

COVID-19 RESPONSE PLAN



College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

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Guiding principles

The COVID-19 pandemic continues to impact nearly all aspects of our lives and is differentially affecting varied College of Osteopathic Medicine operations not only at our three campuses, but also across the state, the nation and internationally. As we adapt our efforts in the face of a pandemic, we continue to adhere to our goals to promote fairness and equity, maximize transparency, foster communications, as well allow the college to meet the highest expectations of our faculty, staff, students, alumni and all those affiliated with our college.

The university has provided a number of resources and guidance relative to the COVID-19 pandemic, many of which are accessible at <https://msu.edu/coronavirus/>.

Simultaneous with this, the College of Osteopathic Medicine has steadfastly continued to deliver a quality medical school curriculum to our student body, essentially converting our already hybrid curriculum to primarily an online format. This has been done with guidance and validation from our faculty, the College Curriculum Committee, as well our accrediting bodies such as the Commission on Osteopathic College Accreditation, or COCA. Meanwhile, we have had to reduce our clerkship experiences to allow our health system partners maximal capacity to address their COVID-19 patient care needs.

At this time, the college's leadership continues to monitor university (ie: MSU Reopening Task Force, Office Senior Vice-President for Research and Innovation), state (Governor's office and executive orders, MDHHS data summaries and guidance), and national guidance (CDC, ACHA) on how to best adjust our unique operations in the face of the ever-changing COVID-19 pandemic. For example, we are monitoring the pandemic directly via rates of COVID-19 infection locally and statewide¹, as well as utilizing surrogate markers to assess the impact the COVID-19 pandemic is having on regional hospitals and clinical affiliates' specific capacities to teach our students (ie: ICU and hospital bed census, ventilator availability and PPE supplies², along with interviews of Directors of Medical Education, Designated Institutional Officials and college adjunct faculty). In addition, we are guided by the Governors Safe Start plan³ to determine where the pandemic is trending relative to our college's unique needs. The monitoring of these pandemic trends will also serve to best alert the college, should a resurgence of the pandemic occur in the future, and likewise allow us to adjust affected portions of our operations appropriately.

As a result, and alongside the university, we are now planning our next steps to maintain our primary mission and adjust all of our operations as we enter a new phase of the COVID-19 pandemic. In short, and quoting recent ACHA guidance⁴, our resumption of activities will be "gradual and phased." While we recognize that we may never return to "our prior state," nor likely should, given the lessons learned and the new capacities we have created, we provide this framework as a guide for our college, in an effort to evolve its operations as the COVID-19 pandemic also evolves. We are fortunate that we can utilize our strategic plan to not only guide us, but also help prioritize our efforts during this time.

It should be understood that MSU's health sciences colleges are non-residential, graduate professional programs operating under unique understandings with the university president ⁶ that are confirmed in the Michigan Governor's executive orders regarding the COVID-19 pandemic [see appendix and ⁷]. Together, these policies confirm that the educational mission of our college is designated an "essential" activity during this pandemic. With this, our educational operations will return to pre-COVID-19 levels more rapidly than at other (non-health sciences) colleges at MSU.

We must also appreciate that heterogeneous conditions exist *within* the college as well. These differentials exist not only in regard to specific activities (ie, research activity vs clinical activity) but also vary regionally, given that our scope includes the Detroit Medical Center, East Lansing campus, the Macomb University campuses, and all other College of Osteopathic Medicine-affiliated clinical training sites. Given this, certain operations, such as research, may be able to return to a prior state more rapidly than other facets of the college. At the other extreme, student and faculty opportunities to participate in international outreach activities may continue to be severely restricted due to the travel constraints currently in place.

Given these foundational understandings and principles, we are focused on both ***maximizing faculty, staff and student safety and well-being,*** while also ensuring continued ***delivery of high-quality medical educational, research and outreach experiences*** across all domains of our college. Some sites may be better able to meet one or more of these goals earlier, rather than later, and we have developed our planning best as possible to meet these variations, details of which are outlined in this plan.

*Note that COVID-19 changes and guidance impacting MSU-HT/HC clinical operations (and clinical efforts of college-affiliated clinical faculty as well students in those venues) are being directed by MSU Health Care⁵ and are not duplicated herein.

Faculty, staff and student general workplace and learning-space considerations

As the college redeploys staffing capacity to slowly resume our academic, research and outreach missions, we recognize that protection of our employees, staff and faculty are critical. A general overview of COVID-19 preparedness has been, and continues to be, provided by MSU and includes infection prevention and control measures (hand hygiene, respiratory etiquette, physical distancing, cleaning and disinfection) and a multitude of other COVID-19 specific resources⁸.

