How the COVID-19 pandemic is impacting medical schools

Watch the AMA’s daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with AMA Vice President, UME Innovations, Kimberly Lomis, MD, fourth year medical student of Loyola Stritch College of Medicine, Deena Kishawi and third year medical student of Michigan State University College of Human Medicine Jordan Lippincott on updates regarding COVID-19 including the impact the COVID-19 pandemic has had on the students' lives and education.

Learn more at the AMA COVID-19 resource center.

Transcript

Unger: Hello. This is the American Medical Association's COVID-19 update. Today, we're discussing the impact the COVID-19 pandemic has had on medical students. I'm joined today by Dr. Kimberly Lomis, AMA's vice president for undergraduate medical education innovations. Deena Kishawi, a fourth year medical student at Loyola University Stritch School of Medicine and Jordan Lippincott, a third year medical student at Michigan State University College of Human Medicine. I'm Todd Unger, AMA's chief experience officer in Chicago.

Jordan and Deena, this is probably a very different school year than you'd imagine. How has this pandemic affected your life and your education?
Kishawi: I think for fourth years, it’s a little bit of a bittersweet moment for us, at least in Chicago. Our match day ceremonies were canceled entirely, and they transitioned to a virtual match ceremony online. And for us, graduation has been—first it was canceled, but then they decided to postpone it until August if students were able to return. So, for us it was a little bit of all of the fourth year plans that you’ve worked so hard for throughout medical school and you’re always anticipating second semester, fourth year. But this wasn’t really the opportunity for it, obviously given the circumstances.

Lippincott: I think, for third years, it’s really thrown a wrench into the educational process for us. Most third years were in clerkships and core rotations. And to be pulled, especially for me at my school, from rotations to prevent the use of PPE and the burden on the healthcare system, it's really changed our schedules coming up for the next year.

Third years have step two CK and CS coming up in the next couple months, and we're unsure if these tests are even going to be offered, if we’re even going to have the correct clinical experiences before we get into them. So, it's definitely a lot of ambiguity that we've seen in our educational process. And even just managing life as well. Coming out of clinics so soon and knowing where you'll be, where your housing will be, it's a lot of questions that don't really have answers quite yet. So, it's making it difficult for everyone.

Unger: Yeah, there is ambiguity and Deena, you're heading in residency. What's the prognosis for you coming up?

Kishawi: So, my residency program was very straightforward with a start date, but they also mentioned if things were to change, they would contact us as soon as possible. At least from my perspective and my co-interns, it looks like we'll be starting mid-June as tentatively scheduled.

I think the most difficult thing though in this time is for fourth years who are moving across the country or just moving in general to other parts of the city. It's such a difficult time to be thinking about a move, packing up where you're originally at, where your medical school is and then relocating to a city that you might've been in for 24, 48 hours during interview season, or maybe moving to a different part of the city just because it's closer to residency.

So, I think for us, that's where that ambiguity comes in is how soon do we have to start making that move? How quickly do we have to pack up from where we're currently stationed and then head out and really what that looks like for the rest of the year for us.

Unger: Yes, I'm having difficulty contemplating moving outside of my house, so I can't imagine the ambiguity surrounding having to move to a different city to start a new program. Dr. Lomis, clearly these are some big issues that medical students are dealing with. Can you tell us what the AMA is doing to support them?
Dr. Lomis: Sure, Todd, and first I want to thank Deena and Jordan for sharing their struggles and their insights. I think the first step is it’s really critical for students to be aware that the faculty are very aware of these concerns and are trying quickly to respond. These are difficult challenges for everyone.

Also want to thank both of you for your leadership in other contexts, and it's been great to watch your career paths.

I would say that our work at the AMA education unit falls into two major buckets, in which one is we advocate for students and the other is that we work directly with medical educators to tackle these big challenges. So, some of the things that we’ve been very busy to do is to help provide medical education insight to other units in the AMA such as our advocacy group who is working at the policy level. Sharing your concerns and thinking about solutions even in things like the congressional appropriations bills, contributing to news stories, making sure that the education piece is accounted for and thought through.

And then of course, for our own educators we are hosting an online community discussion. It’s not limited to educators, it’s actually open to anyone to think through what are the problems. We might not have the answers yet, but it’s a space that we can share the problems and then we also had things like a series of webinars to address some of these issues.

What I’m pleased to talk about though is that as both Deena and Jordan are aware, many of these concerns cannot be solved within the context of one institution. These are things, particularly Jordan's concern around match, but also Deena is talking about moving from one institution to another. These are things that really require oversight by more than just any given school. And that's where the AMA plays a major influence.

So, there's a body known as the Coalition for Physician Accountability, of which AMA is one of the alphabet soup organizations that have responsibility for different pieces and parts of all this. So, other institutions in this include AAMC, ACGME, LCME, MBME, the list goes on, and it’s all the right people to have this conversation. And that group happened to have a call scheduled this week for another reason.

We were talking about the downstream implications of changing step one to pass/fail. Now, everything is disrupted about the entire system. So, Dr. Susan Skochelak in our unit, who’s our chief medical education officer at the AMA, led that group to think about responding to these urgent needs around disruptions related to COVID.

