College of Medicine and Health Sciences, Sohar

Quality Assurance Procedure Document

Academic Continuity and Crisis Mitigation Procedure
(CoMHS Education Continuity Contingency Plan - CECCP)

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Document Information

Name of document	Academic Continuity and Crisis Mitigation Procedure (CoMHS Education Continuity Contingency Plan - CECCP)
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Description	This procedure document outlines the College of Medicine and Health Sciences (CoMHS) Education Continuity Contingency Plan (CECCP), aligned with the National University of Science and Technology's (NU) overarching Crisis Management Procedures.
Procedure/Guideline applies to	Name of the college ☒ Name of the department ☐ Whole of NU ☐
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1. Abbreviations and Definitions

Table 1: Table of Abbreviations/Definitions	
Abbreviation	Explanation
CoMHS / College	College of Medicine and Health Sciences
CB	College Board
NU / University	National University of Science and Technology
MD	Doctor of Medicine programme
MLS	B S Medical Laboratory Sciences programme
WFME	World Federation for Medical Education
AMEE	International Association for Health Professions Education
LMS	Learning Management System
MoE	Ministry of Education
COVID-19	Coronavirus Disease 2019
IT	Information Technology
HSE	Health, Safety and Environment

2. Introduction

The COVID-19 pandemic underscored the importance of preparedness in ensuring the continuity of education and CoMHS recognized the need for robust guidelines to facilitate uninterrupted teaching and learning process during any unprecedented times.

In the context of the Sultanate of Oman's higher education regulatory landscape, academic continuity at the College of Medicine and Health Sciences (CoMHS) is considered a core pillar of institutional quality assurance and risk management. This strategic reconfiguration examines the structural hierarchy of crisis authority, the strategic deployment of instructional modalities across MD/MLS levels, and the pedagogical underpinnings of online/digital assessment.

The CECCP is aligned with the WFME Global Standards for Quality Improvement in Medical Education (2015). This framework is also informed by relevant AMEE Guides that address clinical competence through simulation, case-based learning, and structured online assessment specifically during disruptions.

3. Purpose

The purpose of this document is to establish a structured and standardized framework, and robust protocol for CoMHS to maintain academic integrity, student safety, and clinical competency in the face of national or regional disruptions.

4. Scope

This framework and its implementation are applicable to all internal and external stakeholders of CoMHS, primarily to CoMHS students, faculty, affiliated hospital faculty and staff members along with the supporting members from IT, Library, QA, Laboratory and Counseling Units.

5. Key Components of the Mitigation Procedure

a) Governance, Authority, and the Hierarchy of Crisis Declaration:

The declaration of major crises remains under the jurisdiction of national authorities, including the Ministry of Education (MoE) and the Cabinet. Institutional responses, however, are implemented through the established university hierarchy, and local interpretations of risk do not constitute an official crisis unless formally communicated through these channels.

b) Refined Crisis Levels and Tiered Response Framework

The transition from standard on-campus operations to crisis-mode instruction must be managed through a tiered response system that minimizes academic disruption. The CECCP framework adopts three-level classification system established by NU, which triggers specific actions for lectures, practical/clinical rotations, and assessments.

c) Academic Continuity: The "Digital Twin" and Preparedness Strategy

The ability to pivot rapidly between crisis levels depends on the concept of preparedness during normal operational periods. Refined CoMHS policies mandate that every course must maintain a "Digital Twin" on the LMS. This digital duplicate of the curriculum ensures that the college is never caught off-guard by a sudden shift from Level 1 to Level 3.

d) Mitigation Strategies across MD1 through MD6 Years

The MD program's progression from foundational sciences to clinical clerkships requires a detailed approach to crisis mitigation. The CECCP identifies specific strategies for each level, ensuring that the developmental needs of students are met despite environmental constraints.

e) Online Assessment Strategies: Ensuring the Integrity, Validity, and Reliability

