Recordings of prior Town Halls:

4/8/20 Town Hall  https://www.youtube.com/watch?v=bHfZIKmztsA
4/15/20 Town Hall  https://www.youtube.com/watch?v=EMgpgaSyFAA
4/22/20 Town Hall  YouTube lost this recording
4/29/20 Town Hall  https://www.youtube.com/watch?v=GNeaBGVLhfw
4/30/20 MS 2 Town Hall  https://www.youtube.com/watch?v=NSNZrWb55TE
5/6/20 Town Hall  https://youtu.be/xhUZtCX74I0
5/8/20 MS3 Town Hall  https://youtu.be/hvPafZ-EXUg
5/13/20 Town Hall  https://youtu.be/ziPhiCiiUos
5/20/20 Town Hall  https://youtu.be/3as9XLo5qDc
5/27/20 Town Hall  https://youtu.be/5Pq-SPv7dno
6/10/20 Town Hall  https://youtu.be/ofn8oc6dgAU

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 questions or concerns that have been raised by students and is meant as a ‘living document’ that will be updated as changes are made. Student Town Halls for all students are now being held every other week on Wednesdays at 5:30 pm since the MS3s are back on clinical rotations. 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 as possible.

**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 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 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 are 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 and may supersede this JABSOM guidance. Policies vary by facility regarding surgical masks (i.e., extended use or not), face shields (depends on setting), type of gown (depends on the setting/procedure/infection control precautions), and gloves. At a minimum, use a surgical mask when providing direct patient care in a hospital.
  - Outpatient: Facility/office/institutional protocols apply and may supersede this JABSOM guidance. Policies vary by facility regarding surgical masks (i.e., extended use or not), use of face shields (depends on the setting), and gloves. At a minimum, use a surgical mask in an outpatient setting. Some settings may require protective eye goggles when caring for patients (Goggles must have a complete seal around your face. Indirect vent is allowable per DOH.)
- Cloth Face covering must be used in healthcare facilities when outside patient care areas (e.g., when in break rooms or call rooms (if you do not have a surgical mask)), when in all public spaces within a healthcare facility and when entering or exiting a facility. Be sure that you are familiar with and adherent to the facility/clinic policy regarding masking in non-patient care areas. As the conditions guiding re-opening or reinstating workplace or public restrictions evolve, there may be changes in PPE policy.
  - **Cloth face-covering** includes hand-sewn cloth masks, t-shirt face covering (no-sew method), scarves or bandanas.
  - Several of the HCW who became ill (i.e., “mild cough” even without fever) did not maintain proper masking or physical distancing in breakrooms and that is how the clusters developed in Hawai‘i. This highlights the importance of (a) wearing the cloth mask always and (b) physical distancing as much as possible, even in non-patient care areas
- No in-person encounters for any persons under investigation (PUI) or COVID-positive
- No clinical assignments to PUI or COVID-positive areas/wards/units

**Students may be assigned patients presenting with respiratory symptoms after the patient has been appropriately evaluated by the supervising attending and deemed to be low risk for COVID (i.e., known CHF, COPD, asthmatic patient, allergic rhinitis patient with no known COVID risk factors or exposure to COVID-positive patients). Being able to learn about and manage patients with
respiratory symptoms is fundamental to almost every specialty and is a core requirement for all medical schools.

- Proper handwashing and hand hygiene are critical, including when putting on/taking off your cloth face covering or mask, coming back from the grocery stores, etc.
- Wearing your homemade facial covering or mask when coming to JABSOM to study on your own or for PBL sessions (with continued physical distancing) or in-person testing (i.e., course exams, NBME shelf exams).
- Wearing your own surgical or JABSOM-provided surgical mask when participating in OSCEs, clinical skills, standardized patient, or simulation experiences.

