

CONTEXT

In the context of the Covid-19 pandemic, the National Disaster Management Act informed the Declaration of a National State of Disaster for the Covid-19 epidemic in South Africa, and the President decreed lockdown for South Africa from Thursday 26 March 2019 to 30th April and further extended from 1st May 2020. The Presidency identified five levels of a public health and economic risk adjusted strategy with the most severe identified as Level 5 and Level 1 as a return closest to normalcy. Between 26th March to 30th April Level 5 was applicable. From 1st May 2020, it was declared that Level 4 will apply with a slight easing of the lockdown.

With the national lockdown level at Level 4 of the public health and economic risk adjusted strategy, the situation has now presented for the return of final year medical students for their clinical programme and to join the health teams upon graduation, has been key given the Minister of Higher Education's mandate for such students to return. However, published regulations to permit inter and intra provincial travel is awaited to kickstart the phased approach of returning final year medical students.

PRINCIPLES

The following principles will guide our engagements, planning and implementation:

- **Social justice and fairness** are a fundamental commitment as we build the movement back to campus. This will mean that we are forced to manage different things differently for different groups of students in the interests of managing the risk and safety
- **Collective responsibility.** While we remain responsible for ensuring that your learning is adequate, we commit to building a process, which ensures that all of us are responsible for our personal role in the process as well as for others who may be taking this journey with this.
- **Social accountability:** As a Health Sciences Faculty, we are part of society that is grappling with the impact this has on each of us, and we are an important part of the health system in dealing with the pandemic, from a prevention and treatment perspective. This may imply that our learning and teaching become more integrally connected as we learn from service and we serve through learning.
- We are committed to the **safety** of students, the patients whom they will encounter as well as the health system in which they will learn and serve.
- We are committed to **completing the academic year within 2020** for all final year students in the Faculty of Health Sciences.
- We expect that this time will be characterized by an **agile collaboration** in which we all may be expected to change plans and replan as the conditions change and the context is different from the point at which we start. That will demand that both staff and students become open to an adaptive system which responds to conditions in a clear manner
- **Transparency and accountability** will need to be an essential part of the coming period. This will guide many of the other activities, which will emerge over the next few weeks. Part of this will be to build trust in representatives from both the class as well as from members of staff who may be reporting on discussions.

UNCERTAINTIES & DILEMMAS

- Timing is dependent on national and provincial considerations, including passing of relevant regulations.
- There is a tension between a structured curriculum, which is discipline based and the attaining the requisite exit competencies for qualification, given clinical platform access and reduced time challenges.
- The limited capacity of the health system to accommodate teaching of students from a physical distancing and human resources perspective.
- The rate and quantum of epidemic progression and the national risk-adjusted strategy, which may necessitate repeated partial lockdowns.

TARGET DATES (given uncertainties):

- Return to Residence: 18 May 2020 (Earliest possible)
- Quarantine: 7-14 days (Minimum - Maximum required)
- Return to Platform: 1 June 2020 (Earliest possible)

STUDENT NUMBERS:

- 71 returning final year residence medical students – cohort 1
- 148 returning final year medical students for private rental – cohort 1 A
- 59 allied health professions residence students (when allowed to return) - cohort 1 B
- 113 allied health professions students for private rental – cohort 1 C
- Overall total of final year students = 391
- Of which 130 are residence students (71 medical students and 59 allied health professions students).

Domain	Progress to Date	Actions to take + Questions to answer	Due date	Resp person
1. Stakeholder engagement [COVID TT or Dean's EXCO]				
Academics: clinicians, skills centre	<ul style="list-style-type: none"> • 29/4 Engagement re: return to campus • 7/5 Final year Convenor meeting • 2/5 Approach for Faculty Hum for drama students to assist with simulated patients • 1/5 Site Facilitator survey • 12/5 Brainstorming 	<ul style="list-style-type: none"> • Support/training needed for staff to change gear for assisting students to learn under current circumstances • Estimate additional clinical trainers needed • Results of survey from Dehran Swart 	18/5 13/5 11/5	FC & DHSE NN TN
Government: Provincial	<ul style="list-style-type: none"> • 29/4 consulted with Bhavna Patel + Gio Perez 	<ul style="list-style-type: none"> • Students in an apprentice framed system vs where clinicians must stop work to teach? 		FC

