University of Pittsburgh School of Medicine

Activity Area Plans

**Medical Students**

Teaching: OMED

Teaching: MS1-2......................................................................................................................... 2-6

Teaching: MS3-4......................................................................................................................... 7-10

Standardized Patient (SP) Program......................................................................................... 11-18

**Student Affairs**

Student Affairs Students MS1-4 ............................................................................................. 19-20

Student Affairs Administration............................................................................................... 21-22

Admissions and Financial Aid................................................................................................. 23-26

Lab for Educational Technology.......................................................................................... 27-28

Business and Administration ............................................................................................... 29-31

MD/PhD (MS1-2, PhD, MS3-4)............................................................................................... 32-36

MD/PhD Administration ......................................................................................................... 37-39

**Graduate Students**

Graduate Students.................................................................................................................. 40-42

Graduate Administration....................................................................................................... 43-45
Teaching Activity Area Plan: MS1-2 and Office of Medical Education

I. Overview

1. Name of Activity Area: Teaching of 1st and 2nd year medical students
2. Name of Activity Area lead: Cynthia Lance-Jones, PhD; Jason Rosenstock, MD
3. Name of Individual submitting Activity Area Plan: Cynthia Lance-Jones, PhD
4. Date of submission: 7/20/20
5. Revision of a previously approved Activity Area Plan: no
6. A brief summary of the most critical pieces of your plan:

1st and 2nd year medical students normally spend a substantial portion of their time in classroom activities. During high risk posture, will offer a completely remote curriculum. Those activities that normally require person-to-person contact will be delayed until such time as they can resume, will be designed to be done with a household member, or will be replaced with an on-line simulation. In the elevated risk posture, we will begin to have on-site activities following University guidelines for limited room occupancy and safety. We will continue these measures into the guarded risk stage, increasing room occupancy and use as allowed.

Office of Medical Education (OMED) staff will be encouraged to work remotely where possible. When staff (including standardized patients) are needed for in-person activities, we will give them the choice as to whether or not they feel comfortable coming to support that activity, allowing for individual decision-making and following HR guidance. Administrators will cover activities as needed. All in-person activities, when possible, will abide by appropriate physical distancing and protective equipment. When the University’s posture is elevated or guarded risk, at least one staff member will be present in the OMED suite during business hours.

7. A confirmation that the activity area will commit to following the Healthcare Standards and Guidelines and the Personnel Standards and Guidelines

The School of Medicine is committed to following the Health Standards and Guidelines and Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by the University in carrying out its operations. Students, faculty, and staff will sign attestation documents that show their understanding of and commitment to COVID-related requirements, including personal safety.

II. Functions in each operational posture:

A. High Risk Posture
   Function 1 – Teaching 1st and 2nd year medical students
1. **What is being done:** All course activities for 1st and 2nd year medical school courses will be done remotely, including testing/assessment. Activities that cannot be done remotely will be delayed until the time that they can be done.

2. **How it is being done:** Students will learn remotely. If a student needs to come into Scaife (library, technical need), they will request permission from OMED and follow the University’s health and safety guidelines. Face coverings and physical distancing of at least 6 feet will be required.

3. **The number of people/positions required on campus to complete the function in the given posture:** 1-2 staff members of the Office of Medical Education will come into the building approximately once a week to obtain electronic devices or deliver books and electronic devices to selected students or faculty, approved by OMED administration. All individuals will use face coverings with all safe distancing precautions.

4. **Which campus buildings the required people/positions will occupy:** Scaife Hall

---

Function 2 – Operations of the Office of Medical Education

1. **What is being done:** Activities will be done remotely.

2. **How it is being done:** If a staff member needs to come in for essential equipment or supplies, face coverings and physical distancing of at least 6 feet will be required, along with approval from OMED administration. Disinfecting agents will be available in the main hallway, each office, and each cubicle.

3. **The number of people/positions required on campus to complete the function in the given posture:** Usually none, occasional ad hoc access required and approved by MED administration.

4. **Which campus buildings the required people/positions will occupy:** Scaife, 5th floor offices.

---

B. Elevated/Guarded Risk Posture

Function 1 – Teaching 1st and 2nd year medical students

1. **What is being done**
   a. Small group discussions in lecture halls 1-3 (4th floor) and lab 3 (3rd floor), with appropriate maximum group sizes.
   b. Assessment/testing will remain remote.
   c. Cadaveric demonstrations in gross anatomy lab (3rd floor) will be limited to 25 people or less at any one time.
   d. Individual meetings between 2-3 students and/or faculty members in small group rooms (4th floor and 5th floor) when remote meetings are not educationally optimal.

2. **How it is being done:**
   a. Appropriate signage relevant to safety and traffic flow will be provided for all rooms. Facilities management will test all rooms for air flow/exchange prior to the start of class. Only those rooms meeting or exceeding minimum standards will be used.
   b. MS1 and MS2 students will be assigned to specific subgroups for attendance at specified on-site activities.
c. For selected events (panels, discussions, etc.), an IT specialist will be present to capture via video the events occurring in the room. Videos will be live-streamed to remote students.

d. For preclinical science classes (Foundations of Medicine and Organ Systems Pathophysiology courses), MS1 students can have on-site activities on Mondays, Wednesdays, and Thursdays. MS2 students can have on-site activities on Tuesdays and Fridays.

e. For courses that normally have more restricted hours (Patient Care, Patient, Physician, and Society, and Evidence and Discovery courses), on-site activities will be possible at any time within their normally scheduled hours but using a de-densified approach (with strict limits on group size, distancing, etc.).

f. Lecture halls: gathering limited to 25 people or less. Face coverings and physical distancing of at least 6 feet will be required. Seats will be marked as not for use to ensure proper physical distancing. Disinfecting agents will be available and room use will be checked every 2 hours. Time will be blocked between events to ensure adequate cleaning can take place.

g. Gross anatomy lab: gathering limited to 25 people or less. Face coverings, gloves, disposable lab aprons, and physical distancing of at least 6 feet will be required. Individuals will not be sitting. Disinfecting agents will be available and room use will be monitored at all times when students and faculty are present. Areas of most concern will be those commonly touched (entry doors, handles to PPE storage bins, hand-washing sinks); staff will disinfect these high-contact points regularly.

h. Small group rooms: Individual meetings will be limited to 4 people. Face coverings and physical distancing of at least 6 feet will be required. Disinfecting agents will be available in each room. The use of these rooms will be checked every 2 hours. We will make the disinfection a user-based responsibility. When students arrive for a class, they will be directed to utilize a wipe to disinfect their work desk prior to use. The wipes will be provided by Facilities Management and is a system that allows us to produce our own wipes using a wipe bucket. We expect to replenish these wipes at least once per day in each classroom based upon size and occupancy.

i. Community/patient panels: individuals sharing their experiences with students (e.g., patients and family members) will be encouraged to do so remotely but some sessions may be designed as hybrids, with small panels in a live lecture hall (with no more than 25 people in the room), livestreamed to allow remote students to participate as well as those in-person. These individuals will provide consent to participate, allowed to come in-person only if safe to do so.

j. Clinical skills rooms and standardized patients (SPs). See separate document for full details, but briefly, SPs will almost entirely be utilized remotely. Some clinical skills sessions (e.g., the pelvic exam) may be done in-person, one-on-one, with any necessary PPE, but the majority of SP activities will be remote.

3. The number of people/positions required on campus to complete the function in the given posture; 2-3 OMED staff members will be required for monitoring safety measures and to guide student into and out of lecture halls and small group rooms. Students will be encouraged to conduct all activities remotely as possible but will be allowed to use study spaces as long as they maintain physical distancing and other
guidelines. Robin Hammonds, a staff member from the Neurobiology Department, will be responsible for monitoring the gross anatomy lab.

4. **Which campus buildings the required people/positions will occupy:** Scaife

**Function 2 – Operations of the Office of Medical Education**

1. **What is being done:** 1-2 staff members will be in the office on a rotating basis to support academic activities as described above.
2. **How it is being done:** Face coverings and physical distancing of at least 6 feet will be required. Disinfecting agents will be available in the main hallway, each office, and each cubicle.
3. **The number of people/positions required on campus to complete the function in the given posture:** 1-2
4. **Which campus buildings the required people/positions will occupy:** Scaife, 5th floor offices

**III. Transitions between Operational Postures:**

As the environment shifts, the University’s Senior Leadership Team will make determinations about when the University’s operational posture must also shift to either more or less restricted.

As risk levels decline:
1. Shift from High Risk Posture to Elevated Risk Posture
2. Shift from Elevated Risk Posture to Guarded Risk Posture

As risk levels increase:
3. Shift from Guarded Risk Posture to Elevated Risk Posture
4. Shift from Elevated Risk Posture to High Risk Posture

The main function impacted by a shift in posture is the teaching of MS1-2s. A shift from the High to Elevated/Guarded Risk postures will trigger an increase in on-campus staffing to allow for increased on-campus teaching activities as outlined above.

A shift from the Elevated to High Risk Posture will lead to a diminution of on-site staffing and a shift to all remote learning, as outlined above.

There is no change in staffing or on-campus presence when shifting between the Elevated Risk and Guarded Risk postures.
Employees returning to campus for any of the above functions will comply with the University’s Health and Personnel Standards and Guidelines. They will be notified one week in advance of the prospective need to return to campus.

Students will be notified at least one week in advance of any change in posture and what that shift would mean for their education.

