



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

The Impact of COVID-19 on Medical Education

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ASSISTANT DEAN OF MEDICAL STUDENT EDUCATION

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SSOM Fast Facts

4-year MD program with 71 students per class

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

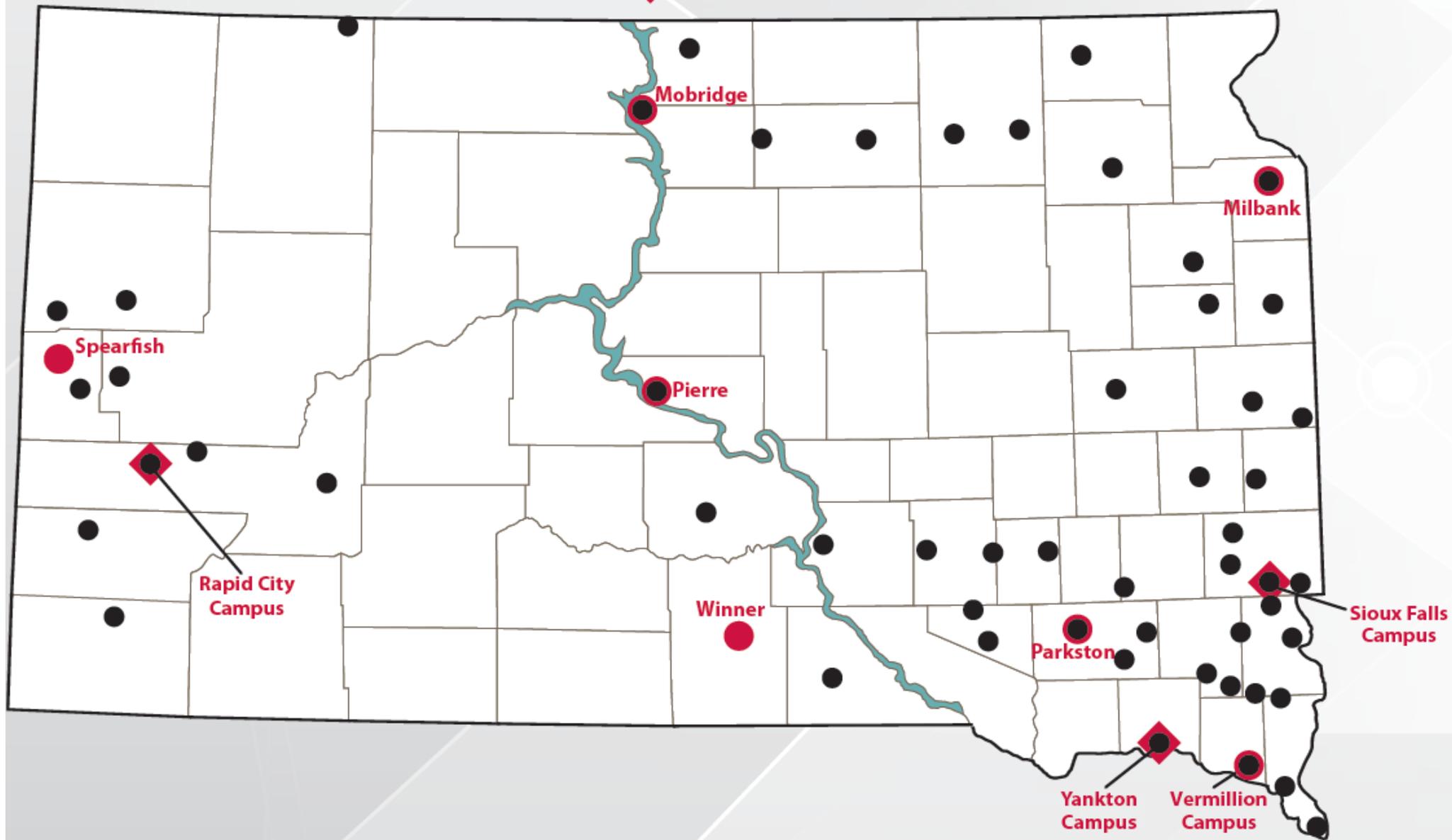
AAMC 2020

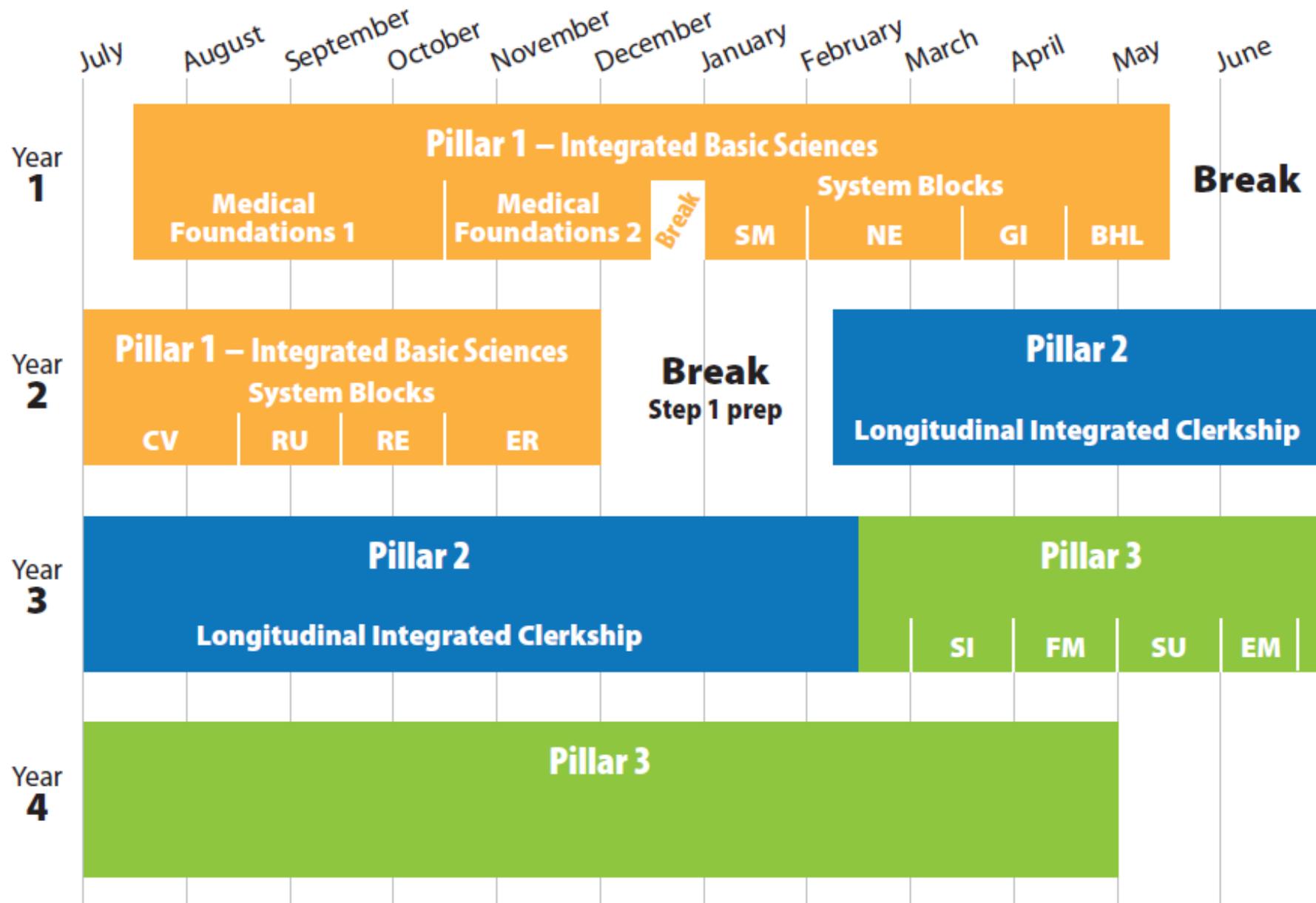
- 100th percentile for experience in cultural awareness/competence
- 98th percentile for proportion of graduates who are American Indian or Alaska Native