**PREPARATION FOR RETURN TO CLINICAL SETTINGS**

- Purchase safety eye goggles that have a complete seal on your face. Indirectly vented goggles are acceptable per the Department of Health (DOH).
- View the CDC donning/doffing PPE videos before the start of each rotation
  - [https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf](https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf)

Please look for further instructions from OSA regarding tracking the completion of the CDC video.

- We strongly recommend each student review the COVID-19 primer before returning to the clinical environment (especially inpatient 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](https://www.lci.org/)

Adjust 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 clinical setting and per the requirements of a 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, FSBM, 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)
  - The executive team is comprised of Dean Hedges, Dr. Buenconsejo-Lum (Associate Dean for Academic Affairs), Dr. Gerschenson (Associate Dean for Research), Dr. Blanchette (Associate Dean for Clinical Affairs), Nancy Foster (Chief Financial Officer), Dr. Omori (Director of OME) and Dr. Olson (Deputy DIO)
  - Some proposed changes have a potential impact on the rest of the JABSOM students (undergraduate, 'Imi Ho'ōla, graduate students) and/or need appropriate consultation with UH Manoa or UH System

**GENERAL QUESTIONS THAT IMPACT MORE THAN ONE CLASS OF MEDICAL STUDENTS and ‘IMI HO’ŌLA STUDENTS**

Q: Are we able to study at JABSOM or come to school for simulations or tests?
A: Yes. Please make sure you show your JABSOM ID to the security guard when you come into the building. As of May 1, 2020, you no longer need to notify OSA or OME that you will be coming into the MEB. Use of your 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, standardized patients or OSCEs, or other activities where students are expected to be close (less than 3 feet) and exerting themselves (i.e., CPR). You will be notified by the course director, OSA, or administrative staff if a surgical mask is required. The library, computer lab, PBL rooms, and other study areas have been modified to adhere to the physical distancing requirements. Remember that entry into MEB requires your badge.

MD4 exams will be in person on June 12 and 15. Wearing your homemade facial covering or mask is required during the examinations. Some Transition to Clerkship Activities will be in person between June 5-19, 2020. The last day of Senior Seminars Week #1, on June 26, 2020, will be in person.

Q: As the State moves into different “impact status” levels of recovery, when will we be allowed to resume in-person training, classes, events, orientation activities, etc.? And what will the physical spacing requirements be?
A: The State guidelines released on May 18, 2020, determined that, as of May 18, the State is in the “Act with Care” impact status (yellow). At that time, gatherings were restricted to groups of <10 and maintain >6 feet physical distancing and “recommended safe practices” for cloth face coverings. Note that there are more detailed recommendations being developed or already rolled out for different sectors of society. Dean Hedges is on the task force that is advising UH Manoa and the larger system on safe reopening strategies. On May 19, 2020, CDC issued guiding principles for universities with the caveat that “These considerations are meant to supplement – not replace – any state, local, territorial, or tribal health and safety laws, rules and
The University of Hawaii is preparing for a safe return to campuses in the Fall. Updates will be posted on the UHM COVID-19 page. The current State of Hawaii’s Impact level or status (as per the diagram below) can be found on the Recovery Navigator page. As of this update, Hawaii continues to be in the “Act with Care” impact level. Note that the gatherings are now up to 50 people (indoors) and up to 100 people (outdoors) while maintaining >6 feet distance as much as possible.

Advancement to the next impact level requires at least 14 days of observation between decision points before moving to the next level. There are numerous detailed public health and health care indicators being factored into decision-making. Additionally, the phased reopening of
businesses, as well as the lifting of the interisland travel quarantine (effective June 16, 2020) will require very close monitoring for more infections and clusters. JABSOM already has approval for small in-person activities, with universal masking (at least cloth face covering), with less than 6 feet physical distancing in certain circumstances, as we need to have that flexibility to teach clinical skills, conduct OSCEs or other skills assessments. Additionally, in the clinical space, 6 feet of physical distancing is not possible when conducting direct patient care or in some teaching rounds. The use of universal masking or source-control, even with cloth face coverings, has been shown to greatly reduce transmission risk as well as country-wide mortality. Given the high rate of asymptomatic transmission (18-43% in different studies), universal masking becomes even more important, especially once some of the local, interisland and outside of Hawai‘i travel restrictions are reduced.