During shifts between operational postures, UPSOM will notify all stakeholders—faculty, students, staff, clinical partners, etc.—to discuss implications of shifts. We will utilize e-mail as well as our Dean’s webpage, meetings, and individual communication as indicated. We have regular Town Hall meetings to discuss these shifts, and how we are responding to pandemic. We will work with building management and our clinical partners to obtain necessary resources. We will also work closely with student leadership (class presidents, curriculum committee representatives).

IV. Stakeholder Outreach

Stakeholder groups include:

- Students: MS1-4, LOA, Graduate students
- Faculty: course/clerkship directors, teaching faculty
- Administration: Dean’s office and offices of Student Affairs, Faculty Affairs, Admissions, etc.
- Staff: Pitt employees, standardized patients, etc.
- Clinical Partners: UPMC, VA, community sites

V. Monitoring and Amendment:

Any changes to this plan must be approved by the Senior Vice Chancellor for the Health Sciences.
Teaching Activity Area Plan: MS3-4

I. Overview
1. Name of Activity Area: teaching of 3rd and 4th year medical students
2. Name of Activity Area lead: Raquel Buranosky, MD; Jason Rosenstock, MD
3. Name of Individual submitting Activity Area Plan: Raquel Buranosky, MD
4. Date of submission: 7/20/20
5. Revision of a previously approved Activity Area Plan: no
6. A brief summary of the most critical pieces of your plan:
   a. Clinical medical students are those in their 3rd and 4th years of medical school. Given that they have primary patient responsibilities, they are considered essential workers in the state of Pennsylvania. Their safety is ensured by adequate Personal Protective Equipment and the avoidance of care of COVID + patients or those patients who are at high risk for having COVID. They are screened daily and monitored by UPMC and the School of Medicine for any exposures or illnesses. They are given the ability to abstain from clinical care if they feel uncomfortable in any situation, without negative repercussions. Remote curriculum has been developed in cases where the student has to leave the clinical rotation, whether due to their own discomfort, due to being quarantined after exposure, or due to being ill themselves. Extended absences or non-participation with non-COVID patients may require make-up or delay graduation.

   b. Curricular elements of the 2020-2021 curriculum were streamlined to allow maximum flexibility for career-specific needs while still allowing students to complete their core requirements and graduate on time.

8. Confirmation that the activity area will commit to following the Healthcare Standards and Guidelines and the Personnel Standards and Guidelines
   a. Students sign attestation documents that show their completion of the COVID-related requirements, including training and personal safety.

II. Functions in each operational posture:

A. High Risk Posture
1. What is being done:
   a. Students with clinical responsibilities work in clinical areas, with appropriate Personal Protective Equipment (PPE). Student are required to demonstrate proper PPE use to their supervising attending or resident, who then signs off on a form provided by the School of Medicine
   b. Students are not allowed to care for patients with COVID or those suspected of having COVID.
   c. Any student who is uncomfortable with being in clinical environment will be excused, and will transition to remote education
d. Students will utilize telemedicine to decrease unnecessary patient exposure, in the inpatient and outpatient settings.

e. Didactics are made remote.

f. Assessment/testing will be remote, with National Board of Medical Examiners (NBME) exams proctored by clerkship coordinators on remote video.

g. Students are required to complete an educational module which has been developed by the UPMC Wolff Center, as well as sign an attestation that they have fulfilled all COVID-related requirements prior to starting their rotations.

h. No visiting students in the learning environment

i. Any exposed students are removed from the clinical site as per UPMC guidelines and tracked by the School of Medicine. Remote learning has been developed to replace in person learning for extended restrictions from the clinical environment.

j. Standardized patients and in person Observed Structured Clinical Encounters (OSCE’s) have been cancelled or made remote.

2. **How it is being done:**

   a. Upon arrival to hospital facility, student is screened by hospital personnel for symptoms, checked for fever and is given a mask.

   b. Physical distancing is maintained 6 feet apart. Eating occurs in shifts so that no two people are unmasked in the same space at the same time.

   c. Clinic rooms and hospital rooms are sanitized in between patients.

   d. Students are taught and observed in the proper use of PPE

   e. The exams required at the end of the rotation are done remotely from home instead of in the hospital.

   f. Group teaching sessions are either done remotely or, with the approval of OMED administration, limited to less than 10 people, all masked and over 6 feet apart without eating or drinking.

3. **The number of people/positions required on campus to complete the function in the given posture:** No more than 3 rooms of 10 people in a room, 6 feet apart, wearing masks. Other in-person teaching may take place at hospital and community sites.

4. **Which campus buildings the required people/positions will occupy:** UPMC Hospitals and Clinic sites, as well as the VA and other community sites as indicated

B. **Elevated Risk Posture**

1. **What is being done:** operations will be the same as in High Risk Posture, except that some of the didactics may occur in small groups, such as team-teaching rounds.

2. **How it is being done:** Operations will be the same as in High Risk Posture, except that standardized patients are assisting with teaching telemedicine skills and remote OSCEs.
3. **The number of people/positions required on campus to complete the function in the given posture:** One staff from OMED may be required to coordinate space and logistics, part-time.

4. **Which campus buildings the required people/positions will occupy:** Scaife to a limited extent; most activities will take place at UPMC Hospitals and Clinic sites, as well as the VA and other community sites as indicated.

C. **Guarded Risk Posture**

1. **What is being done:**
   a. Operations will be the same as in Elevated Risk Posture, with the additions that group learning can occur in groups of 25, which allows inpatient trainees to attend inpatient teaching discussions in-person.

2. **How it is being done:**
   a. Operations will be the same as in Elevated Risk Posture, with the additions that:
      i. Standardized patients may be allowed to return to assist with in-person OSCE’s instead of remote OSCE’s
      ii. Learners will be able to participate in more clinical situations (e.g., former high-risk clinical situations can be downgraded to low or intermediate.

3. **Number of people:** Most work done by clerkship coordinators in hospital-based settings but one OMED staff may be present part-time to coordinate Scaife-based activities.

4. **Which buildings:** Scaife to a limited extent; most activities will take place at UPMC Hospitals and Clinic sites, as well as the VA and other community sites as indicated.

III. Transitions between Operational Postures:

As the environment shifts, the University’s Senior Leadership Team will make determinations about when the University’s operational posture must also shift to either more or less restricted.

As risk levels decline:
1. Shift from High Risk Posture to Elevated Risk Posture
2. Shift from Elevated Risk Posture to Guarded Risk Posture

As risk levels increase:
3. Shift from Guarded Risk Posture to Elevated Risk Posture
4. Shift from Elevated Risk Posture to High Risk Posture
The main function impacted by a shift in posture is the teaching of MS1-2s. A shift from the High to Elevated/Guarded Risk posture will trigger an increase in on-campus staffing to allow for increased on-campus teaching activities as outlined above.

A shift from the Elevated to High Risk Posture will lead to a diminution of on-site staffing and a shift to all remote learning, as outlined above.

There is no change in staffing or on-campus presence when shifting between the Elevated Risk and Guarded Risk postures.

Employees returning to campus for any of the above functions will comply with the University’s Health and Personnel Standards and Guidelines. They will be notified one week in advance of the prospective need to return to campus.

Students will be notified at least one week in advance of any change in posture and what that shift would mean for their education.

During shifts between operational postures, UPSOM will notify all stakeholders—faculty, students, staff, clinical partners, etc.—to discuss implications of shifts. We will utilize e-mail as well as our Dean’s webpage, meetings, and individual communication as indicated. We have regular Town Hall meetings to discuss these shifts, and how we are responding to pandemic. We will work with building management and our clinical partners to obtain necessary resources. We will also work closely with student leadership (class presidents, curriculum committee representatives).

IV. Stakeholder Outreach

Stakeholder groups include:

- Students: MS1-4, LOA, Graduate students
- Faculty: course/clerkship directors, teaching faculty
- Administration: Dean’s office and offices of Student Affairs, Faculty Affairs, Admissions, etc.
- Staff: Pitt employees, standardized patients, etc.
- Clinical Partners: UPMC, VA, community sites

V. Monitoring and Amendment:

Any changes to this plan must be approved by the Senior Vice Chancellor for the Health Sciences.
Teaching Activity Area Plan: Standardized Patient (SP) Program

I. Overview

1. Activity Area: School of Medicine, Standardized Patient Program
2. Area Lead: Dr. Reed Van Deusen, Associate Dean for Human Based Simulation Education
3. Name of individual submitting Activity Area Plan: Valerie L Fulmer, Director, Standardized Patient Program
4. Date of submission: 7/20/20
5. Revision of a previously approved Activity Area Plan?: No
6. A brief summary of the most critical pieces of your plan:

Background of our program:
- Standardized Patients (SPs) are healthy individuals from the community trained to portray, in a consistently reproducible and realistic manner, a patient/person in a medical and/or communication-based situation.
- SP events are integral aspects of the training of clinical and communication skills at the School of Medicine as well as several other programs within the institution (e.g. Schools of the Health Sciences, Education, and Law) and beyond (e.g. UPMC, Veterans Administration, other local Universities and entities)
- SPs are temporary, as needed employees of the University of Pittsburgh. While they play the role of patients, their risk of acquiring COVID-19 is greater than that of a patient who comes in to an outpatient setting, because when they are scheduled for in-person events, SPs often come into physical contact with multiple learners and/or faculty during their shifts. Physical contact may be required as learners practice or are tested on physical examination and other clinical skills. SPs who agree to work for in-person events are aware of the heightened risk and will be provided PPE appropriate to the level of risk. May SPs have chosen to work for remote events only, and we have been able to accommodate them as most of our events have been converted to remote formats.

