



UNIVERSITY OF  
SOUTH DAKOTA  
SANFORD SCHOOL OF MEDICINE

# The Impact of COVID-19 on Medical Education

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# SSOM Fast Facts

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4-year MD program with 71 students per class

Large majority are South Dakotans -- 64 South Dakota high schools represented

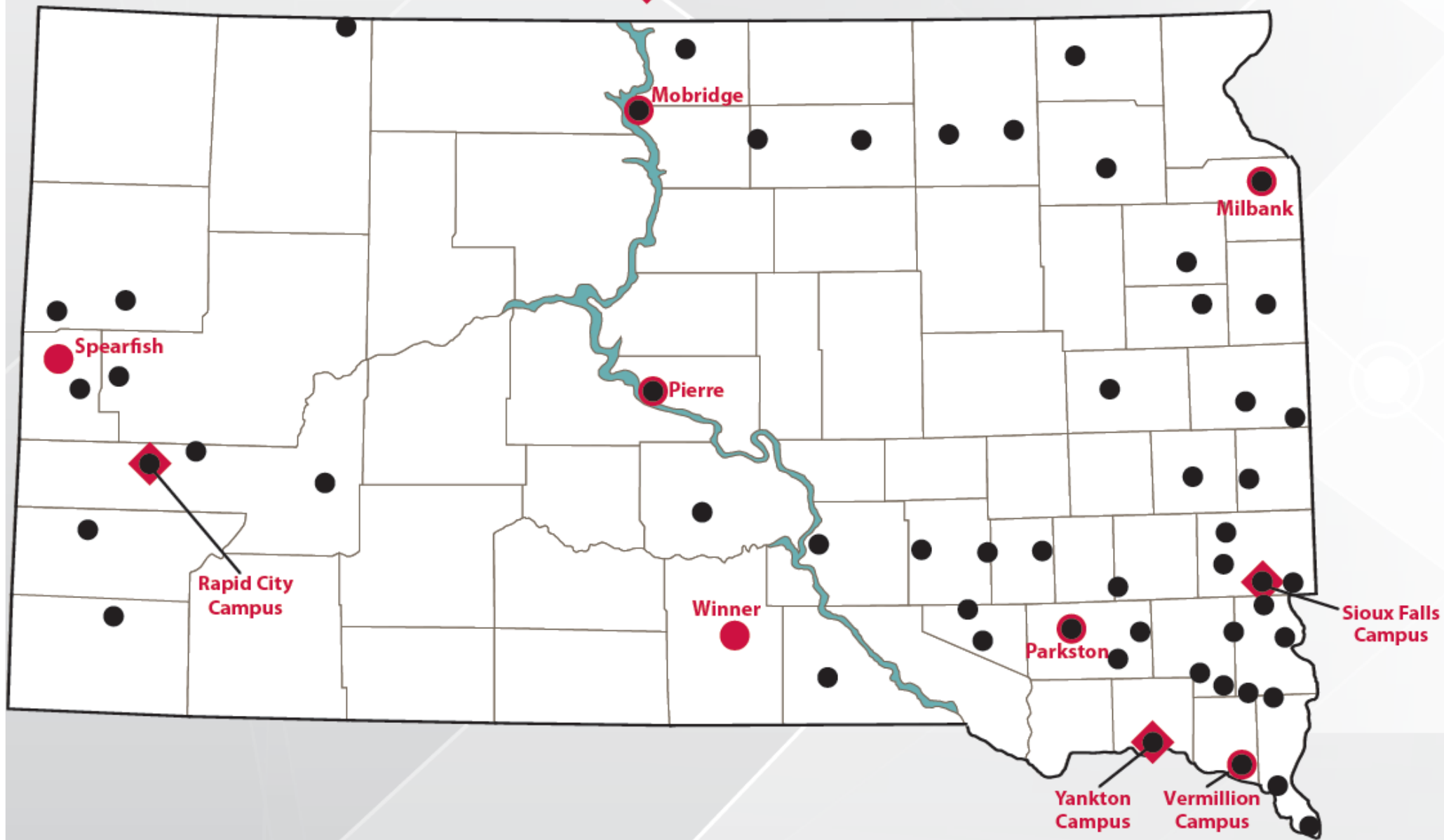