For clinical skills or simulation sessions where close proximity (< 3 feet) is unavoidable and required for the educational experience and desired outcomes, we will continue to require (and provide) the use of surgical masks, as those are better at reducing transmission.

For tests (end-of-unit, shelf exams), PBL groups, meetings/discussions with individuals (1:1) or small meetings, cloth face coverings should be worn and with as much physical distancing as possible (at least 3 feet).

Just as important, if not more so, is the importance of staying home if you are sick, as any of the following symptoms could be indicative of infection with a respiratory or gastrointestinal virus.

- Cough
- Shortness of breath
- Sore throat
- Diarrhea
- Loss of smell or taste (these symptoms are now thought to be part of the common constellation of symptoms for the SARS-CoV-2 virus)
- Fever (>100.4 deg F) or feeling feverish
- Chills
- Body aches

Before coming in for a test or a scheduled session (i.e., OSCE, clinical skills, boot camp, transition to clerkship, etc.), students will be asked if they have any of the above symptoms. Effective May 21, 2020, JABSOM stopped temperature screening as the evidence does not fully support this very resource-intensive practice. Staying at home if you are sick (above), universal masking, as much physical distancing as possible and proper cleaning of surfaces are far more effective measures to reduce the risk of transmission to our JABSOM community.

Continued good hand hygiene, strict attention to proper cleaning of high-touch surfaces, and other environmental measures will continue to be followed at JABSOM, UH, and all health care facilities. Always wearing a cloth face covering, even when you are with one other person and
when you are in a shared space like the PBL rooms, computer lab, or library will further reduce the chances of asymptomatically transmitting SARS-CoV-2 to surfaces.

For more information on the evidence behind these recommendations, the University of Washington has compiled a nice summary of the evidence and literature, as do the contributors to the Frontline COVID-19 guide.

Q: Can we get into the main library study areas/stacks without having to go through the computer lab?
A: Yes, the library started raising the main gates on May 9, 2020.

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, all counties are at the “Act with Care” impact level. The interisland travel quarantine will end on June 16, 2020, BUT there will be enhancing screening and new forms to complete.

Plans to gradually reduce some restrictions are in the process of being rolled out if the businesses can adhere to physical distancing, cleaning/hygiene, and universal masking. Hawai‘i’s cumulative “positive” test rate remains less than 1.5%. Detailed testing data, as well as ethnicity breakdowns, can be found on the Department of Health’s website. There have been several community clusters in June, so everyone must remain vigilant. Several seroprevalence antibody studies done at Hawai‘i Pacific Health and Queen’s also show less than 0.5% positivity. PPE supply is better in the hospitals but continues to be used judiciously. There remain some challenges with procurement and supply chains of PPE. The serology (IgG/IgM) antibody tests are not reliable to determine immunity at this point but are being used for seroprevalence studies. Having a “positive” antibody does not mean immunity and this is being increasingly confirmed by data showing that viral cultures go out to 8 days, despite the emergence of antibodies. There is emerging evidence that an RT-PCR Ct score of 30 means that the patient is likely no longer infectious. This data, as well as incredibly detailed Hawai‘i specific models, and assessments of the efficacy of other jurisdictions’ “re-opening plans” are being used by State and County officials to guide the gradual reopening of certain sectors.

The Hawai‘i Department of Transportation, Hawai‘i Tourism Authority, the Attorney General’s Office, and many others are carefully weighing options and proposals for testing, tracking, and tracing visitors to Hawai‘i. There are discussions of incorporating some form of testing for travelers coming into Hawai‘i. There are also discussions of allowing trans-Pacific travel from low-incidence locales (Australia, New Zealand) and certain parts of Japan and South Korea. Details for trans-Pacific travel should be forthcoming in July.
Q: When will we be able to resume clinical experiences?

