Aloha everyone. Thank you for your patience and flexibility as we collectively adjust to the coronavirus pandemic. This continues to be a time of much change and uncertainty. This document attempts to address many questions or concerns that have been raised by students and is meant as a ‘living document’ that will be updated as changes are made. Additionally, we will start weekly Student Town Halls for all students on Wednesdays at 4:00 pm. This is open to all students but is completely optional. Dr. Buenconsejo-Lum (Associate Dean for Academic Affairs – ADAA), Dr. Omori, Dr. Len, Dr. Burgess, Dr. Teranishi, Dean Hedges and other key faculty leaders will attend as many of these sessions are possible.

**updates are highlighted**

OUR COLLECTIVE GOAL is to ensure our students are ready to be residents and physicians for the long haul. This means our students should have the ability, capacity, resilience, fortitude, leadership and personal strength to do the following:
- Learn to be more resilient in order to quickly adjust and remain highly functional under stress
- Look at and consider larger impacts on the entire health system and health of patients, families, and providers - both short, medium, and long-term
- Do things for the common good even if it may mean some personal inconvenience
- Acknowledge that we all exist, learn and work in a world of rules and regulations, that we have little direct influence on drivers of our healthcare ecosystem and that sometimes we must do things we are uncomfortable or frankly disagree with.
- Focus most on the things we individually have control over and managing our personal responses to those events/stressors
- Not focus or dwell on the myriad of things for which we have no control
- Have the wisdom to know the difference
- Learn to stay well and keep things in the big perspective

As residents and attendings, you will need to
- Function at high levels even if you’re physically or emotionally tired, which may occur even within the constraints of 80 hours as residents/fellows
- Function as attendings, teachers, leaders, and advocates when there is no duty hour limitation
- Learn to stay well and keep things in the big perspective

OVERARCHING PRINCIPLES THAT GUIDE DECISION-MAKING AND ADJUSTMENTS

**Student safety**
- Ensure appropriate PPE during any direct patient care encounters within a healthcare facility.
  - Direct patient care means touching a patient or spending at least 10 minutes within 6 feet of a patient
  - Inpatient: Hospital policies and protocols apply regarding surgical masks (i.e., extended use or not, type of gown [depends on the setting/procedure], face shields (depends on setting) and gloves. At a minimum, surgical mask, gloves and isolation gowns when providing direct patient care in a hospital.
  - Outpatient: Facility/office/institutional protocols apply regarding surgical masks (i.e., extended use or not), use of face shields (depends on the setting) and gloves. At a minimum, surgical mask + gloves in an outpatient setting.
Cloth Face covering must be used when not patient care areas, when in all public spaces within a facility and when entering or exiting a facility.

*Cloth face covering includes hand sewn cloth masks, t-shirt face covering (no sew method), scarves or bandanas.

- No or very minimal in-person encounters for patients with respiratory symptoms (regardless if suspected or not for SARS-CoV-2)
- No in-person encounters for any persons under investigation (PUI) or COVID-positive
- No clinical assignments to PUI or COVID-positive areas/wards/units
- Wearing your own mask (homemade facial covering) when coming to JABSOM to study on your own or for PBL sessions (with continued social distancing).
- Wearing masks (own surgical or JABSOM-provided surgical mask) when coming to JABSOM for in-person testing (i.e., NBME shelf exams), OSCEs, standardized patient or simulation experiences.
- JABSOM as part of the official HI-EMA ESF-8 organization will help ensure we have PPE for our students. *(The PPE situation is improving as of April 8, 2020 General Hara discussion with the Hawaii State Senate. Also, our health system partners are committed to ensure our students have PPE when they return to hospital settings.)*

Flexibly achieve educational goals and objectives for each MD program course (MD1-8), required clerkships, electives and overarching JABSOM graduation requirements, within the mandates and guidance of our accrediting body, the Liaison Committee on Medical Education

Make adjustments to curriculum, sequencing/timing, duration, testing, return to in-person clinical skills and return to clinical experiences based on the following:

- Adequate and reliable PPE that is appropriate to the particular clinical setting and in accordance with requirements of a particular healthcare facility or the Department of Health, whichever provides the most protection to the student
- Readiness and capacity of the clinical site to host a student in a manner consistent with JABSOM’s expectations for teaching and supervision
- In consultation with national entities that influence medical education, including but not limited to the AAMC, LCME, NBME, USMLE, ACGME, FSMB, AMA, ABMS, NRMP and individual specialty-society recommendations regarding medical education during and post-COVID-19.