	<ul style="list-style-type: none"> 7/5 capacity for additional students on Eden platform = 7 (SR) + Vredenburg (DS) 12-13/5 Site visits and engagement with facility managers 	<ul style="list-style-type: none"> Engage Medical Managers of NSH, Victoria, MPDH Arrange Additional placement George Consider consistent group placement for remainder 2020 Final endorsement from Keith, Krish, Saadiq 		TN KB PW TN
Government: National	<ul style="list-style-type: none"> 12/5 engagement with DHET DDG re: phased return of students 	<ul style="list-style-type: none"> Regulations due to be published 13/5 – still awaited Information on enrollments (on provided template) and planning to DHET 		LGT + KB SM + KB
University: CCC and Executive	<ul style="list-style-type: none"> 4/5 DVC Feris + DSA Moonira Khan engaged 5/5 DSA / FHS Residence TT met + committed assistance 11/5 DSA updated operational plan indicating readiness to accept students w.e.f. 18/5 	<ul style="list-style-type: none"> Ongoing engagement 	18/5	KB NN RM
Students	<ul style="list-style-type: none"> 4/5 Deans letter to students 5/5 Dean meeting with MBCHB final years 5/5 Dean + KB meeting with Rehab Sciences final year convenors + class reps 9/5 DD's letter to students 12/5 Update to students + convenors 13/5 Meeting with High risk students 	<ul style="list-style-type: none"> Commitment to regular communication 	weekly	LGT KB
2. Return to Residence [DSA/FHS TT]				
Students in residence system	<ul style="list-style-type: none"> Cohort 1: MBCHB Final years in residence = 71 + NMCF = 25 – lists provided to DSA Cohort 1b: Rehab sciences Final years in residence system Clinical groups provided to DSA for placement Preparation of residences prior to occupation – sanitization etc Special Residence rules for lockdown regs 	<ul style="list-style-type: none"> Placement to allow proximity to FHS + compliance with physical distancing (apartment-style with limited sharing bathroom and kitchen facilities) – so may be different to pre-lockdown COVID-19 – Clarendon, Carinus, Rochester Placement in similar group structures to clinical group rotations = pods to allow living + travelling + learning together Logistics + Communication + Welcome = DSA Regulations + Travel permits – still awaited 	18/5	DSA – GW + GVZ DSA LM DSA DVC+VC SACOMD

Students not in residence system	<ul style="list-style-type: none"> • Cohort 1a: MBCHB Final years not in residence = 148 – to return to pre-existing accommodation or new accommodation that complies with physical distancing measures • Cohort 1c: Rehab sciences Final years not in residence 	<ul style="list-style-type: none"> • Assist with facilitation of student placement through OCSAS at off-campus accommodation @ close proximity • USAF approached by accommodation providers 	18/5	DSA - NF
Vulnerable students	<ul style="list-style-type: none"> • Cohort 2: vulnerable students of other years unable to stay at 'home' (DSA will resolve) 	<ul style="list-style-type: none"> • Identify vulnerable student group into financial / home circumstances and forward to DSA who make final decisions and arrangements about vulnerable students 	18/5	UGSDS DSA
Travel & Transport	<ul style="list-style-type: none"> • DSA will facilitate travel arrangements for all returning students to Residence 	<ul style="list-style-type: none"> • Logistics and communication with students 	18/5	DSA
Quarantine	<ul style="list-style-type: none"> • Students to quarantine x required 14 days from arrival in Residence • PPE for residence living will be provided – masks + hand sanitizer 	<ul style="list-style-type: none"> • Communication package to be shared with FHS for review 	13/5	DSA
Support	<ul style="list-style-type: none"> • Student wellness will be ready to assist students on return • Mental Health services will be available virtually 	<ul style="list-style-type: none"> • Communication package to be shared with FHS for review 	13/5	DSA
3. Return to Clinical Platform [Final Year TT]				
Curriculum: Clinical	<ul style="list-style-type: none"> • 29/4 meeting with initial TT • 7/5 meeting with Convenors: Engagement started on Content vs Competence • 13/5 final year convenor engagement 	<ul style="list-style-type: none"> • Clarify and clearly articulate & communicate global exit competencies required • Need for guidelines that emphasize competency-based rather than time-based end-points • Consider learning across disciplines e.g. Medicine learnt while doing obstetrics • Consider alternative options for learning and assessment e.g. chronic patients brought to skills centres for teaching signs and diagnostic reasoning, use of drama students for patient simulation, telemedicine where feasible • To what extent can we allow an undifferentiated process of learning and consolidate the discipline learning later? 		FC PW Convenors

