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Impact of COVID-19 on the Clinical Clerkships

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Introduction

COVID-19 has affected our world from every aspect. The impact on our clerkship students was no different. After only a brief 10 weeks in the clinical clerkships, we pulled our students from the clinical settings and consequently our clerkship team needed to swiftly move to create virtual electives. Similar to the Phase 1 team who moved from in-person to online overnight, we needed to make major adjustments in our curriculum. However tragic this pandemic has been, our silver lining has been a true realization of the flexibility and collaboration our team has demonstrated in addition to uncovering many "new" ways to instruct and assess that we, as Clerkship Directors, had no idea were either possible or feasible.

Clinically-Oriented Electives to Narrow the Gap

The abrupt removal of the students from clerkships led to the development of a multitude of online electives delivered by many departments spanning across basic and clinical sciences. The electives offered in the clinical sciences were developed with the intention of continuing to build on the clerkship students' developing skills and included electives such as "Visual Diagnosis" in Pediatrics and "Critical Reasoning" in Surgery, Internal Medicine, Neurology/Psychiatry and Obstetrics/Gynecology. Family medicine offered a "Spanish for Successful Communication in Healthcare" elective with the objective of teaching students with Spanish language skills how to navigate patient encounters in Spanish with confidence in a patient-centered manner. These electives, among others, helped to narrow the gap in clinical education our students were experiencing.

Tele-Medicine: With the social distancing imposed by the pandemic, physicians needed to create new ways to "see" patients. While "telemedicine" was something new to many disciplines, this was already utilized in others, such as in Psychiatry. Harnessed with this clinical experience, a telemedicine course was developed. The "Introduction to Telemedicine" Course ran for two 2-week cycles and had six components, including online modules focusing on best practices in telemedicine, live sessions facilitated by faculty members within our system, standardized patient sessions, and real patient encounters. The learning concluded with the completion of advocacy projects focusing on telemedicine and the determinants of health, with the intention of eventual integration of some of the projects within Hackensack Meridian Health (HMH).

Getting Back to Clerkships

In preparation to return to the clinical setting on June 22, each Clerkship Director developed a 2-week "virtual clerkship" to give students the needed knowledge and skills to successfully return to the clinical setting. Instructional methods varied and included independent study, discussion posts, online simulated clinical cases, virtual case-based learning, grand rounds/clinical conference attendance and video-based clinical instruction. The Clerkship Directors regularly met with students to discuss cases, review student presentations and most importantly to reignite the camaraderie of the clerkship students.

Tele-Simulation: Simulation in the virtual environment was created during the virtual clerkships and continues now. This required significant creativity on the behalf of the clerkship director to create a true "simulated" experience, but in a virtual "no-touch" environment. In tele-simulation, the students developed verbalization as a skill. The important distinction of tele-simulation from telemedicine is found in the maneuvers where there would be the demonstration of a skill, such as in the physical exam. While seeing a patient in tele-medicine, the student may ask: "Show me your incision … if you press on your right side; let me show you how to do it [student stands and shows the patient the maneuver on him/herself]; how does it feel?" This encounter is in sharp distinction to tele-simulation where the student must verbalize the steps that he/she will perform to solicit the findings from the standardized patient: "I am going to remove the dressing from the abdomen. I will then inspect the wound. I am looking for redness, swelling or drainage. What do I see? I will then palpate the abdomen. I will start lightly and palpate in each of the four quadrants. Do I elicit tenderness in any area of the abdomen?" This distinction is important. Breaking down the steps of an action and the explicit thought that accompanies the "skill" leads to a different pathway of learning and perhaps "sticking" of the learned content. During in-person activities, students are able to demonstrate the "shows" in simulation and the "does" in the clinical setting in the conceptual framework of Miller's pyramid. However, where does tele-simulation fall? As the student verbalizes the steps of a procedure, an examination, she/he breaks down the activity into its component parts. Perhaps an additional level of the pyramid "verbalizes" between "shows" and "does" can be considered.