General description of the decision-making process

- Course Directors and Clerkship Directors discussion with OME leadership and ADAA and OSA, as appropriate, regarding potential changes to courses or clerkships
- Input from students as possible, depending on the urgency of decision-making
- Recommendations from Course or Clerkship Directors made to Curriculum Committee for discussion and approval (note OSA is represented on the Curriculum Committee). Curriculum Committee meets every two weeks and more often if needed urgently.
- Curriculum Committee recommendations for major curricular changes are reviewed by and receive final approval from the Dean’s Executive Team (meets every Monday morning)
  - Executive team is comprised of Dean Hedges, Dr. Buenconsejo-Lum (Associate Dean for Academic Affairs), Dr. Gerschenson (Associate Dean for Research), Dr. Blanchette
Some proposed changes have potential impact on the rest of the JABSOM students (undergraduate, ‘Imi Hoʻōla, graduate students) and/or need appropriate consultation with UH Manoa or UH System.

GENERAL QUESTIONS THAT IMPACT MORE THAN ONE CLASS OF MEDICAL STUDENTS

Q: Are we able to study at JABSOM or come to school for simulations or tests?
A: Yes. However, we are asking all students to let OSA or OME know that you will be coming into the building for the purposes of spacing and monitoring. Social distancing (6 feet apart) must remain in place. Use of your own personal face covering is required when you are in the building, walking around in public spaces and if you are in an enclosed space with someone else, even if 6 or more feet apart. Surgical facemasks will be provided during the required simulation sessions, SP or OSCEs and for shelf-exams. The library, computer lab, PBL rooms and other study areas have been modified to adhere to the social distancing requirements. Remember that entry into MEB requires your badge.

Q: Can Zoom lectures be consistently recorded and have the link made available on JBOWS?
A: Yes, this is technologically possible. Please speak with your Course Director if this is not happening.

Q: How long will the shelter-in-place or related travel quarantine restrictions remain in place?
A: As of this writing, the shelter-in-place order remains in effect until May 31, 2020. Hawaii’s “positive” test rate is fairly steady (around 2.3%) of tests, and there appears to be a general downward trend in new positive cases per day. However, more community-wide surveillance is needed (and will be starting), including testing of asymptomatic people in high-risk occupations or groups not able to socially distance or quarantine (i.e., patients of FQHCs, those who live in public housing, those who are houseless or incarcerated). PPE supply is better in the hospitals and being used judiciously. There remain some challenges with procurement and supply chains for outpatient settings, although this is actively being worked on. The serology (IgG/IgM) antibody tests are not reliable at this point, despite some sporadic use in the community. Additionally, having a “positive” antibody does not necessarily mean immunity, as those correlation studies are still being done. We anticipate more changes by the Governor and Mayor Caldwell about gradual re-opening this week of April 20, 2020.

Q: When will we be able to resume clinical experiences?
A: MS1: In-person clinical skills and longitudinal clinical mentoring (LCM) experiences are being adjusted depending on the status of the pandemic in Hawaii, capacity of the mentors and availability of appropriate PPE. Virtual experiences (i.e., telehealth) are being explored and will be implemented when practicable. The first ever telehealth standardized patient experience will start the week of April 20.
MS3: The schedule was adjusted in April in hopes of returning the MS3s to an altered (reduced and more focused) clinical rotation starting in May. However, with the extension of the stay-at-home order until May 31 and in ongoing conversations with the hospitals, the return-to-clinical date may not happen on May 1 for some students. As above, we also must ensure appropriate PPE and readiness for the preceptor/clinical site to have students. Telemedicine/telehealth encounters “count” as clinical experiences, so rotations are adjusting if the sites/faculty have that capacity. See below for more specific MS3 Q&As. As of 4/22/20, both Hawaii Pacific Health and Kaiser (hospitals and clinics in both health systems) are not allowing students back in. Dr. Buenconsejo-Lum will follow-up with them in mid-May. As of 4/23/20, Queen’s will allow students back on May 1. Dr. Buenconsejo-Lum is awaiting word from Kuakini. Tripler is unfortunately not able to accommodate students at this time.