A: MS1 and MS2: In-person clinical skills and longitudinal clinical mentoring (LCM) experiences are being adjusted depending on the status of the pandemic in Hawai‘i, the 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 started the week of April 20, 2020.

MS3: The schedule was adjusted in April 2020 in hopes of returning the MS3s (Class of 2021) 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 was not the same for all 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 June 10, 2020,

- Castle Medical Center – ok to return as of April 30, 2020 (impacts some 6L students in Windward Oahu)
- Queen’s Medical Center – ok to return as of May 1, 2020. This includes Queen’s West and private practices within Queen’s facilities. As of May 6, 2020, Queen Emma Clinic is allowing a limited number of students at present, based on their ability to physically distance with the other providers and learners
- Hawai‘i Pacific Health – ok to return to Kapiolani as of May 4, 2020 (inpatient peds, inpatient OB, outpatient in the Kapiolani Peds and OB clinics only). Outpatient sites at Straub and Pali Momi started May 11, 2020. **Ok to return to Kauai HPH sites on June 15, 2020. Longitudinal Integrated Clerkship (LIC, formerly known as 6L) students rotating with HPH surgeons will not be allowed into the OR at this time (due to HPH-wide restrictions on N95 mask use for students other than those on their OB rotation).**
- Kuakini – ok to return as of May 4, 2020
- Tripler – ok to return only for currently scheduled and cleared IM students May 4, 2020
- Kaiser – **ok to return in June/July 2020 (next academic year for incoming MS3 and MS4)**

At all sites, judicious use of PPE is still required, so students will need to adhere to facility policies. Your clerkship directors will communicate specifics to the returning students.

MS3 6L outpatient: We are checking with each preceptor and will notify the students if they can return to the 6L sites. Because of the travel quarantine restrictions in May and the variable travel quarantine requirements by clinical sites, we held off on the neighbor island sites for the rest of the academic year (through early June 2020). 6L outpatient students doing OB will NOT follow their preceptor into labor and delivery unless going to Castle (depending on timing/PPE rules at the time). 6L outpatient students on surgery with Queen’s-based, Kuakini, or Castle-based physicians may be able to follow their preceptors into the OR depending on timing and PPE rules at the time. The HOME clinic will take students. There will also be a prioritization process focused on the MS3s and MS4s for now.
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) provided the necessary experiences to meet all rotation requirements. LCME has granted all medical schools flexibility to adjust or reduce required clerkship experiences (the 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 before 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 Hawai‘i, 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 Hawai‘i.

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

A: 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 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)). That program is ending on June 1, 2020. Each county has quarantine and isolation facilities and plans are being developed to secure additional quarantine and isolation facilities once hotel occupancy starts to increase.

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 Hawai‘i and the Department of Health who manages the quarantine and isolation sites in the state.

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. The MD4 finals
are scheduled to be taken in-person.

   MS3 and MS4: Shelf exams will be in-person (consistent with pre-COVID), but the
administration details will be changed to allow for proper physical 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 to ensure the activities maintain physical distancing and prevent the 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 Hawai‘i 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 the 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 an analysis of a 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 physical distancing, surgical face masks, and gloves will be made available.

Q: Volunteering in a clinical setting – is this allowed? Could this ‘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 happen while on approved JABSOM educational experiences.

Q: We hear so much about testing and there seems to be conflicting information in the media. Can you shed some light?
A: Antibody testing – Antibody tests are not useful to determine acute infection. Recent evidence shows that despite having a “positive” antibody, infected patients still shed live virus (based on viral cultures) through day 8 after symptom onset. This is the rationale for the new CDC/State of Hawai‘i "release from isolation" guidelines to 10 days after symptom onset or 72 hours without fever or myalgia (whichever is longer) AND with the resolution of all respiratory symptoms. There will be gradual use of the antibody test for seroprevalence studies in certain populations or occupational categories. Hawai‘i Pacific Health started doing antibody testing on May 1, 2020, for selected populations. Queen’s also recently conducted a point prevalence study of all hospitalized patients. In both settings, the antibody positivity was less than 0.5% of those tested.

