

## **Updated Recommendations on Away Rotations for Medical Education Institutions of LCME®-Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants**

Submitted by

The Coalition for Physician Accountability's<sup>1</sup> Work Group on Medical Students Moving Across Institutions for Post Graduate Training

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This updated guidance was created in response to requests for a consistent approach to medical student away rotations for the 2021-22 academic year and is appended to the final recommendations created by this group and released in May 2020. The organizations supporting this update include the major national medical education organizations, whose representatives worked together to balance the complex needs of the medical education community. These recommendations reflect our collective sense of how to proceed, and we urge each medical school, sponsoring institution, and residency program to carefully consider them and commit to working together to create an equitable, transparent, and successful residency selection process for the 2021-22 cycle.

This guidance is intended to add to, but not supersede, the independent judgment of a medical school, sponsoring institution, or residency program regarding the immediate needs of its patients and the preparation of its learners: Medical school deans have the authority and responsibility to make decisions regarding their medical students, and designated institutional officials and program directors have the authority to make decisions regarding residents in their sponsoring institution and programs. Because students rely on predictable, common practices across schools and programs as they prepare to transition to residency, a shared response to disruptions caused by the COVID-19 pandemic will greatly reduce unnecessary confusion, stress, and inequity among students, while promoting a more successful 2021-22 residency selection process for all.

### **Introduction**

Away rotations play important roles for learners and residency programs. Learners use them for competency development, career exploration, support in the residency application process, and the prioritization of geographic preferences. Residency programs use them to assess applicants' capabilities, showcase the benefits of their program and facilities and preview their programs to potential applicants. Challenges associated with away rotations include the financial and educational expense to learners, competition for

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<sup>1</sup> The Coalition for Physician Accountability is a membership organization designed to advance health care and promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. Founded in 2011, current membership consists of senior leadership and governance representatives from the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), American Board of Medical Specialties (ABMS), Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), American Medical Association (AMA), American Osteopathic Association (AOA), Educational Commission for Foreign Medical Graduates | Foundation for Advancement of International Medical Education and Research (ECFMG® | FAIMER®), Federation of State Medical Boards (FSMB), Liaison Committee on Medical Education (LCME), NBME, and the National Board of Osteopathic Medical Examiners (NBOME). In addition, the Joint Commission and the Council of Medical Specialty Societies (CMSS) serve as liaison members. The Coalition also appoints public members to its membership to ensure adequate representation of the public voice in the deliberations of the Coalition.

rotations that prevents access to some applicants who might be well suited for the specialty or program, the fact that completing an away rotation does not ensure the applicant a residency position at the program or within the specialty, and the burden of onboarding learners into a new clinical environment — particularly applicable given current stressors on the health systems from the COVID-19 pandemic.

When the original recommendations were written, there was uncertainty about how long the COVID-19 pandemic would last and what its impact would be; however, while there are many reasons for optimism, in late 2020 into early 2021, the pandemic persists and is now entering its worst phase yet. Described as the United States' most catastrophic event in recent memory, this pandemic has ravaged every state in the union, taken hundreds of thousands of lives, stretched our health care system to its breaking point, and caused major disruptions to the medical education of the next generation of physicians. Still, we are witnessing the resilience and extraordinary efforts of the academic medicine community in how they have come together to battle the pandemic. They're providing the best possible care in the midst of great uncertainty; showing up every day with a commitment to serve; filling in the gap for family members to prevent patients from dying alone; and driving innovation to continue educating learners, supporting their wellness, and preparing them for the transition to their next phase of training.

The recommendations released in May 2020 were developed to provide guidance for the 2020-21 academic year; however, with the pandemic continuing unabated until vaccines are broadly available and administered, the work group was asked to revisit the away rotation recommendations in consideration of the current COVID-19 environment to determine what, if anything, should be changed to inform behavior for the 2021-22 cycle. While the guiding principles remain relevant for consideration, an addition — bolded below — was made to provide clarity and unwavering support for the importance of continuing clinical education for learners:

- Patient care and the safety of the community, patients, and learners are most important.
- Medical schools must prioritize meeting core competencies anchored in accreditation and graduation requirements for their own students. Likewise, residency programs must prioritize fulfilling current residents' competencies and meeting licensure, accreditation and specialty board certification requirements.
- **Learners add value and contribute to patient care in the clinical learning environment; therefore, we advocate that they be given the opportunity to serve in a manner that promotes continuity of their education while safely meeting the needs of patients and the health care delivery system.**
- The residency selection process should be equitable for applicants, recognizing the diversity of learners and educational programs and the differing missions and priorities of schools, training programs, and institutions.
- A concerted effort to reduce anxiety and promote well-being of students, program staff, and institutions (home and host) in an already stressed system is critical.
- We anticipate stakeholders will commit to policies that prioritize these guiding principles yet recognize the necessity for innovation and flexibility in this new COVID-19 environment.
- Recommendations at the national level are intended to facilitate transparency, promote fairness across the country, and reinforce our commitment to an equitable process for all.