Summary of the most critical pieces of our plan:
- Regardless of risk posture, we will convert as many of our events to remote learning formats as possible during the pandemic. We have been quite successful with using remote formats for events that involve communication-skills only.
- For events that have learning objectives that require in-person attendance, we will maximize risk mitigation efforts to decrease the risk of spread of the virus as much as possible, as described in detail below, through a mix of physical distancing, de-densification, appropriate PPE, and so forth.
- We will work with our clients and stakeholders to ensure that risk mitigation efforts are maximized at all sites where our SPs are asked to attend.
- We have gauged the risk aversiveness of our SPs and will continue to monitor their willingness to accept risk for attending in-person events. We recognize that each SP has their own level of comfort with the risk of attending in-person events, and we will not penalize those who choose to not schedule in-person events.
- We will continue to keep the SPs and clients informed of updates that affect our policies and procedures.
• We will follow current risk mitigation guidelines offered by UPMC and the University of Pittsburgh. When these guidelines appear to conflict, we will follow the guideline that more closely fits our program’s situation, and we will adapt to changes and updates as they come.
  o For example, the document entitled “Guidance and Use Case Scenarios for Face Coverings and PPE” (https://www.ehs.pitt.edu/sites/default/files/docs/COVID19-FaceCoveringsPPEGuidance.pdf) has a section entitled “Tight spaces or close-proximity work activities” that is relevant for our program, because SPs, learners, and faculty may all be present in a simulated clinic room during certain events. Additionally, this document contains other information relevant to our program even though our SPs may not be research participants, this document is more relevant to what they do than guidelines for patients visiting an outpatient clinic, because of information referenced above.
• Regardless of risk posture, we will mandate mask wearing and hand washing during in-person events for all participants (SPs, learners, and faculty). Additionally, physical distancing will be mandated, but may not always be possible depending on the event. In those cases, wearing of eye protection (safety glasses/goggles or face shields) will be mandated. Physical distancing or eye protection will be mandated for all participants (depending on their ability to socially distance during the event).
• Additional measures that will be mandated when appropriate include wearing gowns, gloves, and/or disposable slipper socks
• Cleaning of the room / clinical exam space between learner interactions will be required. This may be performed by event staff, SPs, learners, or faculty depending on the capabilities of each event/location.
• We will follow guidelines provided by the University regarding numbers of people in small rooms.
• We will follow guidelines provided by the University regarding how long a room must be empty before it can be used again.

7. A confirmation that the activity area will commit to following the Healthcare Standards and Guidelines and the Personnel Standards and Guidelines:

The School of Medicine is committed to following the Health Standards and Guidelines and Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by the University in carrying out its operations. Participants will sign attestation documents that show their understanding of and commitment to COVID-related requirements.
II. Functions in Each Operational Posture

The SP program engages in both **Clinical (Physical Exam) and Communication Skills Education and Assessment.** Regardless of risk posture, where possible (based on learning objectives), every event that can be run remotely has been or will be converted to a remote learning event. The rest of the information in this document pertains to in-person events.

A. High Risk Posture

1. What is being done:
   a. Any event that can be postponed until the risk posture is lower will be postponed. This will depend on the individual program’s learning objectives and graduation date of the affected learners.
   b. For events that cannot be postponed, the event will be adapted as much as possible to mitigate risk to all participants.

2. How it is being done-
   a. As stated above, all events that can be converted to remote formats will be. This includes SP training for events as needed.
   b. Participants for in-person events will be screened as per UPMC and/or Pitt protocols upon entry to the building.
      i. Any participant who is not allowed entry, because they did not pass the screening protocol will be excused for the event for that day. If that participant is a student, they will be rescheduled when cleared or given a make-up assignment to meet the learning objectives (as per their program’s requirements). The SP program will coordinate with the affected participants’ program as needed.
   c. PPE usage and social distancing will be mandated as per guidelines referenced above.
   d. No casual physical contact will be permitted (e.g. handshakes, etc.)
   e. Only predetermined event-related physical contact will be permitted between learner and SP.
   f. Limit occupancy in room and remain six feet apart is the default. When this is not possible, we will add safety glasses or face shield to disposable mask. Homemade or self-supplied face coverings are not adequate in this situation (source: https://www.ehs.pitt.edu/sites/default/files/docs/COVID19-FaceCoveringsPPEGuidance.pdf)
   g. Personnel who spend more than 15 minutes within less than 6 feet of each other must log the interaction. (source: https://www.ehs.pitt.edu/sites/default/files/docs/COVID19-FaceCoveringsPPEGuidance.pdf)
   h. Disposable gowns and gloves will be required where possible. (It is possible that a learner may need to examine an SP. If so, for High risk posture, that learner will need to wear a gown & gloves. The SP will need to wear a gown & gloves. But, the gown may need to be moved to examine a body part.)
i. If an SP is required to remove their shoes for an event, then disposable slipper socks will be supplied, and the SPs are to wear them. As above, it is possible that a student would need to examine the SPs’ feet. If so, they will need to be gowned & gloved in the high risk posture.

j. Eye/nasal/oral exams will be eliminated or minimized as much as possible during High Risk Posture.

k. Observe 6-foot physical distance at all times unless a physical exam is predetermined.

l. If 6’ distance between learners in the hallway cannot be maintained prior to entering the room, then every other exam room will be used for encounters.

m. Personal items are limited in the simulation areas. All personal items must remain on or with each person.

n. Student/Faculty belongings will be placed in lockers or other storage areas outside of the exam rooms.

o. Posted signs will communicate numbers of individuals permitted in each room.

p. Cleaning wipes reside in each exam room for SP or students to use as needed for cleaning after each exam. Event logistics and timing will include space to accommodate additional cleaning.

q. Identified personnel will disinfect/sanitize high touch surfaces. These include:
   
   ii. doorknobs
   iii. light switches
   iv. countertops
   v. computer keyboards
   vi. handles
   vii. stool in exam room
   viii. exam equipment
   ix. toilets
   x. sinks
   xi. faucets

r. Orientations or debriefings for all stakeholders (students, SPs, faculty, and staff) will occur remotely. Orientation will include verbal reminders of all safety protocols and time for Q&A.

s. SPs directly report to assigned exam rooms, not to large group break areas. It is recommended that SP belongings remain in the exam room for the majority of their time in the event.

t. On site instructions will be limited and must occur in a way that maximizes social distancing (i.e. 6 feet apart). If social distancing is not feasible, then other strategies must be utilized to reduce close-quarters contact (e.g. walkie talkies to SPs while they are in exam rooms, Zoom or other remote communication techniques, having SPs/learners open the door to their rooms while talking loudly enough to be heard down the hallway, etc)
u. Eating snacks (by SPs) is limited to individual patient rooms at break times. SPs must wash hands and any affected surfaces after eating and re-mask prior to learner entry.

v. SP case or other trainings will occur remotely either prior to the event or on the day of the event.

w. Responsible personnel at each site will identify and label any items in the SP suite or event area that should not be used (extra chairs, laptops, tables, microwave, and refrigerator).

x. Staff/SPs will be encouraged to avoid higher risk activities (large and crowded venues) and comply with university self-reporting policies (symptoms, temperature, travel).

3. **Number of people/positions required on campus**- This will depend on the specific event. For in person events, we usually require the participating SPs, learners, and faculty, as well as staff to manage the event (for example: in some events, students move from room to room seeing SPs portraying different patients. In those settings an event manager is needed to help with timing and to ensure that flow of people occurs appropriately). We will minimize the number of people required for any in-person event as much as possible.

4. **Buildings**- We use building across campus for our events. Most of our events occur in Scaife Hall for the medical school.

- Additional sites include:
  - Bridgeside Point (Pitt OT and PT programs)
  - Chatham Bakery Square (PA Program)
  - Chatham East Side Bldg (Psych)
  - Duquesne U, NP Program
  - Duquesne U, Rangos School of Health Sciences (PA Program)
  - Lawrenceville Family Health Center (Lawrenceville GYNE)
  - Murdock Building (Pitt PA Program)
  - Pennsylvania Child Welfare Resource Center (School of Social Work)
  - Pitt School of Law
  - Posvar Hall (Pitt School of Education)
  - Robert Morris U, Student Health Office (NP Program)
  - Slippery Rock University Student Health offices (PA Program)
  - VA Oakland
  - Victoria Hall (Pitt Nursing School)
  - Salk Hall (Pitt Dental and Pharmacy School)
  - UPMC Presbyterian/Montefiore
  - UPMC Renaissance Health Center Lawrenceville
  - UPMC Shadyside
  - UPMC Magee Women’s Hospital
  - UPMC the WISER Center
  - UPMC Children’s Hospital
  - 611 William Penn Place (IRETA)
• Facilities/Operations management team of each building must approve educational exam rooms for occupancy numbers, cleaning protocols, and air circulation in advance of the event.
• Supervision and compliance with these procedures is the responsibility of the educational leadership at the location in question, and must be provided to SP Program leadership prior to the scheduling of any event.

B. Elevated/Guarded Risk Posture
As above, with the following exceptions:
• Eye/nose/oral exams will be permitted but minimized.
• Some in-person events may occur when all social distancing and face masking mandates, and limits on gathering sizes, are followed.

III. Transitions between Operational Postures

As the environment shifts, the University’s Senior Leadership Team will make determinations about when the University’s operational posture must also shift to either more or less restricted.