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, Dr. Yap has been provided a list of psychologists through the Hawai‘i Psychological Association who are willing to see medical students. Thank you to Dr. Miyamoto for making this connection. we strongly encourage you to visit the Hawai‘i Psychological Association page. Please continue to contact OSA or Dr. Yap for any questions regarding this.

**MD CLASS-SPECIFIC QUESTIONS (if not answered above)**

**MS1 (Class of 2023)**

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. Dr. Horio released the updated MD5 guidance on May 15, 2020, which also includes virtual course options. 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 physical distancing requirements. Students should wear their 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.

Q: How will MD6 be conducted?
   A: PBL sessions for MD6 will be conducted virtually. Lectures will also be conducted virtually. Anatomy lab sessions will likely be a hybrid of virtual and in-person. Details are still being worked on and must adhere to physical distancing. Acland Anatomy was purchased for the 2020-21 academic year so that students have continued access through the end of MD4 and into the next year. Clinical skills sessions and simulations will also be adjusted to account for physical distancing. Universal masking is required for all educational activities.

**MS3 (Class of 2022)**

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 timelines to take USMILE 1 so that it minimizes impact on starting the clerkships. As of May 6, 2020, Prometric Hawai‘i is listed as being OPEN effective May 13, 2020. There are students scheduled in Hawai‘i starting May 15,
2020, so if you have not had a cancellation, then plan to proceed as scheduled. Per the Prometric update of April 30, 2020, all bulk cancellations are complete – meaning that if you have not received a cancellation, then your examination appointment is proceeding as scheduled. However, there are sporadic reports of Prometric sites on the continental US continuing to cancel tests. The USMLE is looking into other alternate options (including proctoring the exams at JABSOM), but the guidance will not be released until the end of June. If USMLE allows us to proctor the exams here, you will be required to wear your own facial covering or mask, and the timing of any test will be adjusted to meet physical distancing requirements. We are developing new contingency plans in terms of scheduling, but some details will not be known until we get the USMLE guidance. We are considering testing windows to occur the week after the MS3 colloquia (when all students will be back on Oahu) or during Winter break. Dr. Burgess sent an update on April 30, 2020. Please continue to discuss your scheduling options with OSA.

To best support the many students whose USMLE 1 has been delayed, we are working to strategically incorporate more foundational sciences into the clinical clerkships so that it helps to solidify your understanding of disease and treatment options and allows refreshing of the foundational science content that will be on the USMLE 1 exam. As of May 20, 2020, most of the MS2 were able to reschedule their exams to more favorable testing times (late May to early August). Additionally, USMLE has reached out to JABSOM for more information to explore readiness to provide onsite proctored testing at JABSOM in July-September. USMLE is still in the data gathering and planning phase but JABSOM has made it very clear that because of our geographic limitations, we should be a site for USMLE administration (Step 1, Step 2 CK, Step 2 CS (virtual), and Step 3).

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 physical 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. Therefore, please avoid scheduling any USMLE exams during those times. Please refer to the April 30, 2020 email from Dr. Burgess and April 30, 2020, MS2 Town Hall YouTube video. Some Transition to Clerkship Activities will be in person between June 5-19, 2020, including the end of MS2 OSCE.

Q: Will the interisland travel restrictions or quarantine impact our ability to start our longitudinal integrated clerkships (ambulatory) on the neighbor islands?
A: The Hawai’i Department of Transportation (DOT) has determined that students would be granted an exemption from the quarantine, as long as they follow the rules for healthcare providers (i.e., minimize interaction with others while traveling, wear a medical mask, self-monitoring for symptoms for 14 days, strict adherence to the clinic/facility PPE policies).