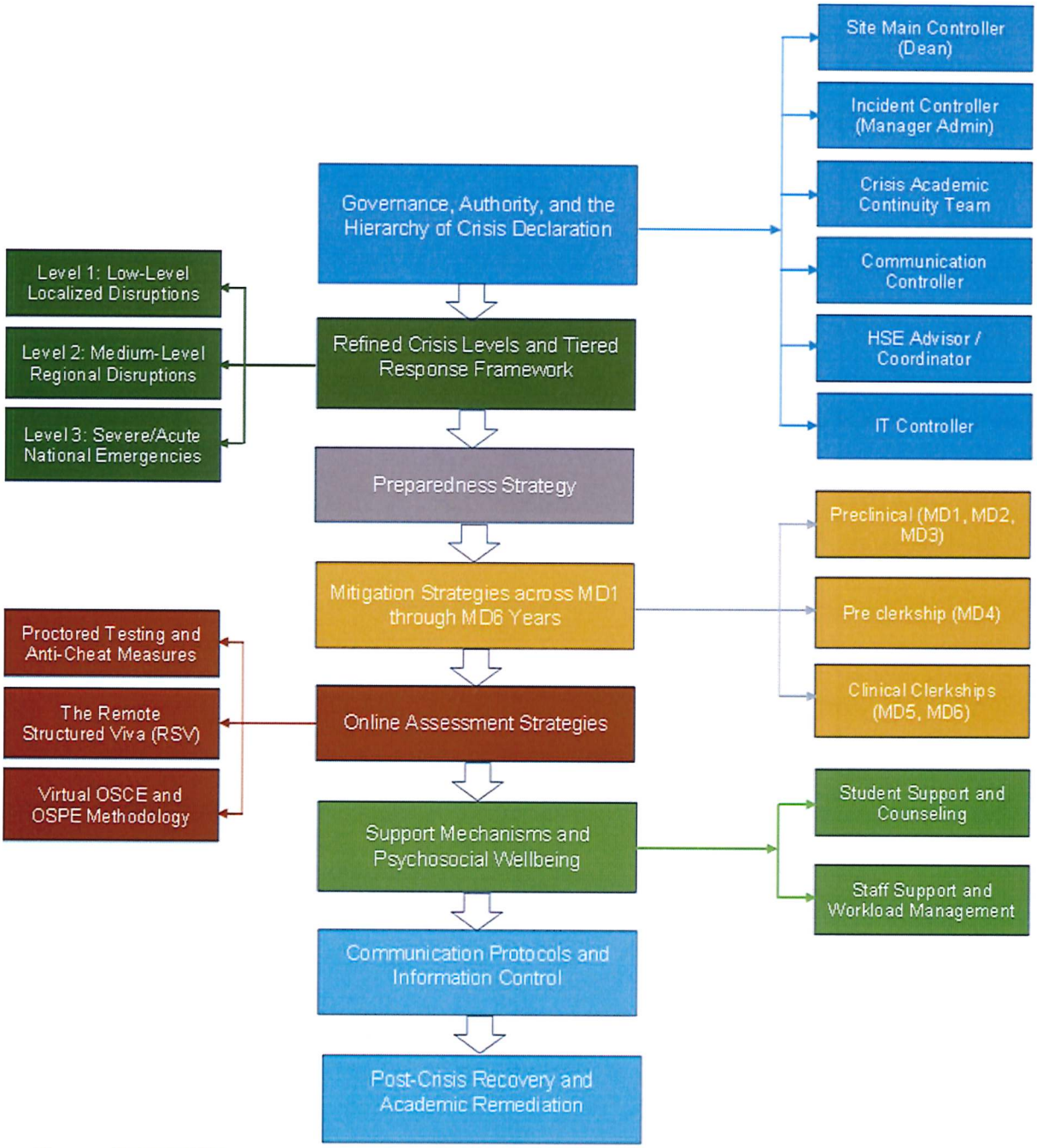
The MD program's progression from foundational sciences to clinical clerkships requires a detailed approach to crisis mitigation. The CECCP identifies specific strategies for each level, ensuring that the developmental needs of students are met despite environmental constraints.

f) Support Mechanisms and Psychosocial Wellbeing

g) Communication Protocols and Information Control

h) Post-Crisis Recovery and Academic Remediation

6. Process Flow of the Mitigation Procedure



7. Appendix

I. Detailed Procedural Steps:
Academic Continuity and Crisis Mitigation Procedure: CoMHS Education Continuity Contingency Plan (CECCP)

Appendix I

Detailed Procedural Steps: Academic Continuity and Crisis Mitigation Procedure: CoMHS Education Continuity Contingency Plan (CECCP)

This document outlines the College of Medicine and Health Sciences (CoMHS) Education Continuity Contingency Plan (CECCP), aligned with the National University of Science and Technology's (NU) overarching Crisis Management Procedures.