As risk levels decline:
1. Shift from High Risk Posture to Elevated Risk Posture
   a. When we are notified of a change in posture, we will communicate with stakeholders as to how it affects their related SP events. We will prioritize communications based on events that are most affected in relation to timing and/or structure of the event.
   b. The SP program staff meet regularly, so we will use those regular meetings to prioritize and plan communication with stakeholders.

2. Shift from Elevated Risk Posture to Guarded Risk Posture
   a. When we are notified of a change in posture, we will communicate with stakeholders as to how it affects their related SP events. We will prioritize communications based on events that are most affected in relation to timing and/or structure of the event.
   b. The SP program staff meet regularly, so we will use those regular meetings to prioritize and plan communication with stakeholders.

As risk levels increase:
3. Shift from Guarded Risk Posture to Elevated Risk Posture
   a. When we are notified of a change in posture, we will communicate with stakeholders as to how it affects their related SP events. We will prioritize communications based on events that are most affected in relation to timing and/or structure of the event.
   b. The SP program staff meet regularly, so we will use those regular meetings to prioritize and plan communication with stakeholders.
4. **Shift from Elevated Risk Posture to High Risk Posture**
   
a. When we are notified of a change in posture, we will communicate with stakeholders as to how it affects their related SP events. We will prioritize communications based on events that are most affected in relation to timing and/or structure of the event.

b. The SP program staff meet regularly, so we will use those regular meetings to prioritize and plan communication with stakeholders.

The main function impacted by a shift in posture is the teaching and assessment of clinical skills. A shift from the High to Elevated/Guarded Risk posture will trigger an increase in on-campus staffing to allow for increased on-campus teaching activities as outlined above.

A shift from the Elevated or Guarded to High Risk Posture will lead to a diminution of on-site staffing and a shift to remote learning, as outlined above.

Employees returning to campus for any of the above functions will comply with the University’s Health and Personnel Standards and Guidelines. They will be notified one week in advance of the prospective need to return to campus.

Students will be notified at least one week in advance of any change in posture and what that shift would mean for their education.

During shifts between operational postures, the SP program will notify all stakeholders—faculty, students, staff, clinical partners, etc.—to discuss implications of shifts. We will utilize e-mail, meetings, and/or individual communication as indicated. We will work with building management and our clients to obtain necessary resources.

**IV. Stakeholder Outreach**

Stakeholders for the SP program involve the SPs as well as the learners and faculty of the different programs with whom we collaborate. We will communicate directly (via email, remote meetings, phone calls, etc) with the SPs about changes and updates. We will also communicate as above with the faculty and/or event contact person about changes and updates. Learners will be notified about changes and updates by the faculty / administrative staff in charge of each curricular event.

Stakeholder groups include:

- Students: MS1-4, LOA, Graduate students
- Faculty: course/clerkship directors, teaching faculty
- Administration: Dean’s office and offices of Student Affairs, Faculty Affairs, Admissions, etc.
- Staff: Pitt employees, standardized patients, etc.
- Clinical Partners: UPMC, VA, community sites

**V. Monitoring and Amendment**
The SP program plan will be monitored for compliance by SP program leadership, and by the leadership of each area and facility. Any revisions to this plan must be approved by the Senior Vice Chancellor for the Health Sciences.
Student Affairs Activity Area Plan for Students MS1-4

VI. Overview

1. Name of Activity Area: Student Affairs Activities for MS1-4 Students
2. Name of Activity Area Lead: Joan Harvey, MD; Chenits Pettigrew, PhD
3. Name of individual submitting Activity Area Plan: Joan Harvey, MD
4. Date of submission 7/30/2020
5. Revision of a previously approved Activity Area Plan? No
6. A brief summary of the most critical pieces of your plan (a few bullet points).

MS1-2 students use space in Scaife Hall for occasional class meetings and small group room sessions with their Advisory Deans and one-on-one meetings with their Advisory Deans. They also use the lecture halls and small group rooms for meetings of their activities groups. M1-4 visit the Student Affairs office to hand in forms and access information about records, scheduling, longitudinal research project or to meet with the Associate or Assistant Dean. Our office also supports Orientations, White Coat Ceremony, Pinning Ceremony, Match Day and Graduation.

M4 students normally would come to the office to read their MSPE residency letter of evaluation one time during August/September. From October through January, MS4 students may come individually to small group rooms to conduct some of their virtual interviews for residency. (approximately 1 hour sessions).

At the elevated risk stage, we will begin to offer one-on-one advisory meetings and some small group sessions, following the University guidelines for limited room occupancy and safety. We will continue these measures into the guarded risk stage, increasing room occupancy and use as allowed.

7. The school of medicine is committed to following the Health Standards and Guidelines and Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by the University in carrying out its operations.

VII. Functions in Each Operational Posture

1. High Risk Posture
   a. Function 1:
      i. What is being done: All class meetings, small group Advisory Dean (AD) and FAST sessions and one-on-one meetings with ADs will be held remotely, on zoom or other virtual platforms. All communication regarding records, scheduling, longitudinal research projects will be held remotely. We plan to offer a remote format for review of the MSPE. Student meetings with deans will also be remote as will all our large ceremonies. Student activities will also occur remotely. MS4 students would be encouraged to conduct their virtual interviews at home or in another location.
ii. How it is being done: through virtual means
iii. Number of people/positions required on campus: 1-2 staff members of the Office of Student Affairs will come into the building approximately once a week to do mailings or use their school computers for working on scheduling, registration, etc.
iv. Buildings: Scaife Hall

2. Elevated Risk Posture
   a. Function 1
      i. What is being done: Class meetings are remote, as are most AD and FAST groups. Individual meetings with ADs and students may occur in small group or conference rooms, keeping appropriate 6 feet distance and using appropriate PPE. Individual students may be scheduled to use one of the small group rooms for virtual interviews.
      ii. How it is being done: There will be signage and chair placement to assure adherence to guidelines. Disinfecting agents will be available and the waiting area in the office will be monitored at all times when students and ADs/Deans are present.
      iii. Number of people/positions required on campus: Staff members will rotate days so that 2-4 members would in the office any one day. They will be appropriately distanced, with appropriate PPE.
      iv. Buildings: Scaife Hall

3. Guarded Risk Posture
   a. Function 1
      i. What is being done: Activities described under “Elevated Risk Posture”.
      ii. How it is being done: All activities will follow University guidelines for the number of people allowed to gather in a large lecture hall, lab or small group rooms. Safety procedures regarding individuals and their spacing will be the same as described above.
      iii. Number of people/positions required on campus: Staff members will rotate days. The staff will be appropriately distances, with appropriate PPE.
      iv. Buildings: Scaife Hall

VIII. Transitions between Operational Postures
   a. As per the Office of Medical Education

IX. Stakeholder Outreach
   a. As per the Office of Medical Education

X. Monitoring and Amendment
   a. As per the Office of Medical Education
I. Overview
1. Name of Activity Area: Student affairs office activities
2. Name of Activity Area lead: Joan Harvey, MD; Chenits Pettigrew, PhD
3. Name of Individual submitting Activity Area Plan: Joan Harvey, MD
4. Date of submission: 7/30/20
5. Revision of a previously approved Activity Area Plan: no
6. A brief summary of the most critical pieces of your plan

OSA staff will be encouraged to work remotely where possible. When staff are needed for in-person activities, we will give them the choice as to whether or not they feel comfortable coming to support that activity, allowing for individual decision-making and following HR guidance. Administrators will cover activities as needed. All in-person activities, when possible, will abide by appropriate physical distancing and protective equipment. When our posture is elevated or guarded risk, at least one staff member will be present in the OMED suite at all times.

7. Any confirmation that the activity area will commit to following the Healthcare Standards and Guidelines and the Personnel Standards and Guidelines

OSA will follow all appropriate guidelines and standards.

II. Functions in each operational posture:

A. High Risk Posture
1. What is being done: Activities will be done remotely.
2. How it is being done: If a staff member needs to come in, face coverings and physical distancing of at least 6 feet will be required. The Associate Dean or executive director responsible for each office will give permission for a staff member to come in. Disinfecting agents will be available in the main hallway, each office, and each cubicle.
3. The number of people required on campus to complete the function in the given posture: Usually none
4. Which campus buildings the required people/positions will occupy: Scaife, 5th floor offices.

