



COVID Corner

Association of Surgical Education, Surgery Clerkship Directors Committee Resources

How to Counsel Students with No Away Rotations in the COVID Era

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Students look forward to their away rotations not only to flex their skills as newly minted fourth year students, but also to get to know a program they are interested in joining and obtain much needed letters of recommendation for their residency applications. With the LCME suspending all clinical rotations on March 17, 2020¹, medical school institutions and faculty worked diligently to provide alternative curriculums and plans for third year medical student clerkships, however, for the fourth-year students with mostly clinical rotations on electives and Sub-I's, creating an alternative experience has been more challenging.

In order to provide guidance and support, leadership within the Association of Surgical Education (ASE) surveyed the members of the Surgery Clerkship Directors Committee in April of 2020, soliciting information from national institutions on varying strategies being employed to combat the COVID pandemic impact on medical students' education and clinical experiences. Responses from 21 Clerkship Directors around M4 student plans were summarized: at most of the institutions, fourth year medical students who planned to graduate in 2020 and students entering their fourth year were in a "holding pattern", taking newly created formal courses created around COVID or taking non patient care electives that were already available at their medical school. Most medical schools and institutions were not allowing visiting students in order to provide enough time and support for internal students and also to comply with University level travel restrictions/bans. Return to clinical activity is variable by institution, earliest return was May 4th (New York area) and for many it was unknown.

The biggest question for many students is how clinical absence will affect their ability to apply for General Surgery and Subspecialty Surgery Programs. On May 11th, the Coalition for Physician Accountability released recommendations on Medical Student Away Rotations², giving medical schools guidance on away rotations, interviewing, and a revised ERAS timeline. Recommendations included: the discouragement of away rotations unless learners don't have the clinical specialty at their home program, that all programs perform online interviews for residency applicants, that ERAS is delayed, and lastly that all communications are as transparent as possible. The best approach for students and student advisors is to provide access for communication with leadership within the surgical field a student is interested, ideally locally, but if there is not that expertise, then regionally or nationally.

Individual institutions have begun to deploy multiple helpful practices to better help their students. First is getting an understanding of which students are interested in Surgery as a career, even a subspecialty, and pairing them up with a faculty and resident mentor in their field. A formal mentorship group including all parties allows sharing of ideas and support for any and all students allows for communication and ability to brainstorm on activities. Second, students want to be involved during this time and it is helpful to allow them to participate in curriculum development or curriculum revisions, especially if focused on COVID topics. This allows them to learn the material and current practices and



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most up to date literature so that they are prepared when clinical rotations are made available. Third, students need to be aware of and have access to the latest information from national societies. The American College of Surgeons³ and the AAMC⁴ offer weekly information about various topics related to students and have available webinars with national experts to answer questions and address concerns students are having. National subspecialty organizations (like the Thoracic Surgery Directors Association)⁵ have their own COVID-19 Resources page with information on away rotations, research opportunities, etc. Understanding what societies are recommending on a national level is important as this allows students and their advisors to better understand how to plan their next few months, including where to apply and how to get letters of recommendations. For example, the TSDA has recommended to thoracic program directors to place greater weight on non-Cardiothoracic surgery letters as many students are not able to rotate on academic cardiac surgery rotations.⁶ Lastly, a useful resource for students and institutions has been the ACS/APDS/ASE Readiness Intern Bootcamp⁷. This online resource is in place and can be a great adjunct for education and professional development.

In summary, the pandemic has given us all a pause to reassess the value of what we are teaching and how we are supporting our students in their career search. It is difficult to predict what the future will hold but students will lean heavily on their home institutions for support for letters of recommendation, M4 surgery rotations and residency application advice. While COVID has made physical travel challenging, it has opened up the possibility of distance mentoring through virtual meetings. This is a practice that can continue post-COVID and help faculty reach a broader group of future surgeons than before.

References:

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