**Key Information About the Remainder of the Family Medicine and Ambulatory Care Clerkship (March 21, 2020)**

In coming up with a plan, I was guided by four considerations:

1. Not assigning you to do anything that would put you at appreciable risk of COVID exposure.
2. Not doing anything that would increase the risk to patients/high risk people in the community
3. Finding a way for each of you to meet all clerkship learning objectives during the scheduled time, so that no one has to finish up this clerkship during 4th year.
4. Finding a way to use your time, knowledge, talents and creativity to help us and our patients – we really need it.

Here is the plan for the rest of the clerkship. At the end are special instructions for students who were scheduled to be on Neurology for the last 4 weeks.

**MONDAY – WEDNESDAY RESPONSIBILITIES:**

In line with consideration #2 above, if you have any upper or lower respiratory infection, do not come in! Err on the side of caution. Just email me and let me know.

For the next week or two: you will do things to help your assigned site. (Jacksonville students, this will NOT require you to be in Jacksonville. You will remain here). **Later this weekend, I will connect each of you with a contact person at your site and give you more instructions.**  All sites need help educating patients about telemedicine, helping patients load zoom on their phone, helping them work out kinks like being sure microphone works, etc. Some sites may need other kinds of help. I know, this is clearly not what you signed up for, but it will be so helpful at this time. It is also a learning opportunity. One of our clerkship competency areas is Patient Communication. This experience certainly addresses that competency and will likely present you with bigger challenges than you would find in an exam room. Communicating with someone you don’t know over the phone is not easy. You will get experience explaining complicated things and dealing with different personalities and different education levels. Telephone interactions will probably be a much bigger part of medicine in the future, and this experience should help prepare you for that. It will also give you firsthand experience dealing with factors that contribute to health disparities, which is another area we hope you learn about on this clerkship.

Based on a limited trial run (thank you Ryan and Sarah!), it appears these activities will work much better if you are physically present at your assigned clinic site. So at most sites, you should expect to go in to your site (except for students assigned to Jacksonville). That way you can call using a clinic phone, which will keep patients from having your phone # and will keep them from blocking it as an unknown caller. We will put you in places where you will not have contact with patients. If you find yourself in a situation where you are likely to have contact with a patient, please say “Dr. Hatch told us we are not allowed to have direct contact with patients. Is there somewhere else in this clinic where I can be located?” I anticipate there should be a perfectly acceptable place in every clinic. If there isn’t, let me know immediately (352 213 5535). Caveat: I am scheduled to see patients all day on Monday March 23 and may not be able to answer right away. Err on the side of safety if you cannot reach me.

A week or two from now: We hope all of our providers are rolling with telemedicine and that all of you will be able to evaluate at least some patients using telemedicine. These visits should exactly parallel what you would have done if the patient was in a room in the clinic. Telemedicine visits would go like this: You would be physically present at site, attending would sign in to initiate session, then leave you to get history, etc. After getting history, you would pend orders, etc. When you are ready to present, you let attending know, they return, you present to attending while patient watches, attending confirms findings and then signs any orders.  So it is exactly the same as we do now, except patient interaction is in a virtual room rather than actual room.

If you are on Family Med/Amb Care for the last 4 weeks, hopefully you will do many telemed visits. But we will cross that bridge when we get there!

Why are we doing above instead of using only on line independent study? One of our clerkship goals is for you to get adequate experience independently assessing patients in the outpatient setting. Telemedicine is a perfectly good way for you to meet this objective. It will also give you valuable experience doing something you will probably be using routinely during your career. Helping patients learn to engage with telemedicine will give you an innate appreciation for some of the barriers to and limitations of telemedicine. This should help you use telemedicine more wisely. It will also help you prepare for one of our exams! (explained below)

Yes, the activities outlined above might be awkward. Yes, they are not the same as your classmates received. And having to be present in a clinic building is probably not what you were expecting. But this arrangement is a good solution to allow you to meet our clerkship objectives while balancing considerations 1 – 4 above and not making you return to this clerkship in 4th year.

If you are uncomfortable with anything above, the only alternative I see is for you to take an incomplete for the clerkship. If you would like to do that, no problem at all, just let me know. You will have to complete all remaining components during 4th year. Bear in mind that the LAC exam is only offered every 12 weeks and you will have an incomplete on your transcript until you complete that exam and all other components of the clerkship.