MS3 6L outpatient: We are checking with each preceptor and will notify the students if they are able to return to the 6L sites. Because of the uncertainty regarding the travel quarantine, we may hold off on the neighbor island sites for now. 6L outpatient student doing OB will NOT follow their preceptor into labor and delivery. 6L outpatient students on surgery with only Queen’s-based physicians may be able to follow into the OR depending on timing and PPE rules at the time. HOME clinic will take students and there will also be a prioritization process focused on the MS3s and MS4s for now. After the MS4s graduate, then there is the possibility of the MS1s returning to HOME clinic.

MS4: As above for MS3s. In case we are not able to return the students on EM in Block J2 to an actual ED, the simulations (in addition to the alternate learning activities) provide the necessary experiences to meet all rotation requirements. LCME has granted all medical schools flexibility to adjust or reduce required clerkship experiences (type of patients) and/or time, if the goals and objectives of the clerkship were able to be met on previous clerkships or through alternate learning activities (i.e., online, case-based discussion, telehealth/telemedicine, simulations). If the situation in the emergency departments or long-term care facilities (teaching nursing homes) are not safe for students to return to prior to graduation, the LCME has granted medical schools some flexibility in altering graduation requirements. Our goal is to graduate all of you on time.

Q: The AAMC has been updating guidance related to returning medical students to direct patient contact activity. Does this guidance change any of JABSOM’s plans?

A: No. The most recent AAMC statement from April 14, 2020 is consistent with JABSOM’s plans and decision making as described above. We are fortunate that in Hawaii, we now do have priority COVID-19 testing for healthcare providers, as well as PPE in our hospitals and health insurance coverage. Section II of the April 14, 2020 AAMC guidance applies to our situation in Hawaii.

Q: When we return to clinical rotations, are there alternate housing options if we are living with individual(s) at high-risk for developing moderate-to-severe COVID-19?

A: At present, the “Hotels for Heroes” program prioritizes those healthcare workers who are at risk of sustained or repeated exposure to COVID-19; provide specialized care that no one else
Frequently Asked Questions regarding medical education

April 23, 2020

can fill; high-risk living situations (multigenerational family with elders or immunocompromised people or inability to self-isolate (i.e., lack of private bedroom/bathroom))

Since medical students would be placed in clinical learning environments with the lowest-as-possible and would not be caring for suspected, PUI or COVID-positive patients, they are a lower risk of having sustained or repeated exposure and would therefore not qualify for the Hotels for Heroes program at present.

However, as the situation changes, we will remain in close contact with the Healthcare Association of Hawaii who is managing the program.

Q: If we do not qualify for the Hotels for Heroes program but are in a high-risk living situation or are ourselves at risk, do we need to return to clinical rotations even with proper PPE?
   A: We will work with individuals on a case-by-case basis to ensure they meet their requirements while maintaining as much safety as possible.

Q: Will exams be online?
   A: This will depend on the specific course.
   MS1: The MD4 midterm will be administered online, with options for a few students to take the exam in person if they are not able to reliably access ExamSoft. Stay tuned for more information from your course director.

   MS3 and MS4: Shelf exams will be in-person (consistent with pre-COVID), but the administration times will be changed to allow for proper social distancing.

Q: Volunteering – what is allowed? What is the process?
   A: There are many potential opportunities for volunteering while keeping students safe.
   Deciding not to volunteer will in no way influence grades, reviews, assessments related to GHHS, AOA or similar.

   AAMC guidelines for volunteering during COVID-19 require stronger oversight by medical schools in order to ensure the activities maintain social distancing and prevent risk of contracting the SARS-CoV-2. The guidelines require the school to approve and thoroughly counsel the student regarding the activity before it is undertaken.