Although the interisland quarantine will end on June 16, 2020, many of our health facilities do also have 14-day quarantines for interisland travel that will remain past the lifting of any State travel quarantine, so some students may need to arrive early. The Office of Medical Education is in the process of verifying site readiness – not only related to the travel quarantine but because volumes of in-person ambulatory visits are shifting (with more emphasis on telemedicine). OME will communicate any updates directly to the affected students.

Q: Grading for required clerkships in the 2020-21 academic year?
A: If direct patient care experiences occur, the normal grading policies will apply for each clerkship. Detailed information is contained in the clerkship handbooks.

Rising MS4 (Class of 2021) see the “General” section above

Q: Many of us have had Step 2 CKs canceled by Prometric. How will this impact our schedule, rotations, and other items related to the ERAS and NRMP Match timelines? What about Step 2 CS?
A: There have been national discussions regarding the timing of Step 2 CK and the impact on ERAS applications. Nationally, there was a strong push to delay the ERAS opening to allow more time for students to complete Step 2CK and complete their MS3 core rotations. As of May 6, 2020, Prometric Hawai’i was listed as open starting May 13, 2020. As of May 20, 2020, most of the MS3s were able to reschedule their Step 2 CK exams to more favorable testing times (June-September). USMLE has stated that they anticipate 4 weeks to release the scores, so students who can complete the Step 2CK before mid-September should have the scores to release to ERAS/Programs before ERAS opens on October 21, 2020. Additionally, USMLE has reached out to JABSOM to determine readiness to provide onsite proctored testing at JABSOM (July-September). USMLE is still in the data gathering and planning phase but JABSOM has made it very clear that because of our geographic limitations, we should be a site for USMLE administration (Step 1, Step 2 CK, Step 2 CS (virtual) and Step 3).

A: Step 2 CS testing On May 26, 2020, USMLE and FSMB announced a 12-18 month suspension of Step 2 CS.

Q: Grading, Shelf exams & MSPE for COVID-19 impacted rotations (During AY2019-20, March-June 2020)
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 April 10, 2020, and the Dean’s Executive Team met on April 13, 2020. The decision was relayed to the MS3 class via email on April 13, 2020.
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 consistency in grading for all clerkships from a time certain.

Please understand that all clerkship directors and JABSOM leadership felt it would be exceedingly 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) varies by clerkship, each clerkship determines their weighting criteria. This was approved during the May 20, 2020, Clerkship Education Committee meeting. Please check with your clerkship director if you have questions regarding how the grade determinations will be made for all students in a similar situation related to a COVID-impacted rotation.

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 physical distancing and facemask from home required. 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 physical distancing, so there will likely be a separation into smaller groups to accomplish the physical 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 rotation. This statement will occur for all students, regardless if their track is on an 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 Hawai‘i’s pandemic response on your medical education. Nationally, there is also a working group to better standardize portions of the MSPE, as well as statements related to COVID-19 impact on students’ educational experiences. This guidance should be released in the coming weeks.

Q: MS3 schedule changes in May-June and how will that impact our MS4 year?
A: There was some reconfiguration of rotations (shortened to 2-week mini-blocks) in May-June 2020 to ensure students received some clinical experiences in addition to the alternate learning activities done in March-June 2020. We anticipated the need for some flexibility in the MS4 year to allow students to “make up” clinical experiences to better be prepared for sub-internships in their specialty area of interest. LCME does allow schools some flexibility, including the use of elective time to meet the curricular requirements and to graduate on time in 2021. Fortunately, we were able to return all MS3s to some form of clinical experience in May, so your class will complete your MS3 year on time.

The last day of Senior Seminars Week #1, on June 26, 2020, will be in person. The rest of Senior Seminars Week #1 will be done virtually.
A: Step 2 exams? Yes, if students need to make up clinical time in the MS4 year, you can still take Step 2 as determined by Prometric availability. 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: Yes. Clinical activity is part of your education as a future health care provider. We continue to work with the hospitals and outpatient settings to determine when we can return students to direct patient care activity. 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). Most clinical experiences resumed in early May 2020.