### **Current COVID-19 Environment**

The work group considered the environmental changes that have occurred since the initial recommendations were released in May 2020. In the United States, the infection rate is higher than when the pandemic began and the number of deaths from COVID-19 is averaging more than 3,000 per day in recent weeks. While the administration of two vaccines began in mid-December, distribution has been inconsistent, and it is unclear

when and how medical students will receive the vaccine. Additional supply is expected during the second quarter of 2021, but while each state is expected to receive more vaccines, how those vaccines will be distributed to recipients — and where medical students fall within the distribution tiers — varies from state to state, country to country, and institution to institution.

National travel guidelines, mask-wearing, and social distancing recommendations remain in place. Students were initially removed from the clinical environment when medical educators knew little about COVID-19 and were ill-prepared with respect to personal protective equipment and other supplies; however, most sites now have more established care protocols in place to prioritize the safety of medical students while continuing to advance educational objectives. While the changes in policies resulting from the arrival of a new federal administration remain to be seen, the work group is hopeful that there will be a reduction in COVID-19 numbers across all areas; however, the timing of this remains uncertain.

In the interim, medical students have found innovative ways to serve during the pandemic despite limitations with direct patient contact. Medical educators and advisors modified their curricula and delivery, accommodating schedule changes and developing online formats to support learning. Learners overcame quarantine and pandemic challenges to take their licensing exams. Many virtual away rotations were developed to provide learning opportunities to students across specialties. While these virtual rotations can never replace the benefits derived from in-person electives, programs should be commended for their innovative approaches to providing opportunities for students to gain exposure to specialties and programs; sharing specialty-specific content and skills; and, in some cases, offering evaluations and recommendations for the residency selection process.

Both successes and challenges were considered by the work group as they deliberated on how the away rotation recommendations might be changed going forward.

### **Updated Recommendations on Away Rotations for Learners**

In consideration of the current COVID-19 environment and its impact on away rotations, the work group offers the following recommendations:

**Recommendation 1 (Unchanged):** The work group recommends that for the *remainder of the 2020-21 academic year* (ending June 30, 2021), away rotations should be discouraged, except under the following circumstances:

- Learners who have a specialty interest and do not have access to a clinical experience with a residency program in that specialty in their school's system.
- Learners for whom an away rotation is required for graduation or accreditation requirements.

Individuals meeting these exceptions should limit the number of away rotations as much as possible. Students should consider geographically proximate programs, when appropriate, to meet learning needs.

Programs and specialty societies are encouraged to develop alternate approaches to meeting goals of away rotations, as described in the Compendium of Resources.

**Recommendation 2:** The work group recommends that for the *2021-22 academic year*, away rotations resume no earlier than Aug. 1, 2021, with the following guidance:

- After April 15, learners may begin applying for and scheduling in-person away rotations with a start date of Aug. 1 or later.

- Programs hosting learners for away rotations are encouraged to adhere to May 1 as the date to begin processing away rotation applications that begin on or after Aug. 1.
- Given the compressed timeline paired with an inadequate quantity of electives available for completion, medical schools are encouraged to limit approved away rotations in any specialty to *one per learner*, except in cases where additional rotations are needed to complete graduation or accreditation requirements. Residency programs are encouraged to take into consideration if a learner exceeded the one away rotation limit during the residency selection process.
- Programs may continue to offer virtual electives to provide opportunities for learners to explore the specialty and program.
- The work group will continue to monitor the information and plan to provide an update to the community no later than April 15, either confirming that Aug. 1 remains an acceptable start date or creating a new start date.

These are general guidelines. Every student should, as always, consider all risks and benefits of any away rotation in consultation with their medical school advisor.

### **Next Steps**

The work group offers these recommendations to provide national guidelines that can be applied consistently. We are hopeful that the renewed national focus and prioritization on the pandemic will spur positive change in medical education to enable learners to return to the clinical environment where they can continue their education and training. While we are cautiously optimistic about the arrival of the vaccines, escalated administration efforts, and the acceptance of vaccines by the public, we will continue to monitor the environment and apply the following criteria to our recommendations on away rotations:

- COVID-19 Mutations: Are there new viral strains, and if so, what is the impact on infectivity, virulence, and vaccine efficacy?
- Equipment: Is there sufficient personal protective equipment available for learners in the clinical environment?
- Vaccine: Has there been sufficient distribution and inoculation rates to allow for travel to clinical training?
- Clinical Environment: Does the COVID-19 case load compromise the quality of education available to learners? Are there sufficient patients, diversity of patients, and supervision, given COVID-19 workload of faculty?
- Equity: Given geographic variations in disease burden and vaccination rates, does the decision hold true for all learners within a given discipline?
- Agency: Does the decision enable learners to act in their own best interest?

Respectfully submitted,

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