## AAMC 2020

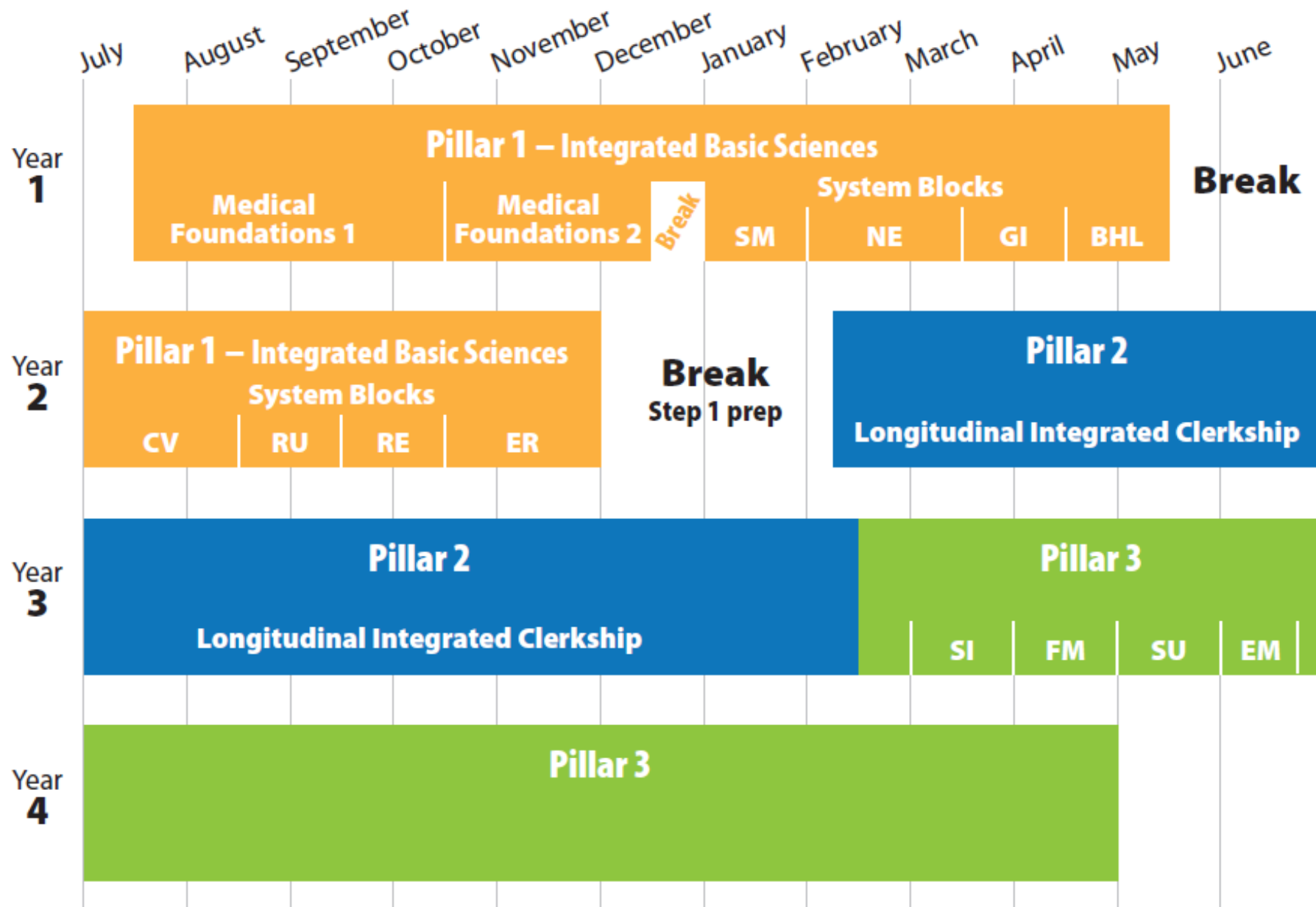
- 100<sup>th</sup> percentile for experience in cultural awareness/competence
- 98<sup>th</sup> percentile for proportion of graduates who are American Indian or Alaska Native
- 98<sup>th</sup> percentile for graduates practicing in a rural area
- 96<sup>th</sup> percentile for those entering Family Medicine
- 95<sup>th</sup> percentile for overall satisfaction with quality of medical education

