



Association of
American Medical Colleges
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

March 23, 2020

Interim Guidance on Medical Students' Voluntary Participation in Direct Patient Contact Activities: Principles and Guidelines

Developed by: *Alison Whelan, MD, AAMC chief medical education officer; John Prescott, MD, AAMC chief academic officer; Geoffrey Young, PhD, AAMC senior director of student affairs and programs; Veronica M. Catanese, MD, MBA, AAMC senior director of accreditation services and LCME co-secretary; Ross McKinney MD, AAMC chief scientific affairs officer*

This guidance document is intended to add to, but not supersede, an academic medical center's independent judgment of the immediate needs of its patients and preparation of its students. The medical school dean has the authority and responsibility to make such decisions regarding medical students; circumstances will vary at each of our medical schools.

The COVID-19 pandemic continues to affect our world in ways that were, for many of us, unimaginable even a few days ago. Without the luxury of time to explore various approaches, we rely on our continued communication and collaboration across all institutions, which strengthens all aspects of our work. Every community has social distancing as a critical or high priority; though implementations vary with local norms and prevalence of COVID-19, the universal goal is to "flatten the curve." Medical students have an important part to play in the effort to flatten the curve. At a minimum, our students should follow current national guidelines and practice social distancing in all their daily activities.

Many of our students live in areas where restrictive local or state directives are in place. Our medical students can best contribute to their local and state efforts by fully complying with these restrictive directives. This way, they help flatten the curve by avoiding getting infected themselves and serving as role models and educators for their families, friends, and communities. Our medical schools are working on ways to include students, within the above-mentioned norms and directives, in nondirect patient-contact activities. **Our AAMC guidance continues to strongly support that unless there is a critical health care workforce (HCW) need locally, medical students should not be involved in any direct patient care activities, as detailed in [guidance](#) issued by the AAMC on March 17, 2020.**

Some communities are facing a surge in COVID-19 cases that may outstrip HCW capacity, particularly as frontline health care workers are themselves contracting COVID-19. Schools and teaching hospitals are developing plans for how medical students might best support health systems, including through direct patient-contact activities, if or when a critical HCW shortage arises in their localities.

We realize the situation is very fluid and our guidance may change frequently. Based on the current situation, the AAMC offers the following principles and guidelines for our medical schools and teaching hospitals to consider when deciding if, when, or how to include medical students in the critical HCW that

is caring directly for patients — with and without known or suspected COVID-19 — during this pandemic. Again, this guidance document is intended to add to, but not supersede, an academic medical center's **independent judgment of the immediate needs of its patients and preparation of its students**. **The medical school dean has the authority and responsibility to make such decisions about medical students; circumstances will vary at each medical school. Schools are advised to consult with their own legal counsel when making these decisions.**

1. Current medical students are students, not employees. Although they are on a path to becoming licensed MDs, they are not yet MDs.
2. At this point in the COVID-19 pandemic, our medical students' participation in direct care of patients with or without known or suspected COVID-19 must be **voluntary**, not required. Opportunities to volunteer should be offered to students *only* if there is a critical HCW need for them to do so. Schools must document with their medical students that their participation is purely voluntary for public service or humanitarian reasons only, it will not be compensated, and it will not be considered for any required medical school course credit. The tasks students assume may evolve frequently, and there should not be any constraints on what they do related to fulfilling specific course requirements. To ensure patient and student safety, students must be appropriately supervised at all times by faculty and other health professionals acting within their scope of practice. Schools must be clear in policies, language, and actions to consistently and genuinely convey that students' participation is voluntary. More specifically,
 - a. Clear and consistent messaging from institutional leadership, including educational and student affairs deans, is essential to ensure that students do not experience any sense of social coercion to volunteer to participate in the direct clinical care of patients with or without known or suspected COVID-19.
 - b. Such messaging should recognize that individual students have different personal and family situations (which may or may not be known to others) and that, more than ever, this is a time for students to treat their peers and colleagues with care and respect and to scrupulously respect other students' confidentiality.
3. Decisions about if, where, when, or how to deploy student volunteers to participate in the clinical care of patients with or without known or suspected COVID-19 should reflect local health system needs, the competence of the student to take on the responsibilities assigned, and safety considerations (e.g., available safety equipment and hospital staffing). Involving students' perspectives in decision-making and planning, when feasible, may provide useful insights and generate creative, viable solutions.
 - a. To the extent possible, schools should align the number of student volunteers with the critical HCW need and expand the number of student volunteers and their functions only as needed.
 - b. In making decisions about assignment, the competence of the student to take on the responsibilities involved, rather than the student's particular year in medical school, should be considered. Generally, although not invariably, the opportunity for this voluntary participation may be most appropriate for students with substantial clinical experience (typically, current M3s and M4s, although this will vary by school). There may be individual exceptions for some earlier-stage (M1 and M2) students who may not yet have had substantial clinical experience during medical school but who had previous experiences that equip them with advanced-level clinical care skills (e.g., as EMTs or

nurses). There may also be responsibilities for which any medical student can be trained (e.g., checking vital signs).

- c. Student Health Services directors should actively participate in screening potential student volunteers based on each student's current health status and the presence of chronic health conditions or other risk factors.
- d. Before participating in the direct clinical care of patients with or without known or suspected COVID-19, the medical school must ensure that student volunteers are fully trained (or retrained) for whatever specific clinical roles they are asked to assume in the workplace. Such training must include safety precautions specifically in the context of COVID-19 exposure and the current COVID-19 pandemic. The school must also confirm and document that student volunteers have been fully informed of all risks associated with the clinical care of patients in the current COVID-19 pandemic, particularly of patients with known or suspected COVID-19. These risks include the procedures for care and treatment and a definition of financial responsibility, should exposure occur, as well as risks that the effects of subsequent infectious and environmental disease or disability could have on future medical student learning activities and progression to graduation.
- e. Sufficient and appropriate personal protective equipment must be available for all student volunteers in all health care settings.
- f. To the extent practicable, the voluntary activities should not disrupt students' continued participation in any core, ongoing learning activities.