

SUO | AADO | OPDO

SUO/AADO/OPDO Statement regarding Away Rotations

April 27, 2020

The COVID-19 pandemic has significantly altered medical education. Medical schools have removed students from direct patient care to help reduce the virus's spread and to conserve personal protective equipment. Furthermore, most institutional policies prohibit student travel for away clerkship rotations and are not accepting visiting students for the foreseeable future. Variations in the regional response, infection rates and resource differentials may create unintentional inequity among students as they consider rotation experiences.

Stakeholders within the otolaryngology educational community are concerned as away rotations play an important role in our residency application process. Programs use away rotations as an extended "audition" to evaluate students' knowledge, skills and overall fit. More importantly, students rely on these experiences to evaluate different programs and to obtain letters of recommendation. For students without a home residency program, these travel limitations may drastically inhibit their ability to gain exposure to the specialty, and adversely affect their ability to effectively compete in the match process.

In this continuously evolving and stressful time, medical students are looking to Departments and academic specialty societies for clarity, guidance and support. It is vital for our educational community to be unified and unanimous in our recommendations. SUO/AADO/OPDO recommends the following:

Rotations

1. While no one can mandate cancelation of away rotations, it is important to "free" students from the expectation, pressure and cost to do so.
2. Emphasize local experience and consider only sub-internships at the home institution (that may focus more intensely on varied aspects of our programs).
3. For students without a home program, secure rotations at the closest ACGME accredited otolaryngology program. If this is unavailable, creation of novel teleconferencing experiences (i.e., invitations to virtual didactic programs and grand rounds could serve as a surrogate experience for at least some programs of interest to student applicants).
4. Encourage students to avoid away rotations.

Letters of Recommendation

5. Enforce letters should come from the students' home institution. (If a student does not have a home program, we will have to acknowledge that these students are unable to obtain Otolaryngology-HNS faculty letters and not allow that to unfairly bias us regarding such candidates).

6. Consider reducing the typical number of letters needed to review an application.

Programs

7. Explore opportunities to showcase programs via virtual tours.
8. Update information and expand website presence.

These are challenging times for all; as faculty, we can work together to ensure a cohesive message for our specialty. In the end, students' safety and health, as well as the safety and health of the people in our hospitals and clinics, are priorities. It is our responsibility to help students navigate the immediate concerns of the impact of COVID-19 on their medical education and career trajectory. Feedback and suggestions regarding these potential changes is requested and welcomed.

Please circulate to your students, clerkship directors, faculty and Deans as you see fit.

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