- 98th percentile for graduates practicing in a rural area
- 96th percentile for those entering Family Medicine
- 95th percentile for overall satisfaction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

● High Schools of current students

◆ Clinical Campuses

● FARM Sites





Pillar 1 System Blocks

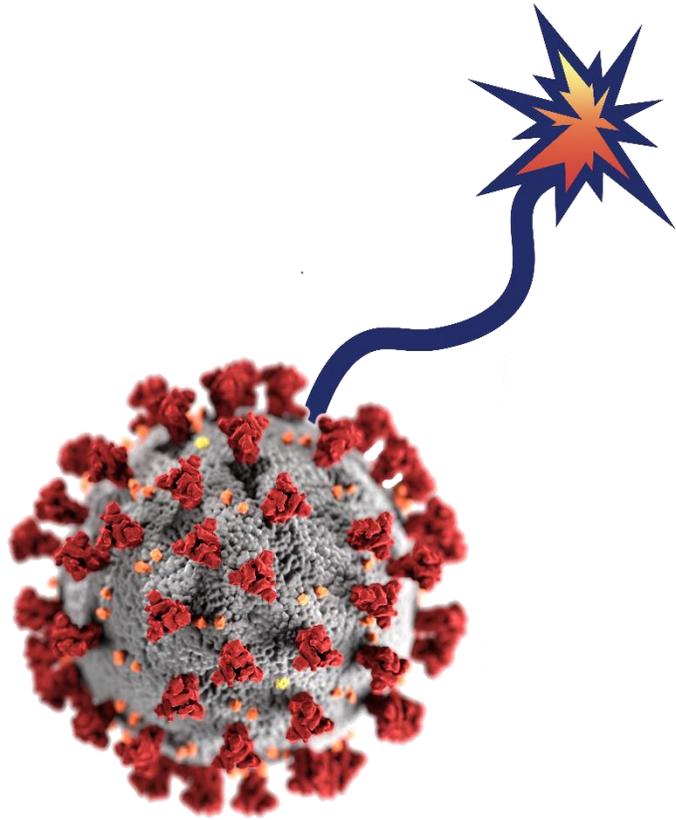
- SM** Skin-Musculoskeletal
- NE** Nervous System
- GI** GI-Hepatobiliary
- BHL** Blood/Hemo/Lymph
- CV** Cardiovascular
- RU** Renal-Urinary
- RE** Respiratory
- ER** Endocrine-Reproductive

