stay in touch with your PCP as well as family or friends.

- **PPE is available** and is thought to be adequate, but the supply is not infinite—UPMC is being very cautious in its stewardship of these important supplies since our surge is likely to come in the near future. This is one of several reasons we don't have students in hospitals: PPE is being conserved for those with an essential role in providing patient care. **The University has placed a very large order for additional PPE to facilitate laboratory re-opening.**
- Travel restrictions **remain in place**—students need to be aware. May need to leave 2wks of buffer when returning to Pittsburgh or traveling to internships

The following is the body of Dr. Rosenstock's email with details about the evolving curriculum, especially clinical scheduling

Curriculum update

From Dr. Rosenstock's email of May 5, 2020

Rising MS3s/MS4s:

The clinical transition year task force has completed its work, making final recommendations on how to best restart our clinical rotations to meet school requirements and allow students to get appropriate experiences, all in a shortened time frame, adhering to national guidelines, and ensuring the safety of our students and patients. This was difficult work, and hard decisions had to be made, but we think our hybrid approach will accomplish the needed goals. The Curriculum Committee approved the task force recommendations Monday 5/4; UPMC is making their final decision this week but we hope and believe they will approve this as well. We wanted to outline here what this will mean for students. Excuse the length--there's a lot to discuss.

Beginning May 11:

- **Some rising MS4s will be allowed to return to clinical sites in a limited fashion for select rotations. Others have signed up for remote electives and will take those.**

The rotations are surgery and medicine make-ups from Period 11-12 (37 students maximum) and AIs/subinternships in Medicine, Family Medicine, Pediatrics, OB/GYN, and Neurology (you should have already been offered one of these 31 spots, prioritizing students registered for that respective AI in Period 12 or Period 1). No one will be required to participate, however; for instance, students who haven't been able to self-isolate in Pittsburgh are not able to do this. Other students are selecting an AI experience of their make-up. Make-ups can be delayed until later in the year but must be done before graduation.

All students will receive PPE training on-site. No one will be taking care of confirmed/suspected Covid-19 cases. Testing is available for any student who is exposed to or develops symptoms of coronavirus.

If UPMC does NOT allow our students to return at this point, these rotations may simply have to be done later, and students will be invited to sign up for remote electives. We are working energetically with UPMC to make these rotations possible and are considering other ways of delivering at least part of the material in a remote manner.

- **Rising MS3s will choose EITHER the newly approved Preclerkship Month OR a study month. All will be doing Preclerkship Week June 1-5.**

All of this will be done remotely (except for Humanism Day activities June 5, some of which may be in-person). Although students asked to take other remote elective options offered to MS4s, we can't do that because they are four-week experiences and you only have three weeks before PCW. Preclerkship Month will help prepare you for clinical rotations, a mix of ambulatory medicine and covid-related content, about 10hpw of synchronous activity with 5hpw of asynchronous. The preclerkship Month schedule will be light enough to allow for Step 1 studying if a full study month is not desirable. Otherwise, students actively studying for Step 1 can certainly take the study month if they want--it'll be your choice. A research month might be another option but labs are currently closed and it may be difficult to obtain that.

Beginning June 8:

- **Rising MS4s will resume their calendar with Period 2, keeping the existing rotation schedule/dates, whatever you had registered for.**

We are trying to prioritize everyone's AIs and other necessary experiences before ERAS applications are due (there is no word on altered timelines for that). You'll need to work with your specialty advisors and advisory deans; you'll have some ability to move things around if you need, and we're letting everyone move things back as late as you want/need. These discussions are taking place this week.

- **Rising MS3s will begin their schedule at Period 1, off-cycle by one month.**

Step 1 must be taken before 12/31. Update LLJ with your test date/plans. If you'll be taking Step 1 during the clinical year, which most of you will be doing, you can either take a study month or 1-2 days off a rotation (even a clerkship)--although that is not preferred (if you want to take your exam during a clerkship you'll need to get permission from LLJ and your Advisory Dean). Geri and Assessment weeks will be in the same place on the calendar.

- **To allow students to "catch up" and gain scheduling flexible, as well as preparing for further disruptions later in the year, we have reduced the required clinical curriculum from 48 weeks to 40 weeks for this transition year only.**

Specifically, students will now be given the choice to take EITHER Family Medicine OR the Outpatient Medicine Clerkship (OMC), which is the adult portion of old CAMPC. This ambulatory selective will allow people to get key experiences but reduce the total amount of ambulatory time.

Secondly, Specialty Care Clerkship will be shortened to two weeks and will replace Anesthesiology in the schedule, yoked to Surgery. Anesthesiology is not equipped to have the full capacity of returning students at this point. Until that changes, this clerkship will remain on hiatus. Instead students will be given the choice to take a mix of surgical subspecialty experiences in weeks 7-8 of the Surgery block. This will be a separate clerkship, graded Pass/Fail, led by SCC faculty. Students will pick from a menu of orthopedics, ENT, ophthalmology, neurosurgery, anesthesiology (as capacity increases), and adult emergency medicine in some combination depending on availability and interest. Pediatric emergency medicine will be integrated into the now 8-week Pediatrics clerkship.

When anesthesiology is ready to go, students will be able to opt for that during this two-week period, and everyone will make up anesthesiology in some form, through clinical or simulation experiences, before graduation, in a manner to be determined.

These changes will be in effect for both years of the clinical segment for rising MS3s. In AY22, Family and OMC will each become a required clerkship again for the rising MS3s of that year, but you will still only need to take one to graduate.

Legacy issues for rising MS4s:

If you've taken CAMPC already, you've completed your ambulatory requirement and don't need to take Family Medicine in your 4th year.

If you've taken Family Medicine, you've completed your ambulatory requirement and don't need to take OMC.

If you haven't taken Specialty Care, you won't need to.

In all these situations, we encourage you to consider electives that will help round out your exposure. For instance, if you didn't get SCC, you might want to take an Emergency Medicine month, ophtho or ENT.

If you had inpatient Pediatrics but not CAMPC, you won't need to do anything more for ambulatory pediatrics—we expect that you'll get some either in FM or OMC. But we encourage you to consider a pediatric outpatient elective.

If you had CAMPC but not Pediatrics inpatient, you don't need to repeat ambulatory pediatrics in the new 8-week Pediatrics rotation. You'll be registering for the "legacy" Pediatrics, the one-month inpatient experience only.

General Issues:

Although we had discussed shortening rotations to three weeks, our scheduling system does not allow for this, unfortunately, and we've found a way to make it work otherwise.

Some clerkship experiences may be simulated or telemedicine depending on site availability and appropriateness.

Standardized patient experiences are likely to be done remotely for the foreseeable future. CCAs will be stratified/prioritized--students most at risk of trouble on Step 2CS will do it and others will not--you'll be informed about that later.

Add/drop will be opened later to allow for switches. Do NOT contact Kim Kirk to change your schedule at this time. She will contact you with further instructions. A reminder: Student Affairs handles scheduling/registration, not OMED. They'll be working first to confirm the May rotations (AIs and Make-ups, remote electives, Preclerkship vs. study month) this week, and then 4th year schedules soon thereafter.

