



COVID Corner

Association of Surgical Education, Surgery Clerkship Directors Committee Resources

Impact of Social Distancing on Participation in Rounds and Patient Floor Care on the Surgery Clerkship

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Social distancing is impacting all aspects of medical care, ranging from how outpatient clinics are run to how many family members are allowed in the waiting rooms. At the beginning of the COVID crisis, as there was a significant amount of uncertainty about levels of PPE and risk to patients, many medical students were removed from rounding on clinical services as resident teams attempted to move to skeleton crews to minimize patient contact with many providers. As we've learned more about coronavirus and PPE has become more widely available, it has become possible and necessary to involve all learners in patient care. Reintegrating students is critical to continue to prepare them to be our residents in 2-3 years and our physicians in 5-6 years. As we think about how to integrate students onto services, we must first focus on safety, both for patients, students, and the overall healthcare system. Adequate personal protection equipment (PPE) and space for teams to work are the most critical needs to be addressed. The hospital must have adequate PPE for all caregivers, and students must be trained in how to use PPE. Students who have temporary illnesses must share this early and clerkship directors and faculty must be flexible to allow students (and any care providers) to stay away from the clinical environment to minimize potential COVID transmission. Space for teams to work together is also needed, and if adequate space is not present, the work flows must be adjusted to minimize personal contact.

Once these safety aspects have been addressed, educators can then focus on learning, and defining our goals of rounding and patient care. Each clerkship must define its learning goals for patient rounding and patient floor care. Most programs will emphasize student presentations and development of care plans, changing of wound dressings, removal of drains, etc. With these objectives defined, clerkship directors can work directly with faculty and residents to ensure that students are achieving these goals on rounds and on the floor. With regards to daily floor work, more online videos should be incorporated to teach students how to do procedures. The prior method of "see one, do one, teach one" may not be possible when trying to minimize interpersonal contacts. There are numerous videos available to even teach students how to remove nasogastric tubes (REF). Resources such as these can be used to minimize direct patient contact, but to still provide cognitive and visual information to help students learn. Students can learn how to remove foley catheters, drains, etc., and then perform the procedures with supervision.

With regards to rounding, many surgical teams are composed of a large number of residents, students, and mid-level providers. Even before COVID, it was common for only a few key members to go into patient rooms when there was a history of infectious organisms like MRSA, VRE, or CDiff. Now, every patient should be treated with similar care to minimize excessive contact. More communication with the entire team may need to occur outside the patient room to maximize every team members' participation. Students should be assigned patients and be the core caregiver for those patients. They will then go in with the senior resident and other key team members to see the patient and to develop the daily plan for care. Floor care must be similarly thought out in advance. Students will need to be given specific assignments and may need more "proctoring" for assistance in changing wound dressings



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or removing drains, as they may not be able to observe others performing such tasks in larger groups. Alternatively, a virtual curriculum can be created to provide students with videos¹ on how to perform a variety of tasks to prepare them to do these themselves. With enough advance planning, surgical teams can maintain student involvement and learning with regards to patient care during and after we have recovered from COVID.

References:

1. https://www.youtube.com/results?search_query=how+to+pull+an+ngt (accessed 5/30/20)