In the context of the Sultanate of Oman's higher education regulatory landscape, academic continuity is considered a core pillar of institutional quality assurance and risk management. This strategic reconfiguration examines the structural hierarchy of crisis authority, the strategic deployment of instructional modalities across MD levels, and the pedagogical underpinnings of online/digital assessment.

The CECCP is aligned with the WFME Global Standards for Quality Improvement in Medical Education (2015). This framework is also informed by relevant AMEE Guides that address clinical competence through simulation, case-based learning, and structured online assessment specifically during disruptions.

By synthesizing institutional directives with global best practices in medical education, this framework establishes a robust protocol for maintaining academic integrity, student safety, and clinical competency in the face of national or regional disruptions.

Governance, Authority, and the Hierarchy of Crisis Declaration

Effective crisis mitigation at CoMHS is grounded in a clearly defined chain of command and adherence to established governance structures. In line with the NU Crisis Management Procedures, the university recognizes a moral, legal, and economic responsibility to contain emergencies and minimize risks to human safety, operational continuity, and institutional assets. The declaration of major crises remains under the jurisdiction of national authorities, including the Ministry of Education (MoE) and the Cabinet. Institutional responses, however, are implemented through the established university hierarchy, and local interpretations of risk do not constitute an official crisis unless formally communicated through these channels.

The governance structure for crisis response is bifurcated into site-level management and academic-specific continuity. The Site Main Controller (SMC), a role held by the Dean of CoMHS, assumes overall responsibility for the campus and its personnel, including the decision to evacuate or suspend in-person operations. Supporting the SMC is the Incident Controller (IC), typically the Manager of College Administration, who coordinates the Crisis Management Group (CMG). The CMG is a multi-disciplinary team comprising administration staff, IT specialists, Student Affairs, transport coordinators, and fire wardens, tasked with the immediate handling of the crisis and resource deployment.

For academic matters, the CoMHS Crisis Academic Continuity Team (CACT) serves as the primary governing body. Chaired by the Dean, this team includes Associate Deans for Academic and Clinical affairs along with nominated faculty members, representatives from the Medical Education Unit (MEU), Office of the Student Affairs and IT departments. The CACT is responsible for interpreting central NU directives, approving shifts in instructional modalities, and ensuring that all communication with students and faculty is consistent and officially sanctioned. This alignment prevents conflicting messages from different units/departments and ensures that the college operates as a unified entity during disruptions.

Table 1: Crisis Governance Structure and Designated Roles:

Role (Designated Official)	Primary Crisis Responsibility	Strategic Alternative
Site Main Controller (Dean)	Assess magnitude, declare emergency, and liaise with NU Directors.	Deputy Dean / Assistant Dean
Incident Controller (Manager Admin)	Coordinate CMG actions, arrange emergency meetings, and manage logistics.	Deputy Manager Administration
Crisis Academic Continuity Team	Approve modality shifts, monitor learning outcomes, and manage CACT.	Heads of Departments & MEU
Communication Controller	Manage internal/external messaging and monitor press/media coverage.	Student Affairs Manager
HSE Advisor / Coordinator	Advise SMC on situation magnitude and coordinate emergency services.	HSE Officer
IT Controller	Ensure security of information services, LMS stability, and data backup.	Senior IT Technician

The strategic implications of this structure are significant. By centralizing the declaration of crisis levels but decentralizing the execution of academic continuity, CoMHS ensures that the pedagogical needs of medical students are not overlooked in the broader context of campus safety. Furthermore, the inclusion of a Student Representative on the CACT can facilitate a feedback loop and helps in identifying localized disruptions that may affect specific cohorts.

Refined Crisis Levels and Tiered Response Framework

The transition from standard on-campus operations to crisis-mode instruction must be managed through a tiered response system that minimizes academic disruption. The refined CECCP adopts the three-level classification system established by NU, which triggers specific actions for lectures, practical/clinical rotations, and assessments.

Level 1: Low-Level Localized Disruptions

Level 1 disruptions are characterized by localized events, such as minor weather incidents or transport failures that do not necessitate a full campus closure. In this scenario, the campus remains open, but the college implements proactive measures to support affected individuals. Faculty are encouraged to use hybrid delivery models combining onsite instruction with synchronous online participation for students who cannot physically reach the campus. A critical mandate at Level 1 is the immediate upload of all course materials, including syllabi, slides, and recorded lectures, to the Learning Management System (LMS). This ensures that even minor disruptions do not result in a loss of academic progress.