B. Elevated Risk and Guarded Risk Posture
1. What is being done: 1-4 staff members will be in the office on a rotating basis.
2. How it is being done: Face coverings and physical distancing of at least 6 feet will be required. Disinfecting agents will be available in the main hallway, each office, and each cubicle.
3. The number of people/positions required on campus to complete the function: 1-4
4. Which campus buildings the required people/positions will occupy: Scaife, 5th floor offices
III. Transitions between Operational Postures  
   a. As per the Office of Medical Education

IV. Stakeholder Outreach  
   a. As per the Office of Medical Education

V. Monitoring and Amendment  
   a. As per the Office of Medical Education
Admissions and Financial Aid

I. Overview
1. Name of Activity Area: Office of Admissions and Financial Aid
2. Name of Activity Area Lead: Cynthia M. Bonetti, Activity Area Lead
3. Name of individual submitting Activity Area Plan: Submitted by Cynthia M. Bonetti
4. Date of submission: July 30, 2020
5. Revision of Previously approved Activity Plan? NO
6. A brief summary of the most critical pieces of your plan:
   Our goal is to continue to service our students and applicants in a safe environment following social and physical distancing guidelines for each operating postures.
7. Confirmation:
   The Office of Admissions and Financial Aid is committed to following the Health Standards and Guidelines and Personnel Standards and Guidelines as well as all other Standards and Guidelines set forth by the University in carrying out its operations

II. Functions in Each Operational Posture

1. High Risk Posture:
   a. What is being done: The Office of Admissions and Financial Aid is operational during the High Risk Posture during the COVID19 pandemic but will be closed to all in-person visits and meetings. All staff members will work remotely.

   b. How it is being done: Staff members were issued laptops with on-site docking stations in July 2020 to access the network drives and to continue their operations and work processes of their positions remotely. We encourage students and visitor to call or email the admissions or financial aid mailboxes during this time. Phone messages are being returned as soon as possible (no later than 24/48 business hours) based on the availability of our staff.

   c. Number of people/positions required on campus: Dr. Beth Piraino, Associate Dean of Admissions and Financial Aid and Cynthia Bonetti, Executive Director of Admissions and Financial Aid will be available to be in the building as needed by duties of the department at the given time period. Staff would need permission by the Associate Dean or Executive Direct to enter the building/department suite.

   d. Buildings: Scaife Hall (Suite S520)

2. Elevated Risk Posture:
   a. What is being done: The Office of Admissions and Financial Aid resumes limited in person operations during the Elevated Risk Posture during the COVID19 pandemic but will be closed to walk-in visitations.
b. How is it being done: Staff members will work both remotely and in person on a staggered schedule of either 1 or 2 days per week as needed by duties of the department of that given period of time. We continue to encourage students and visitors to call or email the admissions or financial aid mailboxes during the time and phone messages are being returned by as soon as possible (no later than 24/48 business hours). Staff members were issued laptops with on-site docking stations in July 2020 to access the network drives, continue their operations, and work processes of their positions remotely. In-person appointments/meetings can occur with appointments and if social distancing guidelines are followed.

Meetings/Visitors: All visitors must wear a mask to enter the office area and a sign indicating such is mounted by the front door. It is recommend that the large conference room across the hall be used for in-person meetings whenever possible. No more than four people are permitted in our area at one time – (staff plus visitors)

Masks: Masks must be worn in public spaces. Masks are optional in private office or desk area. Masks are required for all in-person meetings and when there are limited abilities for physical distancing.

Office Hours: Our office hours during the Elevated Risk Posture will be varied and will operate outside of the typical business hours of 8 AM - 4:30 PM. This is to allow staff to adjust their “in office” time to minimize risk during their commute to campus with public transportation and parking garages.

Public Space: No Publications/books/candy/water cooler are permitted in our general public waiting area. Furniture is arranged to adhere to social distancing guidelines. A desk shield is installed on the department’s front office desk.

c. Number of people/positions required on campus: Staff will not exceed 25% (2 staff members) during the Elevated Risk Posture with a maximum occupancy of four in the department. Staff schedules will be varied with consideration to work duties of the given time period and risk exposure.

d. Buildings: Scaife Hall (Suite S520)

3. Guarded Risk Posture:

a. What is being done: The Office of Admissions and Financial Aid has in-person operations during the Guarded Risk Posture and will be receive students and visitors by walk-in and appointments.

b. How is it being done: Reduction of in-person staff to no more than three staff members per day. Staff members were issued laptops with on-site docking stations in July 2020 to access the network drives, continue their operations, and work processes of their positions remotely.
Meetings/Visitors: All visitors must wear a mask to enter the office area and a sign indicating such is mounted by the front door. In-person meetings can occur with appointments or to service walk-in visitors. It is recommend using the large conference room across the hall for in-person meetings whenever possible. No more than seven people are permitted in our area at one time – (staff plus visitors)

Masks: Masks must be worn in public spaces. Masks are optional in private office or desk area. Masks are recommended for all in-person meetings and when there are limited abilities for physical distancing.

Office Hours: Our office hours during the Guarded Risk Posture will be varied and will operate outside of the typical business hours of 8 AM - 4:30 PM. This is to allow staff to adjust their “in office” time to minimize risk during their commute to campus with public transportation and parking garages.

Public Space: No publications/books/candy will be permitted in our general public waiting area. Furniture is arranged to adhere to social distancing guidelines. A desk shield is installed on the department’s front office desk

c. Number of people/positions required on campus: Staff will not exceed 50% (3 staff members) during the Guarded Risk Posture with a maximum occupancy of seven in the department. Staff schedules will be varied with consideration to work duties of the given time period and risk exposure.

d. Building: Scaife Hall (Suite S520)

III. Transitions between Operational Postures

a. Staff will be notified by the Associate Dean of Admissions and Financial Aid or the Executive Director for Admissions of Financial Aid about the transition to new operating postures.

b. University Communications, reinforcement from the Vice Dean and reminders from the Associate Dean and Executive Director will communicate activities for the new operating postures.

c. Weekly staff meetings will reinforce guidelines and business practices of the operating postures. Transition from high to elevated may result in in-person presence in the office, and to guarded may increase the number of people in the office. However, at this time we anticipate much of the work being done remotely even at guarded risk.

d. |

IV. Stakeholder Outreach

a. Key stakeholders for the Office of Admissions and Financial Aid include, but not limited to, students, applicants, visitors and committee members.
b. Information will be distributed as needed to each stakeholder by informational emails, updates to the Admissions and Financial Aid website and Zoom meetings.

c. Departmental signage will be updated as needed to reflect the guidance of the operating posture.

V. Monitoring and Amendment
a. Any revisions of this plan will be established by the Associate Dean for Admissions and Financial Aid and the Executive Director for Admissions and Financial Aid.

b. Plan revisions will be sent to the Office of the Vice Dean of the Medical School and the Senior Vice Chancellor for Health Sciences for approval.
I. Overview

1. Name of Activity Area: UPSOM The Lab for Educational Technology
2. Name of Activity Area Lead: James B McGee, MD
3. Name of individual submitting Activity Area Plan Submitted by: Heidi Yarnal, Administrator
4. Date of submission: July 30, 2020
5. Revision of a previously approved Activity Area Plan? No
6. A brief summary of the most critical pieces of your plan
   • Software Development- will be consistent with Univ. guidelines
   • Technology Support - will be consistent with Univ. guidelines
7. A conformation that the activity area will commit to following the Healthcare Standards and Guidelines and the Personnel Standards and Guidelines
   The Lab for Educational Technology is committed to following the Health Standards and Guidelines and Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by the University in carrying out its operations.

II. Functions in Each Operational Posture

1. High Risk Posture
   a. Function 1 – Software Development and Technology Support
      i. What is being done - all work is being done remotely
      ii. How it is being done - each member of the Lab is at home, using a computer from home to connect to the University and School systems; communication with other members and persons working with the Lab is done electronically (Zoom, Teams, etc) or by phone
      iii. The number of people/positions required on campus to complete the function in the given posture – 0
      iv. Which campus buildings the required people/positions will occupy – NA

2. Elevated Risk Posture
   a. Function 1 – Software Development and Technology Support
      i. What is being done - all work is being done remotely
      ii. How it is being done - each member of the Lab is at home, using a computer from home to connect to the University and School systems; communication with other members and persons working with the Lab is done electronically (Zoom, Teams, etc) or by phone
      iii. The number of people/positions required on campus to complete the function in the given posture – 0
      iv. Which campus buildings the required people/positions will occupy – NA

3. Guarded Risk Posture
   a. Function 1 – Software Development and Technology Support
      i. What is being done - employees can choose to work on-site but only if it facilitates their tasks. Everyone will have the option to work remotely.
ii. How it is being done - Employees that choose to work on-site will follow the active and current guidelines set forth by the University and School of Medicine. Member of the Lab who are at home will use a computer from home to connect to the University and School systems; communication with other members and persons working with the Lab is done electronically (Zoom, Teams, etc) or by phone.

iii. The number of people/positions required on campus to complete the function in the given posture – 0 required, up to 7 (maximum) on site in their individual cubicles or offices while maintaining current guidelines.

iv. Which campus buildings the required people/positions will occupy – Scaife Hall, all 7 persons

III. Transitions between Operational Postures

As risk levels decline:
1. Shift from High Risk Posture to Elevated Risk Posture - Staff will be notified by Univ. communications activities in the new posture. No changes are made.
2. Shift from Elevated Risk Posture to Guarded Risk Posture - Staff will be notified by Univ. communications activities in the new posture. We will allow on-site work, if it benefits the task and on the discretion of the employee and his/her/there direct supervisor. Each employee deciding to work on site must inform the Lab’s director before changing work location.

As risk levels increase:
1. Shift from Guarded Risk Posture to Elevated Risk Posture - Staff will be notified by Univ. communications activities in the new posture. We will disallow on-site work, even if it benefits the task. This will be communicated and confirmed by their direct supervisor.
2. Shift from Elevated Risk Posture to High Risk Posture - Staff will be notified by Univ. communications activities in the new posture. No change is necessary, staff will all be working remotely already.

IV. Stakeholder Outreach

1. School of Medicine students, faculty, administration and staff: For students, their primary communication will be via the School learning management website (Navigator) which the students access daily and frequently. For all stakeholder specific changes in or operation will be transmitted via official School email lists.

V. Monitoring and Amendment

The head of each activity area is responsible for monitoring compliance with their activity area plan.

