

Student Participation in Clinical Activities During Epidemics

Owner Department: Academic Affairs

Owner: Associate Dean of Academic Affairs

Affected Department(s) or Parties: All Carle Illinois College of Medicine students, Student Affairs, Clinical Affairs

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Policy Number: APS-32

In the event of a widespread epidemic of infectious disease (as declared by a federal, state or local public health entity), there is a tension between the role of “student” and the role of “healthcare provider.”

1. If at any time a student feels uncomfortable continuing in training due to an epidemic, the student may seek a leave of absence through the usual channels.
2. For students who continue in the curriculum, the decision about their role in the care of patients during an epidemic must relate to their developing skills and predicted role in patient care.
 - a. In year 1, students predominantly experience the clinical setting solely for the purpose of learning, and their clinical skills are just developing. For students in year 1 who are on clinical assignments, they should not see patients with the epidemic condition or with symptoms suggestive of the epidemic condition. During a widespread pandemic, the college may cancel year 1 clinical assignments for the protection of the students.
 - b. In year 2, students are direct care providers in the Family Medicine clerkship. In Phase 2, students are part of the healthcare team on their clerkships. In these experiences, students should not see patients with the epidemic condition or symptoms highly suggestive of the epidemic condition alone; faculty may invite the student to accompany them if adequate personal protective equipment is available, or the faculty may opt to exclude the student from the care of those patients.
 - c. Students participating in Acting Internship rotations are taking on the role of a healthcare provider and should take care of any patient assigned to them by their

team, with appropriate personal protective equipment. Students participating in Emergency Medicine or Intensive Care Unit elective rotations should experience the full range of practice in these specialties, and thus may care for patients with the epidemic condition with appropriate personal protective equipment in consultation with clinical sites. Students on other Phase 2 or Phase 3 electives should follow the guidelines for Phase 2 clerkship students.

3. If local health authorities, affiliate site infection control programs, government agencies or other authorities request withdrawal of students from clinical sites due to an epidemic/pandemic, Carle Illinois will feel obligated to comply, even if it leads to disruption of the students' educational progress.
4. During times of epidemics in the community, students are cautioned to follow these same guidelines in volunteer experiences such as free clinics and health fairs. Students at advanced standing who contribute directly to the care of the patients may consider continued participation in such experiences presuming adequate personal protective equipment is available, but students of more junior standing should strongly consider foregoing participation.
5. If the student has a health condition that puts them at high risk or if they have unique circumstances (e.g. caregiver for an immunosuppressed family member), the student should meet with Student Affairs and Academic Affairs to identify educational experiences that reduce their risk while meeting educational requirements. Again, it is conceivable that in times of widespread epidemics, achievement of educational requirements may be disrupted.
6. The Liaison Committee on Medical Education, which promulgates accreditation standards for medical education, expects the medical school and any other health institution involved in the student's training to protect the health and safety of students, patients and society. Students pursuing rotations at another institution, e.g. an "away elective," should follow the Carle Illinois policy unless the host institution's policy is more restrictive; i.e. the student should follow the most conservative policy.
7. Return to normal educational activities within the clinical setting shall occur when the clinical site can ensure that appropriate PPE or other protective measures, as defined by the clinical area and the epidemic condition, is available which shall therefore allow a student to care for a patient diagnosed with, or displaying symptoms consistent with, the epidemic condition. Once said activities have resumed, student involvement in a patient's care with or without the epidemic condition shall be at the discretion of the supervising physician.

Governing Body: Curriculum Oversight Committee

History:

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Approved By/Date: Curriculum Oversight Committee, March 11, 2020; Curriculum Oversight Committee, September 1, 2021; Curriculum Oversight Committee, February 2, 2022