

Joint Statement to all Ontario Medical Students

The well-worn phrase “*we live in uncertain times*” has never been more distressingly true. It’s particularly so for those of you who have had your clinical learning abruptly interrupted and are now facing uncertainty with respect to when your clinical education might resume, what it will entail, and how you will enter postgraduate training. As the individuals with responsibility for Undergraduate Medical Education at the six Ontario medical schools, we are writing to you jointly to assure you that we are very much aware of the issues you are facing and are committed to work together with many partners to develop effective and equitable solutions. Although much remains uncertain, we have come to common understandings on a number of key principles that were approved by all Ontario Deans of Medicine on April 9, 2020.

We have worked to develop common criteria that will allow Ontario schools to determine when circumstances have resolved sufficiently to allow for re-engagement in clinical rotations. These criteria have been developed from core principles: Patient Safety, Student Safety, Safety of Teaching Faculty and Health Providers, Learning Opportunities and Supervision. (Appendix A)

We have committed to review these criteria regularly and jointly to determine the earliest possible return date.

We have committed to work together to, as much as possible, coordinate clinical re-entry for all schools.

We are committed to making all efforts to ensure your anticipated entry to residency is not adversely affected by this pandemic.

We are committed to exploring new and innovative approaches to clinical learning and reconsidering long established clerkship structures that provide a full educational experience within available time and clinical learning opportunities.

We have committed to jointly consider the role of electives so that students are provided equitable opportunities and access.

We have committed to work with our postgraduate colleagues and CaRMS to ensure the postgraduate entry process properly reflects whatever revisions are required in the undergraduate experience, and ensure these are considered appropriately, fairly and openly.

Finally, although your classroom and clerkship experiences will almost certainly differ substantially from that which you had all been anticipating, we want to assure you that it need not be viewed as educationally inferior. In fact, these unexpected circumstances are likely to provide novel approaches and opportunities that bring value and inform our approaches going forward. Many, such as virtual care, will be a key legacy innovation from the pandemic that each of you will use across your career. In fact, we're already seeing this occurring.

In all this, we thank you for the forbearance and adaptability that you're demonstrating. We take considerable pride in the numerous efforts that so many of you have undertaken to assist in the crisis in so many ways. We're not surprised by this. The qualities that are allowing students and faculty to successfully engage this crisis are the same qualities that underlie effective patient care and were the basis for our admissions processes and our profession values.

Although not in our classrooms and hallways, you remain students in our schools. We are committed to providing you any supports you require. We encourage you to look after yourselves and each other. Our student affairs offices remain open and prepared to assist you. We will continue to communicate with you openly as, together, we engage these challenging times.

Melissa Forgie
Vice Dean, Undergraduate Medical Education
University of Ottawa

Patricia Houston
Vice Dean, MD Program
University of Toronto

Brian Ross
Associate Dean, Undergraduate Medical Education
Northern Ontario School of Medicine

Anthony Sanfilippo
Associate Dean, Undergraduate Medical Education
Queen's University

Gary Tithecott
Associate Dean, Undergraduate Medical Education
Western University

Rob Whyte
Associate Dean, Undergraduate Medical Education
McMaster University

Appendix A

Principle	Key considerations
Patient safety	<p>Would the presence of students in the clinical environment jeopardize or promote optimal patient care?</p> <ul style="list-style-type: none"> • <i>Would students be able to provide valuable service by “off-loading” specific aspects of care from other providers?</i> • <i>Would students increase the risk of disease transmission?</i> • <i>Would students consume valuable PPE?</i>
Student safety	<p>Can students be protected from, or excluded from, excessive risk?</p> <ul style="list-style-type: none"> • <i>Although some small risk is inherent in any clinical placement, would students be exposed to risks considered above the “norm”, or without protections and considerations that would be reasonably expected?</i> • <i>Will students be provided with the full, minimum PPE that is suggested as required by scientific knowledge with respect to COVID-19?¹</i> • <i>Are there local occupational health processes in place to protect students who may be exposed to COVID-19?</i> • <i>If it is deemed essential to exclude students from some clinical situations and not others, can that exclusion be reliably achieved?</i> • <i>Do current student liability arrangements cover the current clinical environment?</i>
Safety of teaching faculty and hospital staff	<p>Would student placements jeopardize the safety or wellness of teaching faculty or other hospital staff?</p> <ul style="list-style-type: none"> • <i>Would students provide valuable service that would be of benefit to faculty or other providers?</i> • <i>Would students integrate into care teams as currently constituted during this crisis?</i>
Learning	<p>Can a valuable learning experience be provided?</p> <ul style="list-style-type: none"> • <i>Are there sufficient roles in which students can engage?</i> • <i>Do these roles have educational value?</i> • <i>To what extent is any involvement at this time a valuable and possibly unique learning experience?</i>
Supervision	<p>Are there sufficient clinical teaching faculty available to provide student supervision?</p> <ul style="list-style-type: none"> • <i>Can continuing oversight of learners be provided?</i> • <i>Can learners be assessed?</i> • <i>Are these available in all areas necessary to provide a full clerkship experience?</i>

¹ The provision of PPE should be based on accepted and scientifically based recommendations, which may differ from local clinical site recommendations. This also ensures consistency across schools.