COVID-19 and Re-Opening Plans for Health Professions Education this Fall

Barry S. Eckert, Ph.D., FASAHP
Provost and Vice President of Academic Affairs
Salus University

• All Health Professions
• All Graduate Level
• Three Colleges
  – Pennsylvania College of Optometry
  – Osborn College of Audiology
  – College of Health Sciences, Education and Rehabilitation (PA, SLP, OT, Blindness and Low Vision, Ph.D. in Biomedicine, Post Bac Program)
Salus Health

• Three main clinics plus satellites
  – The Eye Institute (TEI)
  – Pennsylvania Ear Institute (PEI)
  – Speech Language Institute (SLI)

• All Clinics serve as clinical sites for students in our programs

• All students also do external rotations
COVID-19

• Salus Campus, clinics (and most of Pennsylvania) closed March 13. All employees began to work at home.
• All face to face classes went online on Monday March 16 (shout out to faculty)
• Planning had begun in anticipation of these changes
• Weekly meetings of Deans, program directors, directors of clinical education and clinic directors with the Provost and VP for Clinical Operations.
• We immediately began ongoing planning for programs and re-opening whenever that would happen.
• We used a Scenario Planning approach.
Scenario planning is...

- identifying a specific set of uncertainties, different “realities,” for what might happen in the future of your university/business.
- a process for planning that builds strategic approaches based upon perceived impact of these uncertainties.
- a way to build specific plans for each uncertainty.
COVID-19 Scenario Planning

• Unknown external forces
  – Federal and State guidelines/requirements
  – Montgomery County guidelines
  – Adherence to CDC Guidelines
  – How long will the campus be closed?
  – How long will clinics be closed?
  – Ongoing availability (or lack thereof) of clinical and field work sites?
COVID-19 Scenario Planning

• Internal factors
  – Lecture/didactic instruction
  – Laboratory (skills) instruction (face to face)
  – Clinical education for students
  – Clinic responsibility to clients/community
  – Overall safety of students/faculty/staff

• The challenge was to coordinate the date of re-opening the campus/clinics and the returning availability of clinical sites (internal and external) with the above internal factors.
Immediate Impact – March 2020

• Minimal disruption to didactic education by going online
• Laboratory instruction fell behind
• Clinical experiences variable
  – All but a few external rotations cancelled – we followed their lead
  – Many of the graduating students had completed required hours/experiences
  – Significant number of students (depending upon program) will be delayed in upcoming graduation
  – Some clinical hours could be satisfied by simulation/case studies
Scenario Planning Outcome

• Scenarios developed for return to campus/clinics on various dates
• Planned what would be done if we began to open on June 1, July 1, August 1...
  – Effect upon didactic, laboratory and clinical education at each date
• NOTE, CDC Guidelines were incorporated into all decisions ensure maximum safety for students, faculty and staff.
Clinics – all closed March 13
Then gradual re-opening

• The Eye Institute
  – Re-started emergency care on May 11
  – Telehealth for non-emergency calls
  – Direct care on site began June 15
  – Fourth year students returned July 6

• Pennsylvania Ear Institute
  – Emergency care April 6
  – Increased telehealth and simulation components
  – Second year students started July 6

• Speech Language Institute
  – Resumed in May with many clients via telehealth
  – New students will start August 31 hybrid model
Summer
(Because summer policy leads into fall)

• Gradual return to campus started in June, a few students at a time for lab make-up. All necessary PPE provided.

• Instructional model
  – All didactic/lecture remained online.
  – Laboratories:
    • Began in June, Make-up labs top priority, but in multiple sections
    • Phased in starting with PA program followed by OD, AuD
    • Small number of students per lab, multiple sections
  – No new labs until after all makeups were complete
  – Clinical externships opened gradually for all programs, driven by sites
The Model for Fall

• Didactic primarily online
• Laboratories requiring F2F instruction:
  – Screen all people entering campus,
  – Require masking, social distancing
  – Numbers of students limited per state guidelines
  – Scheduled to minimize hallway interactions
  – Laboratory priority for make-up, followed by new labs (2\textsuperscript{nd}, 3\textsuperscript{rd} years)
  – Modified schedules – can front load lecture or lab depending upon trends in virus spread
  – Can conduct labs with limited numbers and multiple sections
  – Externships continue to re-open based upon site decisions
Overall Characteristics of Fall Semester On Campus and in Clinics

- Primary concern to keep everyone safe
- On-site population as small as possible
- Strictly enforce masking, social distancing, CDC
- Minimize F2F interactions that risk exposure
- Maximize online instruction
- Enhance use of telehealth in our clinics
- Work closely with externship sites
- Flexible course scheduling for agile response to pandemic
THANK YOU
beckert@salus.edu