**THURSDAY RESPONSIBILITIES:**

Interprofessional activities:

Are all CANCELLED. These half days will now be independent study time.

Continuity clinic:

Contact you continuity attending yourself, let them know you are available to help if they can use you or if you can do telemedicine visits with them. Same expectations/rules apply as above.

If they can’t use you right now, no problem. Go with the flow and check back later. If they never have anything for you to do, and you never have another continuity session, no problem. It will not be held against you and will not hurt your grade.

In line with consideration #2 above, if you have any upper or lower respiratory infection, do not come in! Err on the side of caution. Just email your attending and let them know.

**FRIDAY RESPONSIBILITIES:**

The Patient Safety session will occur as scheduled and be conducted on line. We will reschedule the Professionalism session and conduct it on line. We may add other on line sessions as well, if they can help us cover things you would otherwise miss. I realize it would help you to know as soon as possible and I will try to do that. Attendance policies are the same as we had for in person Friday sessions.

**ASSURING THAT YOU LEARN ENOUGH TO MEET CLERKSHIP OBJECTIVES AND ARE WELL PREPARED FOR EXAMS:**

Continue to do what you otherwise would do to learn the content – review powerpoints from Friday sessions, participate in Friday on line teaching sessions, use supplemental question banks like you have done for other clerkships, etc. Several national organizations have stepped up and made their materials available for free. I will review these and decide which ones will be most beneficial in making up for the clinical exposure you are missing. You will probably be required to complete some modules, but in deciding that I will be very attentive to how much time you have left on the clerkship, how much they will help you prepare for exams, etc. I will get you details as soon as I can.

**EXAMS:**

The shelf exam will be given at the currently scheduled times. Students will be spaced safely apart.

The LAC exam will be given at the currently schedule time. To keep the standardized patient from coming into close contact with 20 students per day, the plan is to have you obtain the history by video link (just like telemedicine visit!). Rather than conducting an actual exam, if for example lung auscultation is indicated you will say “Now I will put my stethoscope on the left side of your midback and have you take a breath,…, etc.” I will give you suggestions on how to prepare when the exam gets closer.

If any of you want help preparing for either exam, let me know.

**GRADING:**

It is my duty to be sure that this chaotic situation does not unduly hurt your grade and I take that very seriously. I will give you the benefit of the doubt to make sure unmerited clinical scores do not pull your grade down. Giving all of you A’s would obviously not be fair to your classmates. So I have to carefully think through exactly how to protect you without being unfairly generous. More to come on that later.

**LOOK FOR OPPORTUNITIES TO BE CREATIVE**

For instance, wouldn’t it be nice to be able to hear a patient’s lung sounds via telemedicine? I bet one of you could figure out an elegant, simple way to do that. If you hold a cell phone over a common household item like the cardboard tube inside a roll of paper towels, will it transmit wheezes well enough to recognize them? Does it help if you split the top of the tube so the phone microphone sits in a better location/gets a better seal? Does a PVC pipe work better? If challenges like this appeal, go to it!

**IF YOU WERE SCHEDULED TO DO NEUROLOGY FOR THE LAST 4 WEEKS OF THIS BLOCK:**

You will have no continuity or Thursday responsibilities after April 10. I will make sure having less time with your attending does not adversely affect your grade. If you remain in town during those 4 weeks and want to voluntarily keep working with your attending, that is up to you and absolutely fine.

I will try not to schedule any Friday zoom sessions after April 10. If any are scheduled after April 10, your participation will be completely voluntary.

You are scheduled to take the shelf exam on April 10. You may stick with that date or shift to May 1. Please contact me if you are unsure whether to change it or leave it as scheduled.

You are scheduled to take the LAC exam on either May 7 or May 8. I will do my best to arrange an earlier administration for you, but I doubt it will be possible.

**STAYING IN TOUCH**

This Friday and next I will set up a zoom session for anyone who wants to attend, to discuss how things are going and answer any questions. If you can sort out any questions with your attendings/contact people rather than by contacting me, I would really appreciate that!

**WE NEED TO STAY FLEXIBLE**

Yesterday, UF was allowed to do elective surgery. But today, no. The Governor prohibited it. All it takes is one email from governor, dean, etc, and any of the things outlined above might need to be scrapped and replaced. If that happens, we will adjust and plug on.

During this process, I will probably make some mistakes. I may overlook obvious thing. I will certainly take longer than I would like to get to emails, take care of issues, etc. Please bear with me! Stay safe, be of service and grow.