● High Schools of current students

◆ Clinical Campuses

● FARM Sites





### Pillar 1 System Blocks

- SM** Skin-Musculoskeletal
- NE** Nervous System
- GI** GI-Hepatobiliary
- BHL** Blood/Hemo/Lymph
- CV** Cardiovascular
- RU** Renal-Urinary
- RE** Respiratory
- ER** Endocrine-Reproductive

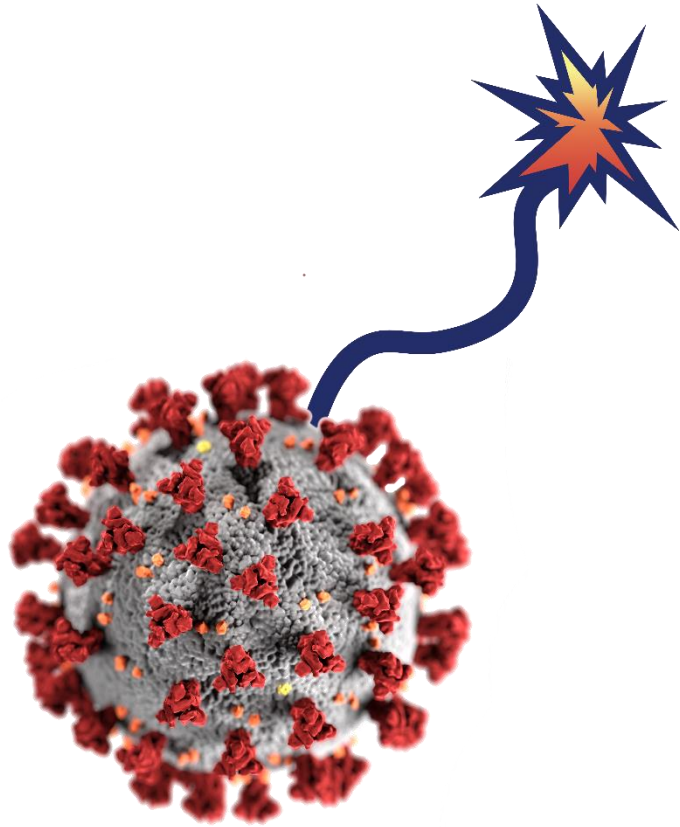
### Pillar 3

- SI** Sub-Internship
- FM** Rural Family Medicine
- SU** Surgery Subspecialties
- EM** Emergency Medicine

# Longitudinal Integrated Clerkship

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	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Rounds	Rounds on panel patients or with attendings					
AM	Internal Medicine	Surgery		Psych or Neuro		
Noon	Educational Conferences/Travel					
PM		Family Medicine	Ob-Gyn	Pediatrics	Friday Academy	
Evening	Call/Shift Experiences					