Monitoring of compliance, amending, and communication to and of this plan will be by Dr. James B. McGee (Director, Lab for Educational Technology). Any changes to this plan must be approved by the Senior Vice Chancellor for Health Sciences.
Dean’s Area Business and Administrative Offices

I. Overview

1. Name of Activity Area: School of Medicine Business and Administrative Offices (Offices of Vice Dean, Faculty Affairs, Finance and Administration)
2. Name of Activity Area Lead: Ann E. Thompson, MD
3. Name of individual submitting Activity Area Plan: Katie Rossi
4. Date of submission: 07/31/2020
5. Revision of a previously approved Activity Area Plan? no
6. A brief summary of the most critical pieces of your plan:
   With limited exceptions and individual employee requests, employees in the administrative and business operations areas (Offices of Faculty Affairs, Finance and Administration, and Vice Dean) will work from home for the duration of the COVID-19, regardless of the University’s operating posture.
7. The University of Pittsburgh School of Medicine (UPSOM) is committed to following the Health Standards and Guidelines and Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by the University in carrying out its operations.

II. Functions in Each Operational Posture

1. High Risk Posture
   a. Function: Administrative and business operations
      i. What is being done: Human resources, budget and finance, communications, first professional and graduate program oversight
      ii. How it is being done: Physical offices are closed. All staff will work remote. All in-person meetings will take place virtually via zoom and Microsoft Teams.
      iii. Number of people/positions required on campus: Employees will not be required on campus, with the exception of individual requests and/or essential personnel only. Permission for access must be granted by the Vice Dean for ad hoc access to building to obtain supplies, collect/sort mail and invoices, obtain payroll information, maintain computer equipment, and address other needs that may arise.
      iv. Buildings: Scaife Hall
   b. Function: Administrative and business operations shared spaces (employee lounge, copy rooms, conference rooms)
      i. What is being done: mail, faxes, copying, lunch preparation, in person meetings
      ii. How it is being done: Physical offices are closed. All staff will work remote.
      iii. Number of people/positions required on campus: Employees will not be required on campus, with the exception of individual requests and/or essential personnel only. Permission for access must be granted by the Vice Dean for ad hoc access to building to obtain supplies, collect/sort mail and invoices, obtain payroll information, maintain computer equipment, and address other needs that may arise.
      iv. Buildings: Scaife Hall
2. Elevated Risk Posture
   a. Function: Administrative and business operations
      i. What is being done: Human resources, budget and finance, communications, first professional and graduate program oversight
      ii. How it is being done: Physical offices are closed. All staff will work remote. All in-person meetings will take place virtually via zoom and Microsoft Teams.
      iii. Number of people/positions required on campus: Employees will not be required on campus. 1-2 people, per instance of physical need may be granted by Vice Dean to enter building to obtain supplies, collect/sort mail and invoices, obtain payroll information, maintain computer equipment, and address other needs that may arise.
      iv. Buildings: Scaife Hall
   b. Function: Administrative and business operations shared spaces (employee lounge, copy rooms, conference rooms)
      i. What is being done: mail, faxes, copying, lunch preparation, in person meetings
      ii. How it is being done: Physical offices are closed. All staff will work remote. All in-person meetings will take place virtually via zoom and Microsoft Teams.
      iii. Number of people/positions required on campus: Employees will not be required on campus. 1-2 people, per instance of physical need may be granted by Vice Dean to enter building to obtain supplies, collect/sort mail and invoices, obtain payroll information, maintain computer equipment, and address other needs that may arise.
      iv. Buildings: Scaife Hall

3. Guarded Risk Posture
   a. Function: Administrative and business operations
      v. What is being done: Human resources, budget and finance, communications, first professional and graduate program oversight
      vi. How it is being done: Physical offices are closed. All staff will work remote. All in-person meetings will take place virtually via zoom and Microsoft Teams.
      vii. Number of people/positions required on campus: Employees will not be required on campus. 1-2 people, per instance of physical need may be granted by Vice Dean to enter building to obtain supplies, collect/sort mail and invoices, obtain payroll information, maintain computer equipment, and address other needs that may arise.
      viii. Buildings: Scaife Hall
   b. Function: Administrative and business operations shared spaces (employee lounge, copy rooms, conference rooms)
      i. What is being done: mail, faxes, copying, lunch preparation, in person meetings
ii. How it is being done: Physical offices are closed. All staff will work remote. All in-person meetings will take place virtually via zoom and Microsoft Teams.

iii. Number of people/positions required on campus: Employees will not be required on campus. 1-2 people, per instance of physical need may be granted by Vice Dean to enter building to obtain supplies, collect/sort mail and invoices, obtain payroll information, maintain computer equipment, and address other needs that may arise.

iv. Buildings: Scaife Hall

III. Transitions between Operational Postures

The environmental shifts will not trigger significant changes in the operational functions of the Administrative and Business Office in the UPSOM Dean’s Area. It is anticipated that employees will return to campus at the conclusion of the pandemic. Prior to returning to campus all employees will complete the training modules and comply with the University’s Health and Personnel Standards and Guidelines. They will be notified at least one week in advance of the prospective need to return to campus.

IV. Stakeholder Outreach

Stakeholders of the Administrative and Business Offices include, but are not limited to, University faculty, staff, students, visitors, UPMC leadership and employees. Communication will take place via:

- Informational emails distributed as needed
- Weekly update meetings via Zoom with faculty and staff
- UPSOM Website as needed
- Building signage posted as needed

V. Monitoring and Amendment

Any revisions of this plan will be established by the Vice Dean.
Plan revisions will be sent to the Senior Vice Chancellor for the Health Sciences and John and Gertrude Petersen Dean, School of Medicine
Teaching Activity Area Plan for UPSOM Students: MD/PhD (MS1-2, PhD, MS3-4)

I. Overview

1. Name of Activity Area: teaching of MD, PhD students
2. Name of Activity Area lead: Richard Steinman MD PhD
3. Name of Individual submitting Activity Area Plan: Richard Steinman MD, PhD
4. Date of submission: 7/30/20
5. Revision of a previously approved Activity Area Plan: No
6. A brief summary of the most critical pieces of your plan

MD-PhD students participate in and complete the curriculum of the medical school and obtain their PhD from one of 23 graduate programs at the University of Pittsburgh or Carnegie Mellon University. Their activities at the Pitt campus corresponding to MD training are the same as other medical students and will be subject to the Covid19 posture activities as described for MS1 and MS2 and MS3 and MS4 activities. Similarly, the Covid19 posture activities as described for UPSOM Graduate students will be in place for the MD-PhD students obtaining PhD’s from the University of Pittsburgh during their graduate training. Students completing PhD’s at CMU will be subject to CMU guidelines (https://www.cmu.edu/coronavirus/index.html).

Beyond those scenarios, MD-PhD program includes 3 distinct summer courses, 3 laboratory rotations prior to graduate school, 4 small group courses, a monthly workshop spanning MS1 through MS4 and a longitudinal clinical clerkship undertaken during graduate doctoral training.

During high-risk stages, all MD-PhD area-specific activities are remote. Trainees are offered a menu of remote options to on-site laboratory investigations and the curriculum and faculty-student meetings are conducted remotely (e.g. Zoom).

Summer laboratory rotations are adapted to remote-only activities.

At the elevated-risk stage, large group curriculum will be conducted remotely. Small groups will meet either on a remote basis or for on-site activities that follow University guidelines for limited room occupancy and safety. Laboratory rotations can be conducted on-site in accordance with University safety guidelines on occupancy, spacing, shiftwork and PPE; remote options will remain available. We will continue these measures into the guarded risk stage, increasing room occupancy and use as allowed.
7. A confirmation that the activity area will commit to following the Healthcare Standards and Guidelines and the Personnel Standards and Guidelines

The School of Medicine is committed to following the Health Standards and Guidelines and Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by the University in carrying out its operations. Students will sign attestation documents that show their understanding of and commitment to COVID-related requirements, including personal safety.

II. Functions in each operational posture:

A. High Risk Posture

1. What is being done: All course activities for MD-PhD students will be remote.

   Meetings with faculty Career Advisors will be remote. Longitudinal Clinical Clerkships will be suspended. Summer laboratory rotations will be remote.

2. How it is being done: Classes will be via Zoom.

   Those who have completed partial longitudinal clinical clerkships at onset of high-risk phase will have completion deferred, or will be offered a remote (telemedicine) alternative as available.

   Students scheduled for summer rotations will work with mentors, with program support and guidance, to identify remote writing, data analysis, informatics or other projects related to the planned research theme.

3. The number of people/positions required on campus to complete the function in the given posture: All support staff (2.5 FTE) for this program will work remotely.

4. Which campus buildings the required people/positions will occupy: Remote work only.

   Review and approval of all administrative documents has been converted to electronic methods using DocuSign (e.g. offers of admission, milestones, academic appointments, employee records).

B. Elevated Risk Posture

1. What is being done

   a. Large group instruction (workshops) will continue to be conducted remotely or will be adapted into small group sessions at which 25 people or less, wearing masks are in rooms that accommodate social distancing (e.g. BST 100 or 123, Scaife 1101).

   b. Assessment/testing will remain remote.
c. Summer classes will be conducted remotely.

Small group classes during the SOM academic year will be conducted remotely or in on-site sessions at which 25 people or less, wearing masks are in rooms that accommodate social distancing (e.g. BST 100 or 123, Scaife 1101). Meetings with faculty/Career Advisors in offices will be at distance of 6 feet with masks, no more than 2 people in room, or remote.

d. Longitudinal clinical clerkships will resume: clinical work of student with attending 20 weeks, ½ day per week:

1. Students with clinical responsibilities work in clinical areas, with appropriate Personal Protective Equipment (PPE). Student are required to demonstrate proper PPE use to their supervising attending or resident, who then signs off on a form provided by the School of Medicine

2. Students are not allowed to care for patients with COVID or those suspected of having COVID.

3. Any student who is uncomfortable with being in clinical environment will be excused, with education transitioning to remote.