Technical Skills: The development of technical skills in suturing and knot tying is important for all students, regardless of the student's eventual specialty choice. While delivering large group active learning (LGAL) sessions in the virtual environment is challenging, teaching technical skills such as suturing and knot tying in such an environment is herculean. To accomplish this, suture material, instruments and other supplies were provided in addition to links to suturing and knot tying videos. Virtual instructional sessions proved challenging, but feasible (perhaps the biggest challenge was getting the camera positioned correctly for instruction and recording!). Students also provided videos of their suturing and knot tying skills for feedback.

Lessons Learned

Telemedicine is Here to Stay: There is no question that the COVID-19 pandemic accelerated the use of telemedicine worldwide and within our HMH network. Patient demand for virtual visits has increased due to its convenience, flexibility, and ability to social distance. With telemedicine also comes the promise of health equity, reaching vulnerable patients both in rural and underserved communities who can now access healthcare with the use of an app on their cell phones. Through our telemedicine elective course and through real telehealth encounters during clerkships, our students are gaining these important lessons and skills they will no doubt utilize in the specialty of their choice.

Benefits of a Virtual Curriculum: Delivering content and skills instruc-

tion by the virtual format is not only possible, it may even be preferable for some. As detailed above, tele-simulation may activate new pathways of learning. During LGAL sessions, the ability to "see" all participants on the screen together engages all students simultaneously. Lastly, with the span of many miles between our clinical sites, conducting curriculum days virtually has been welcomed by many clerkships.

Conclusion

The level of instruction that the clerkships were able to and continue to accomplish in the virtual environment during the COVID-19 pandemic is impressive. While nothing can replace touching a patient, with collaboration across the clerkships, our virtual curricula came in close behind.

Resiliency and Adaptability Demonstrated in HMSOM's Peer Mentoring Program

By Alicia Feghhi, M.A.

Resiliency and Adaptability is one of the key Pre-Professional Competencies listed by the Association of American Medical Colleges (AAMC). It is also one of the pillars at the Hackensack Meridian School of Medicine (HMSOM). The AAMC acknowledges that a student demonstrates resiliency and adaptability if they "demonstrate tolerance of stressful or changing environments or situations and adapt effectively to them; are persistent, even under difficult situations; recover from setbacks."

The resiliency and adaptability of the new 2020 Cohort is being tested by having to virtually attend their first year of medical school. The 2019 Cohort, also facing similar challenges presented by virtual learning, have stepped up to offer support to the incoming class in the form of the Peer Mentoring Program.

HMSOM's Peer Mentoring Program, launched by the Office of Student Affairs & Wellbeing, is in its second year. Twenty-four 2019 Cohort students were nominated by faculty and staff and selected to be peer mentors through a rigorous application process. The peer mentors completed training in Mental Health First Aid, diversity and inclusion, and online/in-person team building.

The Peer Mentoring Program helps ease the transition to medical school for the incoming class, in which peer mentors serve as guides to help navigate life as a medical student. As positive role models, peer mentors share their educational/professional experience, networking opportunities, and offer advice, insight, and moral support to their mentees. This relationship enhances both mentor and mentee personal growth and professional development skills. The mentees met their mentors for the first time through an introductory PowerPoint presentation.

"Avoid comparing yourself to others" was the advice given by Peer Mentor Soindos Abdah at the start of the program. "It's especially difficult when you start school with a group of people you've never met before. You have all made it to this point because you've earned it and proved you can succeed at this level. Focus on yourself, absorb knowledge and advice, and make friends!"

Each pair of mentors is assigned ten new students. This year the mentors had to get particularly creative due to the pandemic, offering virtual game nights, one-on-one Zoom meetings with their mentees, and monthly in-person meet-ups.