<b>2020</b>	<b>COVID-19 Impact</b>
<b>February 26</b>	Initial USD communications → SSOM Pandemic Workgroup formed Restrictions placed on global health electives
<b>March 10</b>	COVID-19 cases reported in South Dakota PPE conservation by health systems → some clinical experiences limited
<b>March 17</b>	AAMC guidance to pause clinical experiences through at least March 31
<b>March 19</b>	All classroom content moved to virtual platforms Students removed from clinical learning environments
<b>March 23</b>	The 2-week “pause” became 10 weeks of remote learning
<b>June 1</b>	Students re-entered clinical experiences with some restrictions All didactics remained virtual

# Pillar 1 Impact

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All live classroom sessions became virtual, including Clinical Foundations

No opportunities for clinical shadowing experiences

Rapid development of remotely proctored exams



# Pillar 2 Impact

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Students removed from the clinical learning environment early in the year

Developed clerkship curriculum week-by-week:

- Assigned reading and videos
- Board-style questions
- Discussion boards
- Live case-based teaching

Piloted new virtual activities:

- Peer-to-peer teaching
- Student-led OSCE

Began existing virtual courses in Clinical Ethics and Radiology earlier than usual

# Pillar 3 Impact

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## CLASS OF 2020 (LATE PILLAR 3)

Virtual Match Day Ceremony

Virtual Graduation

Uncertainty about relocation

Uncertainty about early residency

- State licensure
- Onboarding in strained health systems

## CLASS OF 2021 (EARLY PILLAR 3)

Away rotations cancelled

Remote learning replaced clinical work

- Loss of career exploration time
- Loss of audition opportunities

Uncertainty about residency application and interview process

# Student Volunteer Work

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Created a support network for healthcare providers

- Childcare and tutoring
- Assistance with errands

Creating 3D printed PPE

Work with rural EMS services and critical access hospitals

Medical scribes

COVID-19 vaccine administration

# Non-Curricular Impacts

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STUDENT HEALTH

UME → GME TRANSITION

STUDENT AND FACULTY WELLNESS

# Student Health

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Forced to rapidly develop new infection prevention policies

- Rapid N95 fitting and re-training on airborne precautions
- New workflows to protect students when they re-entered clinical situations
  - Initially, students were excluded from any care of patients with COVID-19 or under investigation for COVID-10
  - As PPE shortages eased, students were gradually allowed (of their own volition) to see PUIs

Processes for COVID-exposed or infected students

- Respect for personal health information
- Protection of patients & health systems
- Navigation of accreditation, legal and ethical issues with these blurred lines

# UME to GME Transition

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Already a high-stakes process with extensive commitment of time and money

COVID-19 upended the usual application and interview processes

- Application timeline was extended to allow schools to catch up in late summer / early fall 2020
- Interviews became entirely virtual – significant adaptations made by students and residencies

Students lost the opportunity to do away rotations in specialty and/or institution of choice

Many stakeholders involved in this process, so communication often challenging

# Student & Faculty Wellness

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Social isolation & loss of connection during a high-stress time

Many students relocated home

- Limited internet access
- Change in social support network/loss of connection to campus

Adjustment to completely virtual curriculum

Concern for safety and wellbeing of self and family

Faculty with massive upheaval

- Spectrum of overwhelming amount of clinical work to completely loss of patient volume
- Uncertainty about job safety/compensation along with personal and family safety

# Aftershocks: The Good

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We're REALLY good at Zoom

- Improved use of virtual and asynchronous curriculum delivery
- Better coordination with regional campuses, including students, staff, and faculty

Increased curricular flexibility

- Piloted new active learning strategies, which were often student led
- Comfortable with new educational resources we had not previously used

Demonstrated success of virtual residency interviews, saving time and money



# Aftershocks: The Bad

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Burnout of students, staff, and faculty

