

COVID-19: How the virus is impacting medical schools

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Like nearly every other aspect of American life, the COVID-19 pandemic is presenting a set of unique challenges for the institutions charged with training the next generation of physicians. Some measures, such as school closures can be mitigated with digital technology. Other aspects of medical school, such as clinical training, are more difficult to continue under these circumstances.

The AMA and the Centers for Disease Control and Prevention (CDC) are closely monitoring the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA's physician guide to COVID-19.

A recent discussion in the AMA Accelerating Change in Medical Education Community (registration required) tackled the challenges of the pandemic for students and faculty members and how some schools are addressing the situation. Here's a look at what faculty members in that discussion had to say as well as where things stand with a few key aspects of medical training.

Clinical clerkships

Typically taking place during the third year of medical school, core clinical clerkships last between four and eight weeks across about a half dozen disciplines. These are often a medical student's most significant exposure to patients.

On March 17, the Association of American Medical Colleges (AAMC) called for a two-week suspension of activities that involve students interacting with patients, effectively putting clinical rotations on hold.

In terms of the potential impact of postponing rotations, the Liaison Committee on Medical Education (LCME) offered this advice to faculty members: "From national data that you have shared, the LCME knows that most of our medical schools have several elective weeks (or) months in the last year or phase of the curriculum. Should you need to interrupt or postpone clerkships or other required clinical

experiences because of the real and important pressures and stresses of the clinical environment, these elective weeks are available to adjust your students' clinical training schedules without having to delay completion of these required experiences before graduation.”

Away rotations

Away rotations tend to offer exposure to different specialties and facilities to medical students late in their training. The AAMC is encouraging medical schools to help find “local alternatives” for students who planned away rotations in the coming months. The organization also recommends medical schools postpone rotations for students coming in from other medical schools.

While it seems most schools are heeding the AAMC advice, one contributor to the discussion found that students have concerns about how the lack of away rotations may impact their residency applications.

“I am worried that students may feel caught between the perceived or explicit expectations of their schools and those of residency programs, while public health and personal safety fit somewhere between them,” said Daniel Corson-Knowles, MD, Director of Phase 3 curriculum at Indiana University School of Medicine.

Shelf exams

A National Board of Medical Examiners (NBME) Subject Exam—commonly called a shelf exam—is often administered with each clerkship rotation. The NBME’s vice president addressed the status of those exams, which are delivered to large groups in-person, in a recent statement.

“We recognize that preparing for and taking scheduled assessments at medical schools during [COVID-19] outbreak is causing uncertainty for everyone,” said Agata Butler, vice president of the NBME. “NBME is actively working with our service providers to coordinate operating plans. We are also investigating all possible options for assessment delivery and are certainly viewing this with urgency.”

To date, the NBME has suspended one exam under its umbrella. The United States Medical Licensing Exam Step 2 Clinical Skills portion was put on hold on March 16.

The teachable moment

Discussion participants universally called for putting student safety at the top of mind in terms of any

educational decision that is made, but they also worried about sending the right message.

“While it is important to try to protect students, we also should help them understand that providing care to patients does sometimes require placing oneself at risk,” said David Henderson, MD, associate dean for multicultural and community affairs, at the University of Connecticut School of Medicine and Dentistry, one of the 37 member schools of AMA’s Accelerating Change in Medical Education Consortium.

“Recalling the reluctance of some providers to treat HIV infected patients early in the epidemic, are we considering the message that we may be sending students about the obligation to treat all patients, with the proper precautions and protections, of course, regardless of the nature of the illness as we craft educational policies. I have heard that some schools are considering restricting student involvement with patients with COVID-19. I am not sure such broad bans send the proper message about our basic responsibility to patients.”

Kim Lomis, MD, the AMA’s vice president for undergraduate medical education innovations, concurred.

“It is important to acknowledge that clinical students are more than learners—they serve many value-added roles in the provision of care,” Dr Lomis said in a statement. “As the U.S. health system responds to this challenge, we may well rely upon our talented, dedicated students as a critical element of our provider workforce. We have been preparing them for this.”