

Experts discuss how medical schools plan to accommodate students this fall

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Featured topic and speakers

In part one of a two-part series, AMA Chief Experience Officer Todd Unger discusses with medical school administrators on what their institutions are doing to adapt their academic practices for their students this fall, during the COVID-19 pandemic.

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Speakers

- Julie Byerley, MD, MPH, vice dean, academic affairs, UNC School of Medicine
- Carol Terregino, MD, senior associate dean, education, Rutgers RWJMS
- Bradley Allen, MD, PhD, senior associate dean, medical student education, IU School of Medicine

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. This is part one of a two-part series where we're talking about how medical schools have adapted to COVID-19 and what they're planning for the fall. I'm joined today by Dr. Byerley: vice dean for academic affairs at UNC School of Medicine in Chapel Hill, North Carolina; Dr. Carol Terregino, senior associate dean for education and academic affairs at Rutgers Robert Wood Johnson Medical School in New Brunswick,

New Jersey; and Dr. Bradley Allen, senior associate dean for medical student education at Indiana University School of Medicine in Indianapolis. I'm Todd Unger, AMA's chief experience officer in Chicago.

In planning for the fall. I would like to know if any of your schools have a determined a definitive course of action and if not, the scenarios that you're anticipating. Dr. Byerley, why don't you start?

Dr. Byerley: Sure. At UNC, like all our, of our medical school peers, we're committed to producing the workforce that's needed as physicians and we have to figure out how to do that effectively and how to ensure competence in those positions despite these challenging times. We know that physicians are willing to take risks and put themselves in the clinical environment and medical students are willing to do that too, but we don't want our students to take unnecessary risks.

So, what we've decided to do is to put most things that can be remote, remote, but to have a physical exam teaching and certainly clinical experiences in authentic settings where students can learn to practice.

Unger: Dr. Terregino?

Dr. Terregino: Yes. Very similar to what Julie has said. We were at the epicenter basically in New Jersey, so we've been doing this for a really long time. It was very, very scary, and we pulled all the students like everybody has for the fall. We do plan to be remote. We're going to do both large group and small group sessions via Zoom. We are having limited laboratory sessions with social distancing that are not mandatory. We even thought about students that were coming from out of state since we were going to be virtual, could we let them stay in their home states and participate in the curriculum so that they did not have to come in?

Dr. Terregino: So, we're they were doing that for our first and second year medical students and because of the challenges that we've had clinically, having to pull everyone, losing so many clinical sites, and just now really ramping up to where we need to be, we've decided to limit our authentic experiences for first and second year medical students to basically waiting to see what happens in the spring, basically.

So, we're trying to take care of the students that have to graduate, and going along with what Julie said, we're committed to this pipeline and graduating students every year. In order to do that, we have to help our third and fourth year students. So, it's really complex. We came back May 18, which was really very, very early for medical schools, but we started piloting with clerkships in May and we'll be ready to go for our third and fourth year students in the fall.

Unger: Dr. Allen?

Dr. Allen: At Indiana University, we followed some of the same steps that my colleagues shared. We welcomed the announcement from the AAMC to help us all work together and in lockstep, basically about realizing that our students actually were extra people that didn't compliment what we were trying to do during those early times during the COVID pandemic.

But with time we restarted our clinical rotations the end of June, based on the readiness of our facilities to host our students again. And we too, are planning for a hybrid combination of our first and second year students when they return this fall.

Unger: When you think about that hybrid situation, what percent does it ended up breaking down between remote or online and in person?

Dr. Allen: Yeah, we're probably about 20% face to face if we think about anatomy lab and things like that, where it's still you have to get together and we want to try and teach physical exam skills to the first and second years as possible. But we're ready to go fully remote if the conditions change and I think most schools are doing that because we just can't predict what's going to happen in different states.