Level 2: Medium-Level Regional Disruptions

Level 2 crises involve regional disruptions, such as localized health alerts or significant infrastructure damage, which partially restrict physical attendance. Upon activation of Level 2, the CACT decides which specific courses or cohorts should shift to blended learning. This modality combines onsite practical sessions with synchronous and asynchronous online sessions. For theoretical components, the college prioritizes Microsoft Teams for live lectures to maintain the scheduled timetable and student engagement. Essential materials must be accessible via Blackboard, and faculty must identify all learning outcomes that can be met through alternative activities like virtual simulations or case-based discussions.

Level 3: Severe/Acute National Emergencies

Level 3 represents national emergencies, such as pandemics or catastrophic natural disasters, resulting in total campus closure and full restriction of physical attendance. In this acute phase, CoMHS moves all instruction to remote delivery using university-approved platforms. Clinical and psychomotor skills sessions, which are the hallmark of medical training, must be replaced with virtual simulations, and Online Case-Based Learning (CBL). The objective here is not to replicate the hospital environment perfectly but to maintain the cognitive processes such as clinical reasoning and differential diagnosis until physical rotations can safely resume. Any learning gaps that occur during Level 3 must be meticulously logged for later remediation during the post-crisis recovery phase.

Table 2: Tiered Operational Response and Instructional Modalities

Crisis Level	Operational Status	Instructional Modality	Primary Platforms
Level 1 (Low)	Campus Open	On-site with Localized Hybrid	LMS (Blackboard)
Level 2 (Medium)	Restricted Access	Blended / Hybrid Learning	MS Teams / LMS
Level 3 (Severe)	Campus Closed	Full Remote / DSL / Virtual	MS Teams / BB / Virtual Sim

This tiered approach moves away from a "one-size-fits-all" approach, allowing the college to scale its response based on the severity of the threat. It also emphasizes the importance of the university's digital infrastructure as the primary vehicle for academic continuity.

Academic Continuity: The "Digital Twin" and Preparedness Strategy

The ability to pivot rapidly between crisis levels depends on the concept of preparedness during normal operational periods. Refined CoMHS policies mandate that every course must maintain a **"Digital Twin" on the LMS. This digital duplicate of the curriculum ensures that the college is never** caught off-guard by a sudden shift from Level 1 to Level 3. A digital twin is not merely a repository of slides; it is a structured environment containing course outlines, weekly learning resources, assessment rubrics, and interactive modules designed for remote engagement.

Each Course Coordinator is responsible for maintaining a Course Level Continuity Plan. This plan identifies priority learning outcomes that must be safeguarded during a crisis and defines alternative teaching and assessment strategies. For instance, if a lecture-heavy module is disrupted, the plan may trigger a shift to pre-recorded presentations combined with live Q&A sessions on Microsoft Teams. If a practical session is affected, the plan identifies whether a virtual lab or a video demonstration is an acceptable temporary substitute.

Furthermore, IT infrastructure readiness is an important component of academic continuity. IT department must verify that Blackboard and Microsoft Teams can handle the full remote concurrent load of the entire student body. This proactive testing prevents technical failures during high-stakes instructional or assessment periods, which are a major source of student stress during crises.

Mitigation Strategies across MD1 through MD6 Years

The MD program's progression from foundational sciences to clinical clerkships requires a detailed approach to crisis mitigation. The CECCP identifies specific strategies for each level, ensuring that the developmental needs of students are met despite environmental constraints.

Preclinical (MD1, MD2, MD3)

In the preclinical years, the primary academic objective is the mastery of the biomedical sciences. During Level 1 and 2 disruptions, the strategy emphasizes on-campus practical sessions, as they focus on foundational psychomotor skills. However, when Level 3 is activated, the college transitions to fully synchronous and asynchronous Directed Self-Learning (DSL). This involves providing students with structured modules, pre-small group discussion worksheets, and facilitated online sessions to guide their learning. Laboratories which are central to MD1-MD3, will utilize virtual simulations and high-resolution digital specimens. Assessments in these years shift to online proctored examinations or extended take-home assignments. The focus is on ensuring that students develop the necessary theoretical foundation to progress to clinical years without delays.