4. Students are required to complete an educational module which has been developed by the UPMC Wolff Center, as well as sign an attestation that they have fulfilled all COVID-related requirements prior to starting their LCC rotations.

5. No visiting students in the learning environment

6. Any exposed students are removed from the clinical site as per UPMC guidelines and tracked by the School of Medicine. Remote learning has been developed to replace in person learning for extended restrictions from the clinical environment.

e. Summer laboratory rotations will be conducted on-site with adherence to principles and protocols established by the Senior Vice-Chancellor for Research and the School of Medicine.

f. Meetings in the MD-PhD conference room will be limited to 3 participants (students and/or faculty) maximum at a time with sign-up.
2. How it is being done:

a. Small group sessions will be limited to a maximum of 25 participants. No visiting students in
the learning environment. Students who are unable to attend small group sessions can
participate remotely; for selected events, an IT specialist will be present to capture via video the
events occurring in the room. Videos will be live-streamed to remote students. Lectures will be
live-streamed or recordings made available.

b. Appropriate signage relevant to safety and traffic flow will be provided for all rooms.
Facilities management will test all rooms for air flow/exchange prior to the start of class. Only
those rooms meeting or exceeding minimum standards will be used. Seats will be marked with
tape to ensure proper physical distancing.

c. MSTP Conference room usage: Room will be limited to 3 people at a time with coded entry.
Disinfecting agents will be available in the room and wipes outside. We will make the
disinfection a user-based responsibility. Signage will direct students to use wipes to disinfect
handle and keypad and open the door and to disinfect their work area prior to use. The wipes
will be a provided by Facilities Management and is a system that allows us to produce our own
wipes using a wipe bucket. We expect to replenish these wipes at least twice per week

d. Remote instruction will be by Zoom. All accommodations arranged through Disability
Resources and Services will remain in effect for remote learning.

e. Longitudinal clinical clerkships: clinical work of student with attending 20 weeks, ½ day per
week:

• Upon arrival to hospital facility, student is screened for symptoms, checked for fever and is
given a mask.

• Physical distancing is maintained 6 feet apart. Eating occurs in shifts so that no two people
are unmasked in the same space at the same time.

• Clinic rooms and hospital rooms are sanitized in between patients.

• Students are taught the proper use of PPE and observed donning and doffing.

g. Summer laboratory rotations: students will participate subject to the density requirements as
established by Senior Vice-Chancellor for Research and the School of Medicine. This may
require shifts in the laboratory or alternating days of on-site experimentation. Students are
expected to be familiar with all safety and cleaning procedures to avoid infection and to
maintain 6 foot distance as feasible, with masking and other appropriate PPE. All screening to
enter laboratory areas will be adhered to. Any required interactions less than 6 feet extending
beyond 15 minutes will have contact logged and time in the laboratory or any Covid symptoms or exposure will be logged per institutional guidance.

3. The number of people/positions required on campus to complete the function in the given posture:
   a. For on-site classes, an Administrator or faculty will be present
   b. For Longitudinal Clinical Clerkships, no more than 4 people in a room, 6 feet apart, wearing masks
   c. For individual meetings with Faculty or Career Advisors, no more than 2 people in a room, 6 feet apart, wearing masks

4. Which campus buildings the required people/positions will occupy:
   a. For on-site classes, Scaife Hall, Biomedical Science Tower
   b. For Longitudinal Clinical Clerkships, UPMC Hospitals and Clinic sites, as well as the VA and other community sites as indicated
   c. Laboratory/Research sites include Scaife Hall, Presbyterian Hospital, WPIC, Starzl BST, Eye & Ear Hosp/BST2, BST 3, Hillman Cancer Institute, Rangos Research Center, Magee-Womens Research Institute, Bridgeside Point, The Offices at Baum, and the Parkvale Building

C. Guarded Risk Posture

1. What is being done: Activities as described under “Elevated Risk Posture”

Large group meetings will be considered for resumption if appropriate rooms enabling spacing as described above are available.

2. How it is being done: All course activities will follow University guidelines for the number of people allowed to gather in a large lecture hall, lab or small group room. Safety procedures regarding individuals and their spacing will be the same as described above.
II. MD-PhD Administration Activity Area Plan

I. Overview
1. Name of Activity Area-MD-PhD Program
2. Name of Activity Area lead: Richard Steinman MD, PhD
3. Name of Individual submitting Activity Area Plan: Richard Steinman MD, PhD
4. Date of submission: 7/20/20
5. Revision of a previously approved Activity Area Plan: No
6. A brief summary of the most critical pieces of your plan

MD-PhD Staff consists of an Administrative Director, an Admin III, and an Admin II.
In the high-risk posture, all work is done remotely. In the Elevated Risk and Guarded Risk
scenario, most work is done remotely, with on-site administrative/staff support in association with
specific scheduled events or administrative tasks unable to be performed remotely.

7. A confirmation that the activity area will commit to following the Healthcare Standards and
Guidelines and the Personnel Standards and Guidelines

The School of Medicine is committed to following the Health Standards and Guidelines and
Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by
the University in carrying out its operations.

II. Functions in each operational posture:

A. High Risk Posture
1. What is being done: Activities will be done remotely.

2. How it is being done: If a staff member needs to come in on an ad-hoc basis, face coverings and
   physical distancing of at least 6 feet will be required. Disinfecting agents will be available in the
   main hallway, each office, and each cubicle.

3. The number of people/positions required on campus to complete the function in the given
   posture: 0-1

4. Which campus buildings the required people/positions will occupy: M246 Scaife Hall
   M213 (Associate Dean)
B. Elevated Risk and Guarded Risk Posture

1. What is being done: 1-3 staff members will be in the office on a rotating basis.

2. How it is being done: Face coverings and physical distancing of at least 6 feet will be required. Disinfecting agents will be available in the main hallway, each office, and each cubicle. Arranged seating at any event involving staff will ensure that staff can operate at 6 foot distance from contact; individuals including staff will be masked. As needed accommodations will be put in place to facilitate safe participation and passage of a staff-person with visual impairment.

Any staff person who is not comfortable working on-site will be offered a remote work option; as needed tasks will be adjusted between staff to enable this.

3. The number of people/positions required on campus to complete the function in the given posture: 1-2

4. Which campus buildings the required people/positions will occupy: M246 Scaife, M213 Scaife

III. Transitions between Operational Postures: Instruction and Administration

Dr. Steinman is in regular contact with the other Associate Deans at the SOM along with his 2 Pitt and 1 CMU co-Director is in regular contact with liaisons from associated graduate programs at Pitt and CMU. Transitions between the risk postures will be coordinated in a coherent manner with other Activity Centers through these mechanisms. Communications will also indicate the personnel impact of the change (i.e. staff will work remotely in high risk posture, but have some in-person presence in elevated and guarded risk postures). When needed Dr. Steinman will obtain further guidance from Dean Shekhar, Vice Dean Thompson and the Senior Vice-Chancellor Rutenbar.

IV. Stakeholder Outreach

The MD-PhD program maintains regular outreach to all of its students through email lists, monthly pan-student Zoom meetings, topical Town Halls and a student committee structure whose concerns are discussed monthly in meetings of Program leadership with 2 student representatives. The MD-PhD program has held required virtual program-wide workshops on resiliency with its 95 students and has supported 3 meetings of the G1 class with executive coaches to address challenges associated with the pandemic. An annual program-wide survey now queries the impact of the pandemic.

(e.g. •Changes to my home life due to the COVID-19 pandemic have greatly impacted my ability to work. (Likert) •The COVID-19 pandemic has impacted my ability to conduct research. •Compared to this time last year, how has the quality of your mentoring relationship changed? •Since the COVID-19 pandemic began, what has changed for you? (drop-down)).
Our email lists enable rapid communication of information to all student and faculty stakeholders in the program. Additionally, we coordinate with the School of Medicine admissions office on changes associated with remote review of program applications and will be providing guidance to all applicant interviewers for our program on optimizing logistics and fairness in remote interviews.

V. Monitoring and Amendment

Associate Dean Steinman, together with Vice-Dean Thompson and Dean Shekhar will be responsible for monitoring this plan, amending it as needed and assuring compliance. Any changes to this plan must be approved by the Senior Vice Chancellor for Health Sciences.
I. Overview

1. Name of Activity Area: PhD, Masters and Certificate students registered in SOM Programs
2. Name of Activity Area lead: John P. Horn, PhD
3. Name of Individual submitting Activity Area Plan: John P. Horn, PhD
4. Date of submission: 7/30/20
5. Revision of a previously approved Activity Area Plan: No
6. A brief summary of the most critical pieces of your plan

The School of Medicine (SOM) operates 11 PhD granting programs, 5 Masters granting programs and 4 Certificate programs. First and second year PhD students, and Masters and Certificate students normally spend a substantial portion of their time in classroom activities. To facilitate continual communication with the programs during the COVID-19 pandemic, Dr. Horn holds weekly updates with the SOM Graduate Council (Mondays at 1-2 PM), which consists of all the program directors. These meetings are currently held either online using ZOOM or in some weeks through a weekly update memo. To facilitate communications with the Provost’s office, Dr. Horn attends weekly meetings with Dr. Amanda Godley, the Associate Vice-Provost for Graduate Studies (Wednesday at 4:45-6 PM) on Zoom. The Vice-Provost meetings include representatives from all Schools in the University of Pittsburgh.