Pillar 3

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

Longitudinal Integrated Clerkship

	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					



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

Pillar 1 Impact

All live classroom sessions became virtual, including Clinical Foundations

No opportunities for clinical shadowing experiences

Rapid development of remotely proctored exams

Pillar 2 Impact

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

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

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

STUDENT HEALTH

UME → GME TRANSITION

STUDENT AND FACULTY WELLNESS

Student Health

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

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

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

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

Burnout of students, staff, and faculty

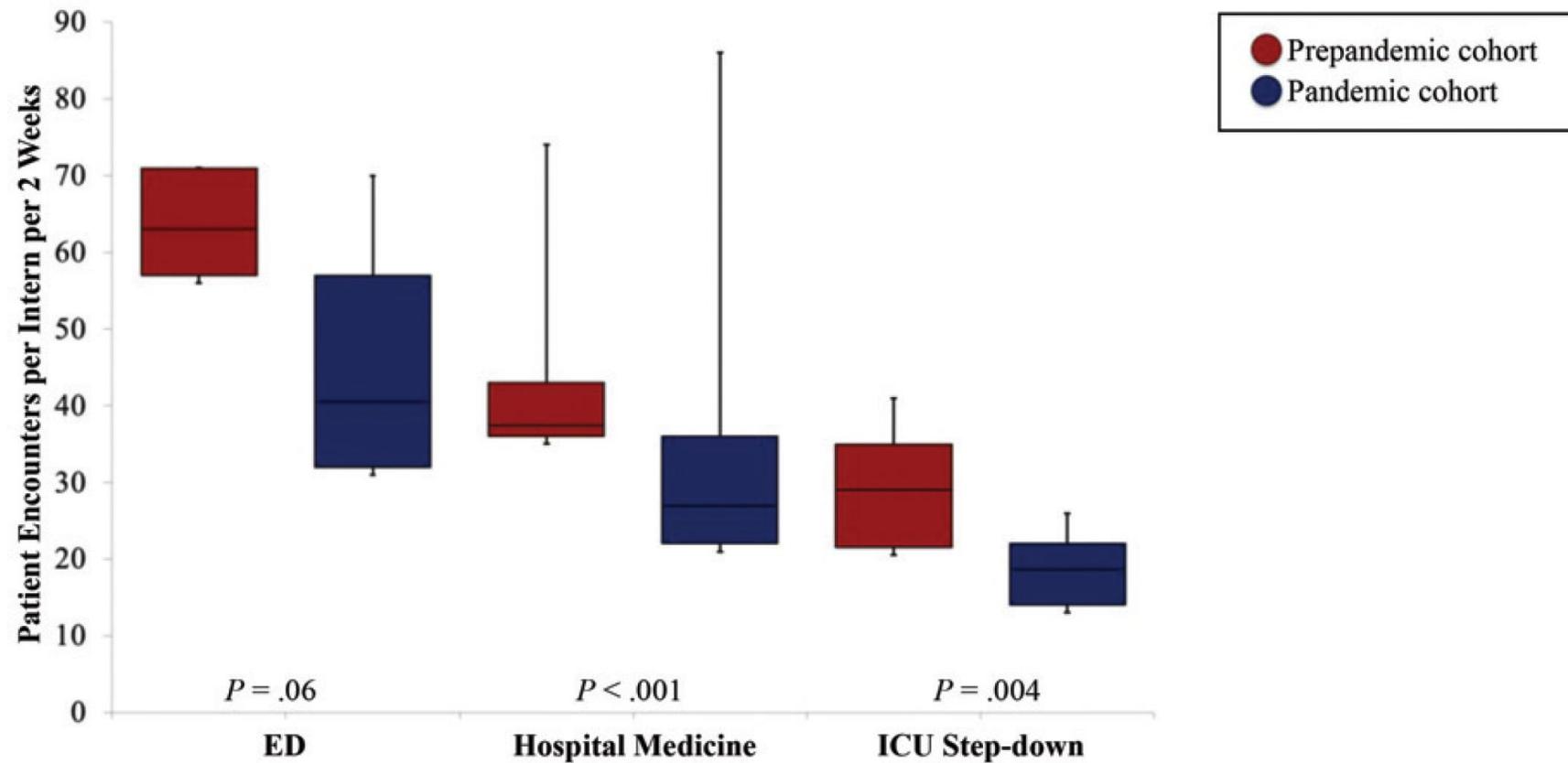
Increased reports of unprofessional behavior

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?