   Please note that students are still responsible for meeting all their requirements for courses and clerkships. OSA will be maintaining a list of allowed options and will also be tracking what types of activities each student is participating in. Should a student wish to volunteer for any activities, please contact OSA (Dr. Burgess/Teranishi) for coordination, student counseling, and formal approval by the JABSOM administration. Similarly, if students would like to coordinate any types of activities, please contact OSA first.
We are actively working with the Department of Health and other community agencies to expand the types of volunteer opportunities that would also be of direct benefit to your education. These types of activities will need to be coordinated through OSA.

Currently allowed activities include those able to be conducted by phone or online. The Department of Health and the Hawaii Emergency Management Agency (HI-EMA) are aware of student interest in contact tracing, help with epidemiology, doing phone call follow-up for people who are at highest risk or who need enrollment into the homeless shelters/housing. There may be additional roles in helping our various partners across the State in finding, vetting, and collecting information/websites/resources and in-language (translated materials or videos) resources for our diverse communities.

JABSOM has an official role in the HI-EMA structure and will be helping to ensure our most vulnerable populations maintain access to care, including needed social services, and have appropriate follow-up and wrap around services for those who are suspected or PUI or COVID-positive. The structure and supervision for those more clinically-oriented volunteer activities are being worked on. There will be opportunity toward the end of April for interested students to work with students from nursing, social work and public health on various parts of analysis of a very large rapid community health needs assessment. Please let Dr. Burgess and Dr. Buenconsejo-Lum know if you are interested. We will provide more updates as the different roles and functions of the HI-EMA are implemented.

Several community agencies are also starting to request in-person assistance. Our main concern is adequate PPE (surgical mask and gloves) if our students are going to be interfacing with, for example, intakes at domestic violence shelters or delivering meals to home-bound elderly. Before approving any volunteering, OSA will work with those organizations to understand the scope and to determine if social distancing, surgical face masks and gloves will be made available.

Q: Volunteering in a clinical setting – is this allowed? Could it ‘count’ toward my clerkship?
A: We will consider this only with appropriate PPE. If the experience is available to all MS3 students consistently, then we will consider formally incorporating that into required clerkships. If an experience is not consistently available to all students, then we will not be offering any credit, as that would violate the LCME Standard 8.7 on Comparability of Education/Assessment.

Q: What if we get sick from COVID? Will our health insurance cover this?
A: Yes, your health insurance will cover COVID-related illness.

Q: What if an adverse event happens while I am caring for a COVID patient?
A: The medical school’s existing insurance policy will cover occurrences that occur while on approved JABSOM educational experiences. Additionally, there is consideration of including health professions trainees into a future amendment to the current “good Samaritan” law.
Q: We hear so much about testing and there seems to be conflicting information in the media. Can you shed some light?

A: Thank you to Hawaii Pacific Health for the following overview in their HPH Bulletin #37 (today)

**Update on COVID-19 Testing**

We have received lots of questions regarding testing, including some of the new testing methods available.

Much has been learned about the test we have had for a couple of months. As a reminder, the RT-PCR test is looking for the virus from a specimen from the nasopharynx. When positive, it means a person has the COVID-19 infection. It is not a perfect test, and sometimes we receive results labeled as “indeterminate.” This means that there were some indications of the virus present, but not all of the indicators we would expect to see if it was clearly positive. These specimens are then retested for confirmation (i.e., CLH sends these to the HDOH lab, and the HDOH lab sends to CLH or DLS).

We also are aware there is a lot of excitement about the rapid test created by Abbott Labs. There are several reasons to be somewhat less enthusiastic: only one test can be run at a time, and although a positive results in 5 minutes, it takes 13 minutes to get results on a negative test. This means one machine can only really run about 4 tests every hour. Additionally, the machines are limited in number and the test kits to perform the test are in very short supply. It’s also been reported today that the false negative rate may be as high as 15%, which means about 1 in 7 people who actually have COVID-19 would receive results that said they didn’t have it.