Pre clerkship (MD4)

MD4 serves as the bridge between theory and practice, introducing students to healthcare facilities and simulation labs. During Level 2 disruptions, students continue these rotations with enhanced safety protocols. However, at Level 3, the training moves to Virtual Simulation. This may warrant inclusion and the use of platforms (E.g.: Body Interact) where students manage virtual patients in simulated emergency or clinic settings. The goal is to maintain the student's exposure to clinical scenarios while the campus and Healthcare Facilities (HCFs) are restricted.

Clinical Clerkships (MD5, MD6)

The clinical years represent the most complex challenge for crisis mitigation, as learning is predominantly workplace-based. At Level 2, students remain in HCFs, but theoretical instruction moves to a hybrid format. In Severe/Acute crises (Level 3), where HCF access is restricted, the college pivots to Online Case-Based Learning (CBL). These cases are designed to be multifactorial and complex, simulating cardiorespiratory or other medical emergencies to challenge the student's clinical reasoning and prioritization. Professional standards are upheld through the use of Virtual OSCEs and Remote Structured Viva. These virtual assessments ensure that graduating MD6 students are competent in communication, history-taking, and clinical decision-making.

Table 3: Year wise consolidated overview of Instruction and Assessment across each year of study

MD Year	Normal	Low	Medium	Severe
MD1	• **Lectures/SGDs**	**Normal***	• **Hybrid**	• **Online/ DSL**
	• Practical/Clinical		• On campus	• Virtual lab/postpone
	• Assessments		• On campus	• Online proctored exams/ Virtual OSPE/ Postpone to recovery phase
MD2	• Lectures/SGDs	Normal*	• Hybrid	• Online/ DSL
	• Practical/Clinical		• On campus	• Virtual/postpone
	• Assessments		• On campus	• Online proctored exams/ Virtual OSPE/ Postpone to recovery phase
MD3	• Lectures/SGDs	Normal*	• Hybrid	• Online/ DSL
	• Practical/Clinical		• On campus	• Virtual/postpone
	• Assessments		• On campus	• Online proctored exams/ Virtual OSPE/ Postpone to recovery phase
MD4	• Lectures/SGDs	Normal*	• Hybrid	• Online/ DSL
	• Practical/Clinical		• HCF/Simulation	• Virtual/postpone
	• **Assessments**		• **On campus**	• Online proctored exams/ Postpone to recovery phase
MD5	• Lectures/SGDs	Normal*	• Hybrid	• Online/ DSL
	• Practical/Clinical		• HCF	• Online case-based learning/postpone
	• Assessments		• HCF/On campus	• Online proctored exams/ Virtual OSCE/ Remote Structured Viva/ Postpone to recovery phase
MD6	• Lectures/SGDs	Normal*	• Hybrid	• Online/ DSL
	• Practical/Clinical*		• HCF/Simulation	• Online case-based learning/postpone
	• Assessments		• HCF/ On campus	• Online proctored exams/ Virtual OSCE/ Remote Structured Viva/ Postpone to recovery phase

*In low-risk situations, when students are required to be outside the college campus for instructions, a specific contact person will be assigned who may accompany the students.

SGDs: Small Groups Discussion HCF: Health Care Facility DSL: Directed Self Learning

OSCE: Objective Structured Clinical Examination OSPE: Objective Structured Practical Examination

Table 4: MD Program Mitigation Strategies by Year of Instruction

Year	Normal / Low	Medium (Level 2)	Severe (Level 3)
MD1-3	Lectures / On-campus Labs	Hybrid Lectures / On-campus Labs	Online / DSL / Virtual Labs
MD4	HCF / Simulation Labs	Hybrid / HCF / Simulation	Online / Virtual Simulation
MD5-6	HCF Rotations	Hybrid / HCF Access	Online CBL / Virtual OSCE

Online Assessment Strategies: Ensuring the Integrity, Validity, and Reliability

The maintenance of academic standards during a crisis depends on the integrity of summative assessments. NU policy dictates that all online assessments must follow institutional rules regarding invigilation, data protection, and academic integrity.