And so, I'm excited to say that that group is taking ownership and is launching four immediate work groups to address many of the issues that are pressing for students on a tight timeline. We have deadlines within a couple of weeks to eight weeks depending on the topic. So, some more news coming very soon about that and hopefully it’s a step forward to get the answers that you’re all so
Unger: Well, we know one of the big changes came through the AAMC, in terms of the guidance for students to suspend activities that involve direct patient contact. So, Jordan and Deena, how has this affected you? Obviously, that’s a big part of your education and training and in what ways are you and your fellow students being able to contribute during this time?

Kishawi: So, in Chicago, at least for the fourth years, by now, a lot of us have already finished our core clerkships. So, the things that we were planning on doing for the rest of the year were elective that were specific to our specialty that we’re going into.

So, for example, there were ultrasound electives planned and EKG electives planned where you want to be in person obviously to understand the nuances behind getting all of that with your patient experiences. Within the first few weeks, they transitioned it into online. So, learning how to read EKGs in a systematic way online, reading ultrasound. But ultimately it came down to those activities were not really meeting the objectives of the fourth years that we’re interested in learning how to interact with patients during those testing procedures.

So, our school gave us the option then to help participate in an entirely student run call center for our medical school and our hospital system. And they had students run three shifts from 7:00 AM to 9:00 PM, seven days a week answering and triaging calls and directing people to the different locations that they can come in for testing if necessary, understanding their symptoms and how it all looked in relationship. And so, for the fourth years it was a good way to at least interact with patients and give back to the community and to the entire hospital environment.

Unger: How about you, Jordan?

Lippincott: I know, on my behalf, our school is really focusing on several principals for our experiences right now. One, no experience in which we’d be at risk for potentially contracting the virus and two, experiences in which we don’t utilize PPE just because there’s already a burden. There’s already not enough, so if students are using them in whatever capacity, we want to minimize that and put that towards our frontline workers.

Michigan State University has been very adaptive. We moved the end of our clerkships immediately to virtual learning. Unfortunately, some students lost out on a lot of clinic and patient encounter but moving to virtual learning that could still fill in a lot of those gaps.

Right now, actually just before this, I finished our first week of our COVID-19 elective where we’re actually looking at the epidemiology, ethics and other considerations of pandemics and obviously COVID-19 in general in preparation for getting us out back into the healthcare system. So, we’re looking at donning and doffing PPE, how to treat and diagnose COVID-19 and then outside of class in the classroom experiences we’re also doing a lot of volunteer activities. Much like what Deena was
saying.

I am one of many students throughout Michigan and in many other states that are also Deena is working on hotlines. Specifically, through Michigan State University coordinated with the state of Michigan to have a provider hotline where we will actually be triaging provider calls and assigning laboratory testing to triage that way.

We also have students, and this is resounding throughout the country too, is working in babysitting. We call it Michigan COVID Centers, but there's a need for healthcare workers, especially frontline healthcare workers who don't have any access to childcare anymore. And so, medical students are getting into the homes and providing childcare for those providers.

And then, we're trying to slowly work our way into clinical experiences, but I think we're working towards where we can most be utilized, and one of those is testing. Many students come into medical school that have a vast science knowledge, PhDs, masters, whatever it may be. And so, they're working on getting those students into testing labs and participating in those efforts we can help out in the front lines.

It's a many faceted response and it changes every day. I think we get more and more opportunities depending on where we're at. So, it's dynamic and the schools are doing a very good job at keeping us engaged and helping to fill in the gaps that unfortunately got created.

Unger: Dr. Lomis, how are you seeing the opportunities for students, since you have a pretty broad view at many institutions?

Dr. Lomis: So, I think you've heard between and Jordan's comments, there's two layers to this. There are the COVID-related activities, and it's been wonderful to see students be creative and step up to different kinds of value-added roles without having direct contact with patients. And so, we do have guidelines around the safety of those types of volunteer roles on our COVID-19 resource page.

And we actually hosted a webinar last week on alternative roles for students during this time, but I think another pressing concern is how do we get back to the core curriculum that the students were intended to be completing. The COVID-facing activities do develop a lot of important competencies, particularly communication and teamwork and so they're valuable, but that I think you've heard from both students there are some core things that they were supposed to be doing now and how do they get back to that?

The AMA sponsors the Accelerating Change in Medical Education Innovation Consortium, and we have a series of calls with our PIs in that group coming up in the next week to talk about what we are considering reviving the core clerkships. How do we get back from the bridging didactics that you heard described and then the indirect patient contact and then move into direct patient contact when it's safe and appropriate, and which activities require that and which can be met through virtual and
other means. So, we're hoping to tap into our rich network of creative educators to get students on the path of their intended education while they continue to serve the current need.

**Unger:** Thank you, Dr. Lomis. That's it for today's COVID-19 update.

I want to thank our guests, Dr. Kimberly Lomis, Jordan Lippincott and Deena Kishawi. We'll be back tomorrow with another update.

In the meantime, for additional resources on COVID-19, including our guides for students and residents, go to ama-assn.org/COVID-19. Thanks for joining us.

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