Finally, there is a lot of interest in antibody tests. These are blood tests that help to know if a person has had an infection in the past. It takes several weeks for a person’s immune system to respond to an infection with antibodies, and these are what the tests are designed to identify. There is no point in doing this blood test to find out if a patient has an infection right now.

Antibody tests are difficult to get right because we all have lots of antibodies to lots of things, including many viruses. The test needs to be specific for just this kind of coronavirus, and all indications about the tests available right now are that we just don’t know that they are accurate. There are more than 70 different brands of tests available. Having an accurate test will be very helpful to us, but it doesn’t look like these quick finger-stick blood tests that you can obtain right now are going to be the answer.

**Resources related to well-being and stress**

Emergency Support Fund for medical students: please contact OSA for more information on this.

Additional Community Support Services, Resources and Information: Please see the [UH page](#). We will also continue to update our JABSOM COVID-19 page.

Well-Being and Mental Health options: In addition to the information on the [JABSOM COVID-19](#) resource page, we are working with our JABSOM psychologists in the Department of Native Hawaiian Health and Dr. Yap to expand counseling options for students. In the meantime, we strongly encourage
MD CLASS-SPECIFIC QUESTIONS (if not answered above)

**MS1**

Q: What opportunities will there be for MD5?
   A: We are hopeful that on-island or in-state preceptorships will be available by that time. At this time, because of the global spread, numerous uncertainties related to travel restrictions, heightened risk and lack of access to your usual source of care, we are not recommending international or USAPI rotations. Additionally, certain countries are restricting visitors for months and second waves of COVID are impacting some countries where our students typically choose for international experiences.

Q: Can we use the Anatomy lab for individual study?
   A: Please see the April 16, 2020 memo emailed to the MS1s by Dr. Omori (the memo was from Dr. Matsui). The anatomy lab will be open from 9:00 am to 4:00 pm on weekdays. Guidelines and groupings have been put in place to ensure only one student per cadaver/station. This allows for compliance with social distancing requirements. Students should wear their own facial covering (a mask will not be provided). If you have any questions, please contact the Director of the Willed Body Program, Steven Labrash labrash@hawaii.edu.

**MS2**

Q: Numerous uncertainties related to USMLE Step 1. Please refer to the usmle.org COVID-19 page.
   A: There are continuing and urgent discussions and similar (to your) questions/concerns being raised by medical education leaders across the country.

   JABSOM is also considering changing some of the deadlines and timeline to take USMLE 1 so that it minimizes impact to transitions to clerkships and clerkships. Discussions do include moving the USMLE 1 until later in the MS3 year (as has been done at many schools, pre-COVID).

   As of April 23, 2020, Prometric centers remain closed until May 31, 2020. We have developed contingency plans that will be discussed at the next Curriculum Committee on April 24, 2020 and the class will be updated soon thereafter.

Q: Will any delays in USMLE 1 cause delays in starting the MS3 year?
   A: No. We will work with individual students on scheduling the exam during their clerkship time.

Q: Will the end-of-MS2 OSCE still occur? Transition to Clerkship?
   A: Provost Bruno gave us approval on April 22, 2020 to hold simulations, standardized patient encounters, OSCEs and exams at JABSOM regardless of the stay-at-home order. Certain skills need to be taught in person and certain competencies are best tested in-person via OSCEs, etc.
All students and “patients” will be wearing masks and we will be working on spacing and timing to achieve as much social distancing as possible. For the Transition to Clerkship, we are working on some components to be done online (this was planned pre-COVID) and are aiming for the rest of this to be done in person in June, as scheduled.

**MS3** see the “General” section above

**Q:** Grading, Shelf exams & MSPE for COVID-19 impacted rotations  
**A:** The clerkship directors and leadership of OME, OSA and the ADAA have carefully reflected on the students’ input into the grading for rotations impacted by COVID-19 and the removal from clinical sites. The Curriculum Committee met on 4/10/20 and the Dean’s Executive Team met on 4/13/20. The decision was relayed to the MS3 class via email on 4/13/20.