Proctored Testing and Anti-Cheat Measures

For high-stakes written exams, CoMHS plans to utilize proctored testing to ensure the identity of the test-taker and the security of the environment. This involves the use of web-based supervisor applications that track student behavior and flag suspicious events, such as background noise or unauthorized movement. Best practices for remote proctoring include scheduling sessions for live invigilation, requiring students to leave microphones and videos on, and maintaining a student-to-proctor ratio of no more than 20:1.

To mitigate the risk of cheating, question design is as important as technical surveillance. Strategies include randomizing the sequence of questions, presenting questions one at a time with no option to return to previous items, and using a "lockdown" browser that prevents students from accessing other websites or applications.

The Remote Structured Viva (RSV)

The viva-voce is an integral part of medical assessment, allowing examiners to probe the limits of a student's knowledge. In a crisis, the Remote Structured Viva (RSV) provides a reliable alternative to in-person oral exams. Unlike traditional unstructured viva, which are prone to examiner bias and "halo effects," the RSV uses standardized question sets of graded difficulty based on Bloom's Taxonomy.

Implementation of the RSV involves breakout rooms on platforms like Microsoft Teams, where a student meets one or two examiners for a timed session. This format ensures uniformity in content coverage and fairness in evaluation. Furthermore, the RSV assesses communication skills that are critical for virtual clinical encounters.

Virtual OSCE and OSPE Methodology

The Objective Structured Clinical Examination (OSCE) and Objective Structured Practical Examination (OSPE) are refined for virtual delivery through the use of technology and deployment of breakout rooms. In a virtual OSCE, the host places examiners and standardized patients in breakout rooms, and students are rotated through these digital "stations" at fixed intervals. Although every psychomotor skills cannot be assessed in this manner, students can demonstrate competence in history-taking, interpretation of clinical signs from video clips, and clinical communication. The virtual OSPE focuses on practical and technical skills in laboratory or clinical settings. Students may be presented with pathological images, laboratory results, or videos of procedures and asked to provide diagnoses or interpretations. Both vOSCE and vOSPE will utilize standardized checklists and rubrics to minimize subjectivity and improve reliability.

Table 5: Adaptation and Reliability of Online Assessment Tools

Assessment Tool	Focus	Crisis Adaptation	Reliability Mechanism
Online MCQ	Comprehension & Analysis	Proctored via LMS /Teams	Secure browser / Randomization
Remote Viva	Subject depth & Clarity of comprehension	Structured cards via Teams	Standardized difficulty levels
vOSCE	Clinical communication, Diagnostic Reasoning, Management	Breakout rooms with SPs	Standardized checklists / SPs
vOSPE	Laboratory & Data skills	Image / Video interpretation	Blueprinted stations / Rubrics

Glossary of Learning Approaches and Pedagogical Strategies

To ensure that all stakeholders have a common understanding of the learning approaches utilized during crisis mitigation, the following glossary defines each term in the context of medical education.

Self-Directed Learning (SDL):

Self-Directed Learning is where learners take the initiative to identify their learning needs, formulate objectives, and identify resources to achieve those goals. In the MD curriculum, SDL is essential for developing lifelong learning habits that help monitor, regulate, and control cognition and behavior. During a crisis, SDL is the primary modality for senior students who must manage their own learning process when standard faculty contact is reduced.

Directed Self-Learning (DSL)

Directed Self-Learning is designed for earlier stages of medical education, where students require more guidance and facilitation. In DSL, students are provided with predefined learning objectives and specific resources, such as pre-recorded lectures or reading lists including self-instructional materials (SIM), while faculty provide supervision and feedback. This "scaffolded" approach prevents novice learners from becoming confused or overwhelmed when physical attendance is restricted. DSL is a core strategy for MD1-MD3 during Level 3 crises. For calculations of credit hours OQF criteria will be applied.

Case-Based Learning (CBL)

Case-Based Learning is an active pedagogical technique that links theory to practice through the use of authentic clinical cases. Students work together, typically in small groups, to analyze scenarios involving medical histories, symptoms, and diagnostic tests to devise treatment plans.CBL is highly effective in online formats, as it promotes critical thinking, clinical reasoning, and collaborative problem-solving. It is specifically used in MD5 and MD6 to replace clinical rotations during severe crises.

Objective Structured Clinical Examination (OSCE)

The OSCE is a performance-based test used to measure clinical competence. It consists of multiple "stations" where candidates are observed and evaluated as they interview, examine, or suggest treatment/management options for patients. In the virtual context (vOSCE), these interactions take place via video links, emphasizing clinical reasoning, communication, and decision-making over physical manipulation.