		<ul style="list-style-type: none"> • Could we live with a global assessment at the end of the year? • Consider smaller clinical groups, working, travelling and staying together – remaining at single site for remainder of 2020 rotating through disciplines • Need for guidelines re working and learning opportunistically in situations where previous rotations are not feasible. • Debriefing or making sense of experiences, needs to be structured as part of the opportunistic/undifferentiated guidelines. 		
Curriculum: Online / Blended	<ul style="list-style-type: none"> • Results of student Audit • Feedback from Convenors re: teaching challenges 	<ul style="list-style-type: none"> • Ongoing support 		FC PW
Sites of Learning	<ul style="list-style-type: none"> • 12-13/5 Audit of current sites • Identification of new sites 	<ul style="list-style-type: none"> • What do our current sites offer? What are limitations? • Need to audit the learning potential at each hospital for each discipline. E.g. Mowbray Maternity unchanged? • New sites have multiple challenges, e.g. Atlantis – accommodation and travel • What could students learn in a screening centre or in field hospitals? 	15/5	Dehran TN
Remoted Sites	<ul style="list-style-type: none"> • Capacity at remote sites <ul style="list-style-type: none"> ○ Eden – additional 7 students ○ Vredenburg? ○ Atlantis? • Travelling arrangements to the CHCs and Vredenberg – logistics + adhering to travel regs 	<ul style="list-style-type: none"> • Possible use of remote debriefing by at-risk seniors • Train online mentors from other clinical environments especially the cohort who should ideally not be working because of risk? • Ensure access to online learning resources within the campus environment. • Identify limitations and issues 	15/5	TN Reece/ Dehran

4. Preparedness and Mitigation of COVID-19 Transmission and Infection Risk to Students				
Preparedness Education	<ul style="list-style-type: none"> Online course for COVID-19 12/5 Brainstorming session 13/5 learning outcomes & outline + Vula site 14/5 draft content 	<ul style="list-style-type: none"> Outcomes to ensure parity with the NQF level Assessment of these outcomes being met including whether a practical assessment can be done (even later in the year) esp. PPE competence Time required for meeting the outcomes Delivery mode – platform, staff capability to do this (should not be a problem under the current context), what learning activities will be used, course materials being made available and integrity of assessments Location of the course relation to the programme 		Nisha Jacobs FC KB
Criteria for return to clinical work:	<ul style="list-style-type: none"> Not immunocompromised / pregnant? Daily symptom / wellness monitoring Seasonal flu vaccine PPE training & competence certification 	<ul style="list-style-type: none"> Seasonal flu vaccine PPE competence assessment 		NN KB
Prevention	<ul style="list-style-type: none"> PPE (= HCW PPE on platform – mask, visor, apron, gloves) Daily symptom monitoring and reporting – via Healthcheck App (DSA) 	<ul style="list-style-type: none"> PPE estimation, and sourcing ?N95 respirators for TB ± aerosolised risk areas Roll-out Health Check App 		NN DSA
High Risk	<ul style="list-style-type: none"> 11/5 Identify group high risk students – 2 groups (1. self at risk, 2. family at risk) 13/5 meeting with high risk rep + Class rep 	<ul style="list-style-type: none"> Strategy for accommodating Group 1 – possible rural platform Group 1: Assessment of risk - Medical Board UGSDS Strategy for accommodating Group 2 – possible residence / rural platform Group 2: Assessment of risk - UGSDS 		SDS
Management of Infection	<ul style="list-style-type: none"> Isolation facility = Africa House Student Wellness support 			DSA
Resourcing [Dean's EXCO]				
Resources	<ul style="list-style-type: none"> Human (possible new recruitments) 	<ul style="list-style-type: none"> Additional pool of clinical teachers to alleviate the pressure on frontline clinicians? 		NN
	<ul style="list-style-type: none"> Financial 	<ul style="list-style-type: none"> budget addressing the needs and mobilise the emergency funding process? Costing PPE + clinical trainers + transport 	11/5	NN

FHS & DSA Documentation to date:

- 2020.05.01_Notes MayDay meetings
- 2020.05.04_Dean_Letter_FinalYearStudents_Return-to-Campus
- 2020.05.08_DD_Update_FinalYearStudents_Return-to-Campus_final
- 2020.05.11_DSA Operations Plan - Returning Final Year Medical Students. Version 1.0

REGULATIONS AND POLICY

DATE	SOURCE	NAME
2020.04.08	NDoH	Covid-19-Infection-and-Prevention-Control-Guidelines
2020.04.14	NDoH	Guidelines for symptom monitoring and management of essential workers for COVID-19 related infection
2020.04.20	WCGH	Circular H58: COVID-19 Occupational Health And Safety (OHS) Policy
2020.04.29	DoEL	Regulations 43257_Notice 479_COVID19-OHS-measures-in-workplaces
2020.04.30	DHET	Minister of Higher Education, Science and Innovation: Statement on the Measures to Phase-out the Lockdown and Phasing in of PSET Strategic Functions
2020.05.01	Higher Health	COVID-19 Protocol on Routine Cleaning at PSET institutions
2020.05.01	Higher Health	COVID-19 Protocol on Screening Testing Linkage to Care for the PSET
2020.05.01	Higher Health	Guidelines for Post School Education and Training (PSET) Institutions for management of and response to the COVID-19 outbreak
2020.05.01	Higher Health	Integrated Digital Covid19 Screening System
2020.05.06	WCGH	Circular H70: Preventing and Managing Coronavirus Infection in the Workplace