Clerkship grades that have already been granted will not be changed (will remain H/HP/P/F). LCME Guidance of March 20, 2020 “LCME Approaches to the Clinical Curriculum” also drives decision making for a consistency in grading for all clerkships from a time certain.

Please understand that all clerkship directors and JABSOM leadership felt it would be very difficult to determine Honors or High Pass if the rotation had less than 2 weeks of inpatient clinical experience. It would also not be fair to those students who completed all their inpatient block rotations pre-COVID.

As the final grade assignment (relative weighting of rotation components) vary by clerkship, the clerkship directors will be making the decision on what weight will be assigned to outpatient vs. inpatient vs. alternate learning vs. exams, for example. Please check with your clerkship director if you have questions regarding how the grade determinations will be made for all students in the similar situation.

The shelf exams will continue, but not until the completion of the clerkship. For now, the shelf exams will be done in-person with appropriate social distancing and facemask provided. You will be notified about the shelf-exams as soon as we have more clarity on when certain rotations will be completed. Shelf-exams will adhere to social distancing, so there will likely be a separation into smaller groups to accomplish the social distancing.

Each clerkship director will have a standard explanatory statement in the Summative Comments regarding the types of alternate learning experiences and the amount of time spent in a particular rotation. This statement will occur for all students, regardless if their track is on a H/HP or Credit/No Credit. Please note that performance in the outpatient settings will weigh into the comments on the final evaluation and for the MSPE comments. The MSPE will also include an overall statement about the impact of Hawaii’s pandemic response on your medical education.
Discussions are ongoing with the clerkship directors to clarify more details. The goal is to ensure our students complete their core clerkships and are well-prepared and remain competitive for residency programs.

Q: MS3 schedule changes and how will that impact our MS4 year?
A: There will be some reconfiguration of rotations over the next several blocks in order to ensure students receive some clinical experiences in addition to the alternate learning activities currently being done. We do anticipate that there will need to be some flexibility in the MS4 year to allow students to “make up” clinical experiences in order to better be prepared for sub-internships in their specialty area of interest. LCME does allow schools some flexibility, including use of elective time in order to meet the curricular requirements and in order to graduate on time in 2021.

A: Step 2 exams? Yes, if students need to make up clinical time in the MS4 year, you can still take the Step 2 as planned (provided Prometric is open). The “vacation” time when many of you take your Step 2 remains as scheduled.

Q: Will we be able to return to the clinical setting during the stay at home order (since education is essential)?
A: We are working with the hospitals and outpatient settings to determine when we are able to return students to direct patient care activity. We may be able to return students to outpatient settings sooner than inpatient settings. The use of cloth face coverings will need to be continued when in public, entering/exiting the buildings, in public spaces and when not in direct patient care. If doing direct patient care, then facility policies apply (and at a minimum, surgical mask and gloves).

Q: Will the interisland travel restrictions or quarantine impact the decision to finish our 6L on the neighbor islands? Depending on the timing and status of the 14-day quarantine, students may be in quarantine for exams or transition to clerkship activities.
A: Dr. Len is awaiting clarification from the Hawaii Department of Transportation if the students would be granted an exemption from the quarantine. Depending on the answer from DOT and timing of return to outpatient, we may look for experiences on Oahu to minimize the impacts of the quarantine. OME will communicate any updates directly to the affected students.

Q: If some hospitals do allow students to return before May 31, 2020, will there be a prioritization process so that students are able to complete the clinical portion of their clerkship BEFORE they do any sub-internship in their specialty area? (i.e., IM clerkship students who are planning an IM (or neuro or cardiology) sub-I would get first-priority to complete their IM inpatient clinical training)
A: Yes. The clerkship directors and coordinators have several layers of contingency plans depending on the date that students in the different clerkships are able to return to the clinical
environment. **We ask that the students be very patient and considerate that we have to take everyone’s needs into consideration.**

Q: If students are not allowed to do any clinical work in May, will alternate learning activities continue?  
A: Yes.