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: The Hawai‘i Department of Transportation (DOT) has determined that students would be granted an exemption from the quarantine, as long as they follow the rules for healthcare providers (i.e., minimize interaction with others while traveling, wear a medical mask, self-monitoring for 14 days)). Although the interisland travel quarantine will end on June 16, 2020, many of our health facilities do also have 14-day quarantines for inter-island travel that will remain past the lifting of any State travel quarantine. As an example, our surgery residents would need to quarantine in Waimea if we were to return them to North Hawai‘i Community Hospital (for a 4-week rotation). Because of the short duration of the clinical blocks and timing of various exams, we are looking for experiences on Oahu to minimize the impacts of the quarantine. No neighbor island 6L rotations through June 12, 2020, will be allowed. 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 can 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 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 different clerkships can return to the clinical environment. We ask that the students be very patient and considerate that we must consider everyone's needs.

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 was offered by Dr. Berg. The sessions were virtual and consisted 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 Coalition for Physician Accountability (CPA) looked at the entire residency application process, visiting rotations, in-person interviews, and application deadlines. The Coalition has over ten stakeholder organizations involved. The CPA Executive Summary, a compendium of resources for applicants and programs, recommendations for conducting interviews, and other resources were released on May 11 and the full report released on May 21, 2020. Numerous specialty societies have or are in the process of releasing guidance to applicants and programs to follow the CPA recommendations. Check the AAMC Specialty Response to COVID-19 page each week, as new guidance is rapidly forthcoming. The AAMC FAQ page related to Away rotations, Virtual Interviews, and ERAS timelines is being updated routinely.

Q: Scheduling away electives in the MS4 year?

A: At this time, most schools have placed holds on visiting students and residents. Some schools are not resuming MS3 clinical experiences until July. Because the coronavirus pandemic is occurring at different rates across the US and some locations are seeing a resurgence of cases again, the national recommendation by the Coalition for Physician Accountability is to significantly restrict away rotations except for a few circumstances. Some schools or programs may be able to provide official virtual away rotations. Most programs and schools, however, will not have the capacity to offer or allow virtual away rotations at all or for credit. ALL programs are being encouraged to develop an array of virtual/digital experiences so that the applicants can get to know the program and vice versa – outside of the actual virtual interview. If you are a student interested in going into a specialty for which we do NOT have a residency program in Hawai‘i (at either JABSOM or Tripler), then OSA will work with you to determine options for away rotations. Please note that the different specialty societies are also recommending limiting the number of away rotations AND reducing the number of required letters of recommendation from the specialty. This is being done in the interest of safety AND FAIRNESS.

From the AAMC Away Rotation FAQ site: “The number of available away rotations will vary widely by the institution, specialty, and program. Each program will need to decide, based on its own community’s experience with COVID-19 and the changes that experience brings to the clinical learning environments, whether it can offer any rotations to visiting students at all this year. Under some conditions, students from one geographic location who are invited into a facility in another location could increase the likelihood of carrying infection into the host institution or community, or from the host institution to the student's home site and community. It is likely that the number of away rotations offered to students this year will be less than in the past. In addition, guidance from several specialty and program director groups is
urging limitations for away rotations for this cycle. As medical schools and host institutions establish policy within the context of their own individual elective offerings and with the Coalition WG’s recommendations in mind, students are encouraged to work closely with their medical school advisors to determine how they should proceed.”

There are several national surveys (AAMC and ACGME) ongoing at present to determine which and what percent of schools intend to comply with the Coalition for Physician Accountability recommendations and which schools can offer away rotations for students meeting the exception criteria. JABSOM programs will not be offering away rotations with the rare exception of a few ATSU-Hawaii students.

