ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 10 November 2020
Response Date: 11 November 2020
Type of TA Request: Complex

Request:

The requestor asked for resources on cross-training (or up-training) for nurses and other clinical staff to meet the needs of high acuity COVID-19 surge.

Response:


Please refer to the Centers for Disease Control and Prevention’s Coronavirus Disease 2019 webpage for the most up-to-date clinical guidance on COVID-19 outbreak management.

I. General Resources

ASPR TRACIE. (2020). Hospital Intensive Care Unit (ICU) Surge Training Resources.

This ASPR TRACIE technical assistance response includes links to training and other resources for non-ICU clinicians who may be pulled into working in an ICU or caring for critical patients during a COVID-19 hospital surge situation.


This collection provides a curated set of resources and tools for decision-makers managing healthcare workforce challenges in response to the COVID-19 emergency. In particular, please refer to the following sections within the toolkit:

- COVID-19 Scope of Practice Expansions – this section provides resources on expanding or altering the scope of practice for a number of already licensed professionals to flex patient care capabilities, including CRNAs, RNs, dentists, physicians, PAs, and CRNPs, Pharmacists and others.
- COVID-19 Healthcare Workforce Training Resources – this section provides links to just in time training resources helpful for clinicians operating outside their “normal” work environments.

II. Medical and Nursing Student-Specific Resources

In addition to the general resources previously identified, the ASPR TRACIE Team searched for specific articles, plans, or other resources that addressed medical student and nursing student use during a public health emergency in general and COVID-19 specifically. The following resources were identified.

General Findings

Almost every article we scanned emphasized the following notes for use of medical students:

1) Medical student participation in patient care during COVID-19, either within or above their scope of practice, should be voluntary and not contingent on graduation, continuing their education, grades, or future licensing.

2) Medical students can be sources of hospital acquired infections. They must be properly trained and supervised in all patient care settings. They must also be trained on the use of personal protective equipment (PPE) explicitly.

3) They must be trained on emergency preparedness, crisis standards of care, and any other situations that deviate normal practice, due to the public health emergency.

4) Assigning them to “scut work” will increase burnout. However, the best way to utilize them may be non-clinical or indirect patient care roles.

Medical Students


The authors describe how medical students could immediately be “trained up” on infectious disease epidemiology, infectious disease control in high risk settings, and outbreak response, and utilized to support state and local response efforts. They could support testing efforts, contract tracing, vaccination efforts (when one is available), provide infectious disease control and prevention guidance to high risk locations, and support outpatient settings and community call centers, replacing licensed staff that could be redeployed to direct patient care locations.


This article discusses specific clinical roles that medical students can perform during a pandemic. Specifically, in outpatient settings, medical students can take histories, call
patients with laboratory results, provide patient education, document visits and perform charting, and field general questions about COVID-19 from callers. Medical students can also perform many of these tasks in a telemedicine setting for outpatient care. In inpatient units, senior medical students generally already have a patient load as “sub interns” and that should continue for non-COVID positive patients. All care of COVID positive patients by medical students should be voluntary. Medical students can monitor patients, respond to pages, request consults, enter orders, document care, and provide support for discharged or home-based COVID-19 patients.


This article describes a number of benefits and concerns about using medical students during a pandemic.


This article provides considerations (pros and cons) for using medical students during the COVID-19 pandemic.


This letter is from the Association of American Medical Colleges and provides explicit guidance on the use of medical students to support the COVID-19 pandemic. A related article on how medical education has been modified during the pandemic can be found at the following: [https://www.aamc.org/news-insights/no-classrooms-no-clinics-medical-education-during-pandemic](https://www.aamc.org/news-insights/no-classrooms-no-clinics-medical-education-during-pandemic).

**Nursing Students**


This document provides guidance on the use of student nurses for the COVID-19 pandemic response. This guidance, similar to that for medical students, recommends that nursing students do not provide care for COVID-19 patients, and if they do, only on a voluntary basis and if provided with training and sufficient PPE. This document also provides recommendations for expanding clinical practice.