We also can't predict for Indiana. We've got nine campuses around the state of Indiana, so they don't all have equal situations either. So, we have to try and come up with standardized approach that treats all of our students the same.

Unger: I know that I have a daughter who will be returning for her junior year in undergraduate education and between the list of states that you have to quarantine in going into New York and what's happening in New York, it becomes very fluid. So, when you all think about making decisions, how are you balancing what's going on locally and dealing with national guidance? Dr. Terregino?

Dr. Terregino: I think we have to maybe do what Mayor Cuomo did in New York and realize that solutions are local. And sometimes you can't depend on the big government and the big organizations to tell you what to do. So, I felt in many ways that I needed to deputize myself and deputize the people under me to work on things. It's been really challenging. We have a weekly newsletter and we reiterate very clearly to all the students, you need to check this site, you need to see what states you're coming in and out of. And so we're doing that. We have testing in place.

Again, we are being very conservative as all of Rutgers is right now and I would be delighted to be able to say, we goofed, we were too conservative. But I'm trained as an emergency physician, I need to think of the worst and I'm prepared for the worst. And so we did that and I would say that we made those decisions before anything came out from Rutgers about what was going to happen in the fall. We made the decision that we were going to be virtual. So, I think you have to look at the local situation and make decisions.

Unger: Any other thoughts Dr. Byerley or Dr. Allen?

Dr. Byerley: Yes. I think Carol made reference to one thing about expecting the students to check what's allowed with regard to travel and so forth. We really have tried to use this as it should be used as an opportunity to learn, to encourage our students, to embrace their professional responsibilities.

For example, on campus, of course, we're requiring mask, face shields if people are close to each other, frequent hand washing, spacing and so forth. We're asking our students to do that outside of any on campus environment as well. Because what they do outside reflects their professional responsibility to keep patients and populations safe.

And so a lot is being asked of our learners right now. Their educational experiences aren't as social or fun as they might've been in the past. They're going to have to work harder to support each other and maintain their wellness, but it requires that we each take professional responsibility to do that and to care for each other as populations survive this pandemic together.

Unger: Well, let's talk a little bit about, obviously we mentioned before someone talked about third and fourth years and treating them a little bit differently. Dr. Allen, when you think about each of the different phases of medical school, how are you adapting your approach to meet the needs of students within each of those?

Dr. Allen: Yes. So, I think Julie alluded to it, especially for the first year students. They're coming to a campus they may not ever have seen before. They're starting into a very different training program in a professional school with all their fears and anxieties about medical school in general, this is an extra burden on them.

And so we do everything we can and that's why we have a hybrid system to try and make at least parts of our orientation process and the first few weeks of their school, where they get a chance, at least a couple of times a week, to get together as a group with social distancing, to be able to meet each other, to meet their professors more closely, and to get us established and feel supported in the new environment that they're in.

Second year students coming back to campuses, it's a different world than when they left at the end of last spring to what it is now. So, each faces different anxieties in terms of what they're facing. But really that's not different than the community in general. We all live in a different world now and so I think we try to help them recognize, that again, if we all work together and realize that this is a different time and there is an extra need to reach out by any means possible, using phone calls and letters and things like that, to be able to stay connected to their support structures.

Dr. Byerley: I'd also note that our medical student classes are really diverse and we have to be mindful that each student brings with him or her background set of resources that's really different.

We're worried about some of our students even having adequate broadband. We're a rural state in North Carolina and some of our students come from rural communities where internet access is not a given. We also know that some of our students have resources to be in their parents' homes and others of our students are parents themselves who are older and face significant financial challenges. So, we have to individualize like Carol mentioned.

Unger: Well, that concludes part one of our series. I want to thank Dr. Byerley, Dr. Terregino, and Dr. Allen for being here today and sharing their perspectives with us. We hope you'll join us tomorrow for part two of our update. In the meantime, for updated resources on COVID-19, go to ama-assn.org/covid-19. Thanks for joining us and stay safe.

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