During high risk posture, our plans for SOM Graduate programs begin with a completely remote curriculum. Those activities that normally require person-to-person contact, such as classes, milestone exams, laboratory rotations and dissertation research will be held virtually, with modifications as needed, until such time as they can safely resume in-person. During high risk posture the principal modification will be to rely on Zoom-type meetings to supervise research-related activities at home (e.g. data analysis, literature reviews, manuscript preparation). At this time, review and approval of all administrative documents has been converted to electronic methods using DocuSign (e.g. offers of admission, milestones, academic appointments, employee records).

At the elevated risk stage, we will transition to increased on-site activities following University guidelines that limit room occupancy to protect safety. Laboratory-based training and other forms of experiential learning will follow University guidelines established for the safe restart and resumption of research.

We will continue the aforementioned measures into the guarded risk stage, but with adjustments, as allowed, to increase room occupancy and use of classrooms and laboratories.

Classroom instruction will be guided by Flex@Pitt principles. Except for one summer course, SOM graduate programs do not have access to classrooms in Scaife Hall. Instead classes are taught in rooms managed by the Registrar (e.g. Victoria Hall, Lawrence Hall, etc.), UPMC (e.g. Starzl BST, Hillman Cancer Institute, WPIC, Rangos Research Institute, McGee-
Womens Research Institute) and private rental agreements (e.g. Bridgeside Point II, The Offices at Baum, Parkvale Bldg). Consequently, SOM graduate classes will follow guidance for safe use of classrooms, based on standards established by authorities that govern each site.

Laboratory Research and other forms of experiential learning will adhere to principles and protocols established by the Senior Vice-Chancellor for Research and the School of Medicine. Laboratory/Research sites include Scaife Hall, Presbyterian Hospital, WPIC, Starzl BST, Eye & Ear Hosp/BST2, BST 3, Hillman Cancer Institute, Rangos Research Center, Magee-Womens Research Institute, Brideside Point, The Offices at Baum, and the Parkvale Building.

Graduate training programs in the School of Medicine are committed to following the Health Standards and Guidelines, and the Personnel Standards and Guidelines, as well as all other Standards and Guidelines set forth by the University in carrying out its operations. Students will sign attestation documents that show their understanding of and commitment to COVID-related requirements, including personal safety.

II. Functions in each operational posture: Instruction

A. High Risk Posture

1. What is being done: All activities for SOM graduate courses and research will be done remotely, including small group breakout conferences, milestone examinations and testing/assessment. Experiential Training such as laboratory experiments will be suspended as specified by the University.

2. How it is being done: When a student needs to meet with a mentor or spend time in a laboratory for essential functions, they will follow the University’s health and safety guidelines. Face coverings and physical distancing of at least 6 feet will be required.

3. The number of people/positions required on campus to complete the function in the given posture: 1-2 staff members of the Office of Graduate Studies will come into the Scaife Hall approximately once a week to obtain electronic devices or deliver books and electronic devises to selected students or faculty. All individuals will use PPE with all safe distancing precautions. Program coordinators embedded within departments will work remotely.

4. Which campus buildings the required people/positions will occupy: Scaife Hall and other buildings used for teaching and research (see section I).

B. Elevated Risk Posture

1. What is being done
   a. Lectures and conferences will be held in classrooms located throughout the University (see section I) with appropriate maximum group sizes.
   b. Experiential training will resume in accordance with guidance governing research laboratory usage and teaching laboratories (e.g. gross anatomy in the Biomedical Masters program).
   c. Milestone examinations and assessment/testing will remain remote.
d. Individual meetings between 2-5 students and/or faculty members in small group rooms in research areas (e.g. 1095 -1695 Starzl BST) when physical distancing can be maintained.

2. How it is being done:
   a. Appropriate signage relevant to safety and traffic flow will be posted for all rooms by those who manage the space. We expect that facilities management will test all rooms for air flow/exchange prior to the start of classes. Only those rooms meeting or exceeding minimum standards will be used.
   b. For classes that require interactive Flex@Pitt streaming to remote students, we will rely on technology upgrades being installed by CSSD in coordination with the Provost.
   c. Classroom and other gatherings will be limited to 25 people or less. Face coverings and physical distancing of at least 6 feet will be required. Seats will be marked as not for use to ensure proper physical distancing. Disinfecting agents will be available.

C. Guarded Risk Posture
   1. What is being done: Activities described under “Elevated Risk Posture”. This will allow for University-prescribed higher densities of students in classrooms and laboratories.
   2. How it is being done: All course activities will follow University guidelines for the number of people allowed to gather in a large lecture hall, laboratory, seminar room or small group room. Safety procedures regarding individuals and their spacing will be the same as described above.
Graduate Activity Area Plan: Administration

I. Overview of Administration

1. Name of Activity Area: Office of Graduate Studies
2. Name of Activity Area lead: John P. Horn, PhD
3. Name of Individual submitting Activity Area Plan: John P. Horn, PhD
4. Date of submission: 7/30/20
5. Revision of a previously approved Activity Area Plan: No
6. A brief summary of the most critical pieces of your plan

Graduate programs are administered by staff in the Dean’s Office of Graduate Studies and by program directors embedded in academic departments. Staff will be encouraged to work remotely where possible. When staff are needed for in-person activities, we will give them the choice as to whether or not they feel comfortable coming to support that activity, allowing for individual decision-making and following HR guidance. All in-person activities, when possible, will abide by appropriate physical distancing and protective equipment. When our posture is elevated or guarded risk, at least one staff member will be present in the OMED suite at all times.

At this time, we are planning for recruitment and admissions of graduate students for the 2021-2022. In the 2020 summer and fall terms, recruiting that often involve travel to graduate fairs at meetings and Universities will be replaced by virtual events – the transition has already begun. In PhD programs, top applicants are usually invited for campus interviews in January – March. Given current conditions, we are planning to develop a system of online remote interviews. Although not ideal, we do not anticipate a change in this strategy, even if the risk posture improves in the next 6 months. We will resume in person recruiting and admission interviews when the risk posture improves to the point that permits air travel and large gatherings of 40 to 50 people.

The graduate office will act as a clearing house with programs as questions arise as to the advisability or permissibility of specific training activities.

7. A confirmation that the activity area will commit to following the Healthcare Standards and Guidelines and the Personnel Standards and Guidelines

The Office of Graduate Studies will follow all appropriate guidelines and standards.

II. Functions in each operational posture: Administration

A. High Risk Posture

1. What is being done: Activities will be done remotely.
2. How it is being done: If rare instances when a staff member must come in, face coverings and physical distancing of at least 6 feet will be required. Disinfecting agents will be available in the graduate office, and each workstation.
3. The number of people/positions required on campus to complete the function in the given posture: none
4. Which campus buildings the required people/positions will occupy: Scaife, M240 offices (1 Associate Dean and 8 staff members).

B. Elevated Risk and Guarded Risk Posture
   1. What is being done: 1-3 staff members will be in the office on a rotating basis.
   2. How it is being done: Face coverings and physical distancing of at least 6 feet will be required. Disinfecting agents will be available in the main hallway, each office, and each cubicle.
   3. The number of people/positions required on campus to complete the function in the given posture: 1-3
   4. Which campus buildings the required people/positions will occupy: M240 Scaife

Number of people/positions required on campus- 1 Associate Dean, 8 staff members and 1 student worker currently work in the graduate office. During Elevated and Guarded risk postures, most members of the graduate office will continue to work remotely. As the risk posture improves, we will arrange for a 1 to 3 people to work in the office on a rotating basis. The goal will be to maintain safety while optimizing operational performance. Program coordinators embedded in academic departments will work with departments to arrange work schedules. We anticipate most of these individuals will continue to work remotely until the risk posture enters the guarded stage or better.

III. Transitions between Operational Postures: Instruction and Administration

As mentioned in Section I, Dr. Horn meets weekly with the SOM graduate program directors and with Vice-Provost Godley. Transitions between the risk postures will be coordinated through these mechanisms. When needed Dr. Horn will obtain further guidance from Dean Shekhar, Vice Dean Thompson and the Senior Vice-Chancellor Rutenbar. We will ask programs to submit changes in instructional and research activity associated with each shift, for rapid review and approval prior to implementation.

IV. Stakeholder Outreach

In addition to program directors, the students, training faculty and program coordinators are key stakeholders. We have email lists for all these groups that permit rapid communication of new information. In addition, the graduate office staff will continue to serve as a continuing source of support and advice. We will post important new resources on the school’s SOMGRAD.Pitt.edu website. During the pandemic, Dr. Horn conducts a daily staff meeting to share information and discuss questions from stakeholders. These efforts are leveraged with the goal of creating unified dissemination of information and collecting feedback from stakeholders.

In addition to outreach efforts, the graduate office is conducting climate surveys of PhD students and training faculty, which closes on July 31, 2020. The surveys include questions on disruptions caused by the pandemic. In the 2020 Fall term we plan to hold town hall
meetings with students regarding the pandemic and also on issues of mentoring and career planning during this most unusual time.

V. Monitoring and Amendment

Associate Dean Horn, together with Vice-Dean Thompson and Dean Shekhar will be responsible for monitoring this plan, amending it as needed and assuring compliance. Any changes to this plan must be approved by the Senior Vice Chancellor for Health Sciences.