"I enjoy getting to know my mentees and being able to pay forward what I learned in my first year," said Peer Mentor Shaili Dixit. "Being a peer mentor has also allowed me to see how much I've grown over the past year. Overall, the experience allows me to not only give back and help first-year medical students, but also allows me to build my own leadership skills and confidence within my own journey throughout medical school."

In monthly group supervision sessions with Alicia Feghhi, an advisor at the Office of Student Affairs & Wellbeing, the peer mentors reflect on when they were new students going into Molecular and Cellular Principles (MCP), and actively think of additional ways to assist their mentees virtually. For example, the mentors came up with a proposal to distribute "SP (Structured Principles) survival goodie bags" that will include items such as hand sanitizers, disinfecting wipes, mini dry erase boards, and anatomy -inspired Halloween items.

A survey was recently sent to the 2020 Cohort about their overall feelings and feedback about the peer mentoring program. Matthew Greer commented: "Love love love programs that get us involved with the M2/M3s. Allows for a level of comfort/truth/insight into reality that cannot be attained otherwise. My peer mentors have been great with giving a wide view of what they and others have found helpful/what has led to success, mistakes to avoid, etc."

Having a solid network of social support is important for building resiliency and reducing anxiety. Shared experiences, making connections, and strong moral support significantly help students through the rigors of medical school, especially for the 2020 Cohort who started medical school virtually.

Aaron Tavasi sums up the experience with the Peer Mentoring Program as: "Very positive. I have greatly appreciated the insights offered by my mentors who have a better understanding of the school but are also students and went through this process themselves."

Sharing the Responsibility

By Tadé Ayeni, Ed.D.

The re-conceptualization of the role of the physician as a community member and activist is a microcosm of the larger re-conceptualization of non-diversity roles to incorporate diversity and equity functions and principles. The long-standing practice of limiting the organizational responsibility for diversity primarily to those with 'diversity' in their job titles has contributed to the extremely inequitable situation that is typical in various societal institutions.

The health disparities that have been highlighted and exacerbated by the COVID-19 global pandemic highlight an overarching shift in the conceptual base of medicine that has, perhaps not coincidentally, coincided with the ability of minority ethnic groups to access healthcare in larger numbers. A necessary contextualization of the previous statement can be obtained by reviewing central points in the history of civil rights legislation in the United States. The practice of segregation in the United States meant that, for most of America's history, it was acceptable for a physician (and healthcare system in which he/she practiced) to simply turn away patients of diverse backgrounds. In fact, until 1964, Jim Crow laws made such behavior not only socially acceptable but also legal. In the decades following crucial advancements in civil rights, the study of social determinants of health (DOH) have been further developed as a means to ensure that physicians are able to address the various invisible aspects that determine an individual's health just as much as the visible symptoms a patient may be presenting.

Although this is true of all patients, for people of minority backgrounds, the determinants of health play an even more pivotal role: they open a door for healthcare providers (who are, statistically speaking, less likely to be from the same backgrounds as people from marginalized groups) to see into the lives of their patients and thus provide more effective care. As Dr. Yancy highlighted in his article 'COVID-19 and African Americans', this means that the response to COVID-19 cannot be merely situational and immediate in nature. Instead, the response must be simultaneously immediate and over-arching. Anything less than this will leave the same currently vulnerable populations defenseless to be continually devastated in disproportionately large numbers (Yancy, 2020).

In response to this need, there are at least two areas in which advancements made would serve as a practical answer: firstly, the reconceptualization of the physician as a community member and activist in various arenas outside of medicine and secondly the progression of medical school curricula.

In relation to this, the Office of Diversity & Equity has been working to provide new spaces for students, staff, and faculty to continue the conceptual work that provides the basis for tangible, sustained progress. This has been done through formal programmatic initiatives but also through a series of productive ongoing conversations about polarizing, uncomfortable topics. It is these conversations and initiatives that have directly informed the efforts of the Office of Diversity & Equity to work with course directors and leaders to evaluate Hackensack Meridian School of Medicine's curriculum from a perspective of diversity, equity, and inclusion.