Q: Virtual Interviews – how will students prepare? How are our residency programs preparing?
The AAMC and other institutions have prepared numerous resources for students, schools, residency, and fellowship program directors. These tips and recommendations are being continually updated.

Senior Seminars week #1 will have several sessions on interviewing and there will be an opportunity to practice virtual interviews. Additionally, JABSOM is working on securing some dedicated "virtual interview" rooms so that Class of 2021 students who would prefer doing their virtual interviews at JABSOM (reliable internet, webcam, lighting, and background) can do so. We anticipate that many students will prefer to do the interviews from their homes. More information will be forthcoming before October, as there are many logistical details to be worked out.

Our JABSOM residency and fellowship programs, like all others across the country are in the process of restructuring interview days, as well as the entire interview process and other activities to ensure that applicants and program interviewers have optimal experiences to determine “best fit” for their programs. We anticipate additional video resources such as virtual tours and other opportunities to meet the residents/fellows outside of the actual interview session.

Q: ERAS and MSPE timelines?
To ensure maximum fairness and to account for the delays in USMLE Step 2CK and 2CS, ERAS will open for program download and review on October 21, 2020. Students will be able to start working on their applications from June 8 but have an extended period to get additional letters of recommendation and test scores into the system. Various specialty societies and Program Directors associations have also recommended limiting the number of letters from that specific specialty, in recognition that many students across the country will NOT have the opportunity to do numerous local or away rotations in that particular specialty area.

Additionally, programs will be able to download the MSPEs from ERAS on October 21, 2020. What this means is that all programs will be able to receive the first batch of applications on October 21, 2020, and all those applications will be date and time stamped to October 21, 2020.
This avoids undue pressure on all parties and eliminates the ability for certain programs to “view more favorably” those applicants who were able to get their completed applications in much earlier than the ERAS opening date. Completed applications submitted in ERAS after October 21, 2020, will be date/time stamped in real-time.

Q: National Residency Match Program (NRMP) Match timelines
   As of May 13, 2020, the NRMP Match week timelines remain unchanged because residency programs need the full 3 months to complete onboarding of new residents before the end of June/July 1 start dates. The Rank Order List (ROL) timelines have changed to the opening on February 1, 2021, and closing on March 3, 2021, for both programs and applicants. Match Week and SOAP for the 2021 Main Residency Match will remain as scheduled for March 15-18, 2021, with Match Day occurring on March 19, 2021.

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.

Incoming MS1s (Class of 2024)

Plans are underway to have MD1 and possibly MD2 to be hybrid – meaning some portions will be held in-person and other aspects will be done virtually. Although details are still being worked out, here is a summary of some of the planning thus far:

- **Orientation/Welcome activities**: Some activities will be done in person but altered to adhere to physical distancing requirements at that time. Other activities will be done virtually.

- **Ohana Day**: Will be held on Saturday, July 25, 2020, in the morning. This will be a virtual ceremony.

- **White Coat Ceremony**: This is still being planned and will be deferred to August. There is a chance this will be a hybrid ceremony.

- **Problem Based Learning (PBL) sessions**: One session per week will be done in-person (with physical distancing to 3 feet and use of universal cloth face coverings), the other session will be done virtually via Google Meet or Zoom.

- **Lectures**: Will be done virtually (live via Zoom). Some lectures may also be pre-recorded for students to complete on their own time.

- **Clinical Skills and Standardized Patient sessions**: Will be done hybrid. In-person sessions will be with universal masking (JABSOM-provided surgical mask) and physical distancing to 3 feet as much as possible.
Learning Community sessions: May be done hybrid. In-person sessions will be with universal masking and physical distancing to 3 feet as much as possible.

Community Medicine: Will be done hybrid, depending on the course.

Anatomy lab: This does not start until MD2 (September). Plans are being developed and may include a hybrid experience. Virtual learning will be maximized.

Other class activities: Some will be done in person with physical distancing and universal masking. Some outdoor activities will be considered.