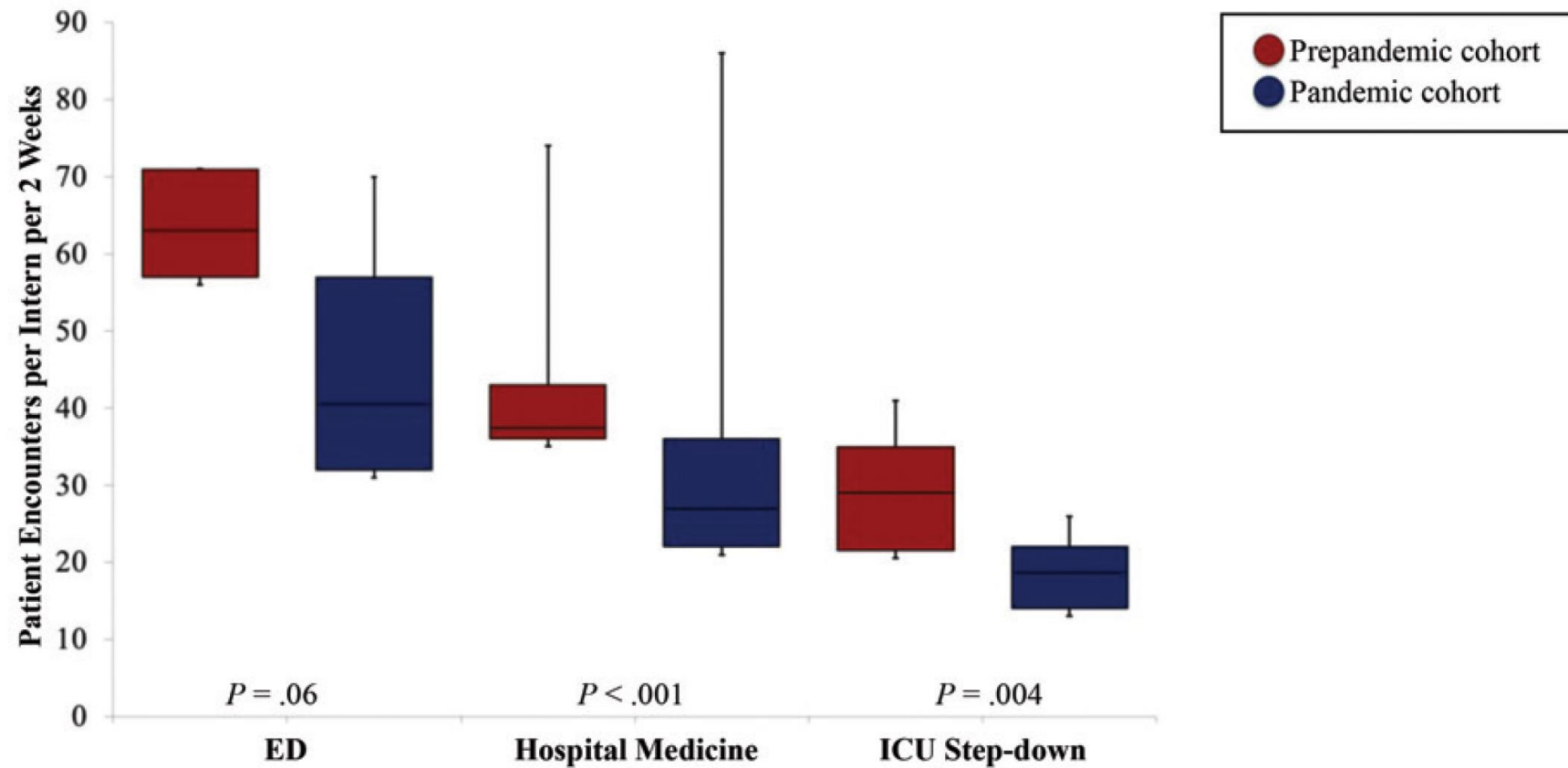
Increased reports of unprofessional behavior

Current uncertainty – What is the “new normal”? Is there more to come?

Continued disruption to the clinical learning environment

- Addressing learner integration with increased telemedicine
- Patient volumes remain variable
- Will there be another COVID-19 surge in SD?

# Long-Term Impact?





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# Questions?

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