The feedback received was widely positive, with 85% (n = 134) of respondents finding the medical scenarios an adequate refresher; 15% noted they would have found additional scenarios useful. In situ assessment by faculty members suggested improvement of candidates' abilities and confidence for redeployment, although this was not formally evaluated. Sessions acted as formative assessments to signpost adult learners to areas that required further study, and they were given access to an NHS approved e-learning package. As trainers, we have rarely developed a training course for significant numbers at such short notice. Essential to ensuring this programme's success was effective communication between trainers and redeployment team leaders, facilitated by the Royal College of Physicians' chief registrar. Initially, this delivered clear aims and objectives of training, and regular dialogue thereafter allowed multiple challenges to be resolved comprehensively.

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Zooming-out COVID-19: Virtual clinical experiences in an emergency medicine clerkship

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1 | WHAT PROBLEMS WERE ADDRESSED?

Emergency medicine (EM) is a required clerkship for medical students in our medical college. During this rotation, students play an integral role in interviewing patients, formulating treatment plans and counselling patients. Immediately available direct and indirect supervision is paramount to ensure student learning and safe patient care.

In the setting of extricating students from the clinical learning environment amidst the coronavirus disease 2019 (COVID-19) pandemic, it has been difficult to provide medical students with meaningful clinical experiences that meet clinical learning objectives. Here, we present a novel clinical educational experience for senior medical students in the form of clinical callbacks that provide students the opportunity to interact live with patients. Specific learning objectives addressed through this intervention were focused on Patient Care and Interpersonal and Communication Skills.

2 | WHAT WAS TRIED?

After reviewing the electronic health record (EHR) with a faculty preceptor, students made calls to patients through a videoconferencing tool Zoom™ (Zoom Video Communications Inc., San Jose, CA, USA). Students identified patients to call back from two pools. The first consisted of patients who were treated and discharged from the Emergency Department (ED) by providers who eventually tested positive for COVID-19. Although the ED providers were asymptomatic at the time of care, testing was ordered as soon as symptoms presented (per protocol). Students were provided with a script and checklist to guide virtual encounters. Follow-ups fulfilled a departmental need, as well as providing students with an experience that reinforced learning objectives. The second pool included patients previously evaluated in the ED with general medical complaints and discharged within the previous 48 hours.

All virtual encounters were under direct supervision of a faculty preceptor. To minimise exposure risk, faculty preceptors and students were at their respective homes. Using a HIPAA (Health Insurance Portability and Accountability Act)-compliant Zoom account, faculty preceptors connected with students and reviewed the EHR prior to the encounter. Each student reviewed the chart and verbally presented the patient before the call. The student then led a call to the patient, which was made through Zoom. Faculty preceptors supervised and listened to the conversation and provided feedback and comments to the students through the chat function of the software, in real time, and intervened

when necessary. After the call, students assisted with documenting these callbacks. Faculty preceptors assessed students' performance with the same evaluation tools as the traditional clerkship.

Per the standard curriculum, non-clinical learning objectives (eg, medical knowledge) were addressed through other pedagogical approaches (eg, virtual simulations, online didactics).

3 | WHAT LESSONS WERE LEARNED?

There were 67 students who participated in this experience. One challenge encountered was the varying degree of success with patients answering calls. To address this, faculty preceptors had to keep a longer roster of patients for callbacks.

Students have provided overwhelmingly positive feedback. Students felt engaged and valued the help they provided to the ED during the COVID-19 pandemic. Students appreciated the breadth of chief complaints treated in the ED and also valued the opportunity to work through clinical reasoning with the supervising faculty preceptor. Patients were grateful for the follow-up. Faculty preceptors who completed the virtual follow-ups also appreciated the ability to continue to teach students clinically, one-on-one, in a virtual setting that supported learning.

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Aligning student-led initiatives and Incident Command System resources in a pandemic

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1 | WHAT PROBLEMS WERE ADDRESSED?

Removed from classrooms and clinics amid the coronavirus disease 2019 (COVID-19) pandemic, health professions students have answered the call to fulfil alternative roles by rapidly mobilising to address health system and community-identified needs in innovative ways.[1] Many institutions, including the University of Nebraska Medical Center (UNMC), have formally recognised student roles by adding service learning requirements to adapted curricula. Although the crisis has spurred an explosion of student-led volunteer initiatives, many risk operating beyond the protection of their academic institution and could bolster their efficacy by harnessing institutional resources.

2 | WHAT WAS TRIED?

The UNMC formally integrated student-led service initiatives into the institution's Incident Command System (ICS) operations section. The ICS, a component of the United States Federal Emergency Management Agency (FEMA) guidelines, is designed to effectively manage resources, procedures and communications in emergency scenarios. Our initiative, UNMC COVID Relief (UNMC CoRe; www.unmccore.org/), catalysed this integration as we developed our tripartite mission: the provision of child and pet care for frontline health care workers; the collection and distribution of personal protective equipment (PPE), and the coordination of community mask sewing. At 10 weeks after its conceptualisation and 5 weeks after ICS integration, UNMC CoRe had organised an interprofessional group of 263 student volunteers, distributed 41 000 units of various PPE items to 131 under-resourced clinics and hospitals, and galvanised 400 community members to sew 40 000 masks for intensive care unit patients, visitors and non-clinical staff.

3 | WHAT LESSONS WERE LEARNED?

By directly linking UNMC CoRe to the university's crisis mitigation efforts, we established a defined means of utilising institutional resources. Applications of this integration included a media relations collaboration to produce instructional videos on mask sewing,