Objective Structured Practical Examination (OSPE)

The OSPE is a pattern of practical examination that tests each component of clinical and laboratory competence objectively. Unlike the OSCE, which is patient-centered, the OSPE focuses on practical tasks such as handling instruments, interpreting lab data, or performing experiments at structured stations. Virtual OSPEs (vOSPE) use digital media to simulate these stations, ensuring that technical knowledge and data analysis skills are maintained during disruptions.

Support Mechanisms and Psychosocial Wellbeing

NU recognizes that crisis management is not solely an academic/logistical endeavor but a human one. CECCP will integrate specific protocols for the psychosocial support of students and staff.

Student Support and Counseling

During crises, Student Affairs, in collaboration with counseling services, coordinates wellbeing initiatives such as online counseling, regular check-ins, and peer support groups. The isolation caused by Level 3 campus closures can lead to significant stress and behavioral changes, including disrupted sleep and dietary habits. Therefore, the college must provide awareness programs and a stress-free environment to encourage students to adopt remote learning and assessment.

Staff Support and Workload Management

Heads of Departments are tasked with monitoring staff wellbeing and workload during a crisis. The rapid shift to online teaching and the need to develop "digital twins" can significantly increase faculty workload. To prevent burnout, department heads may adjust teaching allocations and provide additional IT support as and when required.

Communication Protocols and Information Control

The effectiveness of any crisis response is determined by the quality and accuracy of communication. All crisis-related academic decisions must be communicated through official NU channels, such as institutional email, the LMS, and the university website. The Dean's office issues concise, dated notices **specifying the current crisis level, instructional modalities for each year, and attendance expectations**.

Individual departments are strictly prohibited from issuing conflicting messages; all communication must align with the directives of the CACT and the NU central administration. This ensures that the flow of information is controlled and accurate, minimizing the risk of confusion. Transparency and consistent updates are vital for building and maintaining trust with stakeholders particularly during unexpected events.

Post-Crisis Recovery and Academic Remediation

The final stage of the crisis mitigation framework is the recovery period. Within four weeks of returning to normal operations, each department must conduct an audit to identify missed learning activities and assessments. Based on this audit, the department defines a remediation package that specifies which additional learning activities (bridging lectures, extra lab sessions, make-up clinical hours, targeted tutorials) must be completed to meet the original course learning outcomes and associated credit load.

Academic and Professional standards committee or an equivalent body constituted by Dean will be responsible for adjusting the credit load during or after a crisis using a clear, predefined formula, provided all core learning outcomes are still achieved and external requirements are respected. Any

such adjustment must be formally approved and documented by the College Board, and applied consistently to the affected cohort as an exceptional crisis-recovery measure. Likewise any assessments that were postponed during the crisis will be rescheduled on campus, so that summative decisions on progression and credit award are based on completed, quality-assured assessments rather than emergency measures.

The college compiles an institutional report on gaps, remediation delivered, and impact on progression, and uses this for quality improvement of future continuity plans, but without diluting the minimum credit and competency thresholds set for the program. By integrating these lessons into the review of the crisis procedure, the institution can maintain a response system that remains dynamic and continuously improves in the face of real-world challenges.

Summary of Operational Roles in Crisis Scenarios

The following matrix summarizes the essential roles and their primary responsibilities across the three crisis levels identified by National University.

Table 6: Summary Matrix of Operational Roles across Crisis Levels

Function	Level 1 (Low)	Level 2 (Medium)	Level 3 (Severe)
Academic Oversight	Course Coordinators monitor localized absences.	CACT approves shifts to blended learning.	CACT directs full transition to remote DSL.
Course Delivery	Essential LMS uploads within 24 hrs.	Scheduled MS Teams lectures for theory.	Digital Twin activation for all content.
Clinical Training	Standard HCF operations continue.	Hybrid rotations with safety protocols.	Online CBL and Virtual Simulations.
Assessment	On-campus	Blended onsite/online assessments.	Full Remote Proctored Testing & vOSCE.
LMS Management	Standard IT support for uploads.	Verification of remote concurrent load.	24/7 technical troubleshooting for CACT.
Safety & HSE	Monitor localized risks and weather.	Declare partial campus restrictions.	Site Main Controller directs closure.