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

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

3 | WHAT LESSONS WERE LEARNED?

There were 67 students who participated in this experience. One challenge encountered was the varying degree of success with patients answering calls. To address this, faculty preceptors had to keep a longer roster of patients for callbacks. Students have provided overwhelmingly positive feedback. Students felt engaged and valued the help they provided to the ED during the COVID-19 pandemic. Students appreciated the breadth of chief complaints treated in the ED and also valued the opportunity to work through clinical reasoning with the supervising faculty preceptor. Patients were grateful for the follow-up. Faculty preceptors who completed the virtual follow-ups also appreciated the ability to continue to teach students clinically, one-on-one, in a virtual setting that supported learning.

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

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1 | WHAT PROBLEMS WERE ADDRESSED?

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

2 | WHAT WAS TRIED?

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

3 | WHAT LESSONS WERE LEARNED?

By directly linking UNMC CoRe to the university’s crisis mitigation efforts, we established a defined means of utilising institutional resources. Applications of this integration included a media relations collaboration to produce instructional videos on mask sewing,
a finance department partnership to create a portal for tax-deductible donations, and access to information technology licenses for volunteer management and communication. These institutional links facilitated our support of systems-level needs and granted administrators a streamlined connection to a previously decentralised volunteer network.

Although many student organisations operate independently of their universities, members of these grassroots initiatives can often be identified by their common academic institution and may inadvertently create legal vulnerabilities for themselves and their institutions. Integrating UNMC CoRe into the ICS chain of command provided greater legal protection to our volunteers. For example, student leaders gained insight into critical language for volunteer release forms by working with university risk management services. This coordination also ensured that volunteers employed proper precautions when providing child care for health care workers.

Finally, the ICS framework facilitated multidisciplinary collaboration. Academic health centres often consist of multiple independent professional schools, which contributes to siloed volunteer structures designed by and for specific health professions. Consolidating within the ICS framework helped our organisation to galvanise a campus-wide, interprofessional effort with a diverse volunteer pool.

Our fundamental reflection is that the formal pairing of learner-led initiatives with institutional resources fosters innovation from students and academic health centre leaders alike. In the coming months, we intend to formally assess qualitative outcomes derived by student volunteers. The integration of UNMC CoRe into the UNMC ICS structure sets an important precedent for the formal consideration of student-led initiatives within institutional emergency preparedness and response efforts.

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**Academic coaching of medical students during the COVID-19 pandemic**

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1 | WHAT PROBLEMS WERE ADDRESSED?

The social distancing measures put in place as a result of the coronavirus disease 2019 (COVID-19) pandemic have required many medical schools to adapt existing on-site medical education activities to delivery via online platforms. The sudden switch to a new, unfamiliar model of learning has led to additional challenges for students. We observed that students requiring academic support often had ineffective learning strategies, poor motivation and suboptimal communication skills, all of which were magnified by the imposition of home-based learning. We therefore established a virtual academic coaching programme to engage these students and to address specific challenges that arose from an adapted education programme.

2 | WHAT WAS TRIED?

We adopted master adaptive learning (MAL) as the conceptual framework for our coaching programme to enhance students' capabilities as adaptive learners.¹ The framework, which consists of the four phases of Planning, Learning, Assessing and Adjusting, is embedded within the programme.

The initiative involves a team of core teaching faculty staff and two academic coaches. In this system: (a) academic coaches undertake real-time tracking and analysis of students’ academic performance and update core faculty staff; (b) appropriate faculty members address content-specific matters; (c) academic coaches concurrently target students' individual study habits and learning