Q: Given the above, are there options to help reduce the rotation/elective scheduling conflicts for next year?  
A: Yes. A two-week elective during the MS3 year related to COVID will soon be offered by Dr. Berg. The sessions will be virtual and consists of twice weekly 40-minute sessions for 5 weeks. You do NOT need to be on a scheduled elective week to participate in this. This will count toward your elective requirements and should help with scheduling in the fourth year.

Q: How will these curricular changes and Prometric closures impact residency applications?  
A: The AAMC is in discussion with USMLE/NBME and the National Residency Match Program (NRMP) regarding pushing back timelines for MSPE dates and ERAS opening. There are also national discussions and working groups determining whether only video interviews should be allowed for this season.

The **Coalition for Physician Accountability** is looking at the entire residency application process, visiting rotations, in-person interviews, and application deadlines. The Coalition has over ten stakeholder organizations involved, and the group is productive, although the issues are complex. The hope is that a statement of guidelines will be completed by May.

Q: Scheduling away electives in the MS4 year?
A: At this time, many schools have placed holds on visiting students and residents. As the coronavirus pandemic is occurring at different rates across the US, our best guess is that schools will have a better idea of whether to offer visiting rotations by the summer. For now, if you want to approach schools for visiting rotations after July, you can do so BUT you should also have a back-up plan. Please note that **VSLO** is temporarily suspended until April 29, 2020 and will continue to be assessed.

Note that there are national discussions about “audition rotations” and allowing virtual interviews to help reduce the financial, time and stress burden – which is disproportionately high for our students. There are also discussions about how restricting “audition rotations” will negatively impact students from schools who do not have the full breadth of core specialties or subspecialty fellowships. This national conversation includes the GME community and ACGME and **others who are part of the Coalition for Physician Accountability (as above)**. We anticipate some national guidance within the next two weeks.

Q: Postponing graduation in 2021?
A: No, we are doing our best to ensure graduation occurs on time for both the class of 2020 and 2021.
Q: Gold Humanism Honor Society induction banquet? Will be done virtually on May 1, 2020.

**MS4**

Q: If students are not allowed to do any clinical work in May, will alternate learning activities continue?
A: Yes.

Q: Is JABSOM considering early graduation?
A: No. There are many disadvantages and uncertainties. The ACGME does not support this for a variety of reasons. Most medical schools (97% of 226 DIOs that were on the 4/6/20 and the 4/20/20 call) do not support this. The residency programs are not ready and the programs want to ensure a safe learning experience for new residents.

The two weeks prior to graduation will be the end of Block J (for those students yet to complete Geriatrics and Emergency Medicine requirements).

Q: For the MS4s who are on clinical electives for block J2 (i.e., dermatology), will we have the option to stick with the alternate learning activity instead of going into clinic?
A: If the preceptor allows, we want the students to return to clinical activity. COVID will be with us for a long time (2 or more years), so it is important that our students have the opportunity to return to some form of clinical duties as soon as possible.

Q: Will the last week of Senior Seminars (boot camp) be held in-person?
A: No. As of April 10, 2020, the required Senior Seminars will be held online. There will be two days of specialty-specific Boot Camp done virtually. The Department of Surgery is offering an OPTIONAL suturing workshop during their Boot Camp time. Dr. Berg has also created 3 sessions related to COVID management. MS4s who have completed all their requirements and whose remaining elective time is not dependent on a clinical site, will need to have a discussion with OSA and complete all clearance procedures before leaving Hawaii.

Q: What about Senior Luau, Awards Dinner and Convocation?
A: Unfortunately, the Luau has been canceled as there is no way to maintain social distancing or have a virtual luau. Convocation on May 17, 2020 will be virtual, with a portion in-person at JABSOM and a portion via Zoom and livestreamed. Awards will be noted in a special Convocation Program. Full details will be forthcoming from the class officers and planning committee.

Q: Can MS4s who have completed requirements help with the other classes’ education activities?
A: Please contact Kayla Murata if you’re interested in learning more. Potential options will be discussed with the MD4 Course Directors and the Junior Course Director, Audrey Hagiwara, and Clerkship Directors. Some ideas might include being willing to review case maps/presentation before the MS1s present it to their PBL groups or serving as virtual standardized patients for clerkships. Thank you MS4s!