As the college proceeds to resume or expand some of our activities, we ask that faculty, staff and students minimize office or non-classroom gatherings, such as break or study rooms, and limit presence of visitors in the workplace. To foster this effort, it is important to know where to find local information on COVID-19 and local trends of cases noted earlier in this document and also continue to review MSU guidance: <https://hr.msu.edu/news/coronavirus.html>

We also recommend that self-monitoring for presence of COVID-19 symptoms continue, until instructed otherwise, and individuals must utilize the [health screening form](#) under the direction and guidance of the college's human resources team. You should stay home (or leave the workplace) and notify your supervisor if COVID-19 associated symptoms develop. You should wear masks/face coverings in all public spaces and spaces used by multiple people until otherwise directed. We should strive to conduct most, if not all meetings electronically, and if meetings cannot be conducted virtually, keep participation to fewer than 10 with appropriate physical distancing along with wearing masks or face coverings.

Certainly, we will allow those who can work effectively from home to be the last to return and/or delay their return to the campus. We will also encourage those with increased risk of severe illness or over the age of 65 to continue to work remotely as we proceed to resume our missions, with this being further predicated by availability of PPE, support for increased environmental cleaning and availability of employee health care.

Research operations

The College of Osteopathic Medicine has a number of research efforts underway that range from basic laboratory research to clinical trials, as well as review of literature to review of patient medical records. Each of these activities has its own unique limitations relative to the COVID-19 pandemic. However, it is also true that unlike many other activities at the university, and the college itself, research activities many times does not involve physical housing, mass gatherings, close physical contact or other issues that the greater university faces. Indeed, the MSU is poised to begin expanding pandemic appropriate research operations given the current state of the COVID-19 pandemic in mid-Michigan at this time. Given this, our Research and Advance Studies Program office continues to coordinate resumption of college-specific research efforts alongside those of the greater university.

In this section, a College of Osteopathic Medicine plan is outlined for resumption of various types of research, as well as guidance for principle investigators as to what planning and precautions will be necessary to return research operations on a case-by-case basis.

Please refer to the [Senior Vice President for Research and Innovation, or SVPRI, office](#) for up-to-date summaries as the college and university resumes aspects of its research operations.

Resumption of research

Reactivation of research across campus is guided by the goals and assurance of the health and safety of faculty, staff, students and the greater community. The process will involve a gradual increase in research activity while ensuring social distancing, minimal contact between individuals and continued work at home for activities such as data analyses, writing and meetings. The following general principles apply to college-specific plans for research reactivation:

1. Research approved under the minimum basic operations guidelines may continue with continued compliance with applicable health and safety mandates.
2. Research that can be effectively conducted to a satisfactory standard from a remote location, such as from home, should continue while public health orders governing individual activity remain in effect.
3. A staged resumption of research at MSU buildings and facilities beyond minimum basic research operations will commence with the expiration of the Michigan Governor's stay-at-home order. This staged process will follow the department-specific and college-specific process outlined below.
4. Resumption of research activities within specific buildings will need to be coordinated with other units/departments and colleges within that building, along with engagement of MSU Infrastructure Planning and Facilities and Environmental Health and Safety to conduct physical research infrastructure assessments (fume hoods, biosafety cabinets, autoclaves, emergency showers, eyewash stations, engineering controls, hazardous waste storage and removal/disposal).
5. The minimum number of research personnel required to conduct approved research activities will be approved and those individuals who will enter MSU campus buildings to conduct research activities must complete the [health screening form](#) and comply with all applicable university, government and health commission orders/policies.

6. Individuals who are at high risk for adverse outcomes are advised to continue sheltering/working from home until Stage 3 criteria (outlined below) is met.
7. Research Trainees (undergraduate, graduate and medical students) may not be compelled to return to research work on campus as a requirement for completion of their training.
8. Departments/units that are exclusively College of Osteopathic Medicine supported are required to follow the college-specific plan for research reactivation.
9. Jointly administered departments will develop a unit-specific research reactivation plan using the principles provided by the SVPRI office and aligned with the college-specific plan. These plans must be submitted to the Research and Advanced Studies Program office for approval at the college level and then will be forwarded to the SVPRI office.

Basic and clinical research activities will evolve from the current state of minimum basic operations of critical infrastructure towards what will be the new normal for university research operations. This evolution will occur in stages that are driven by the local and state epidemiology of COVID-19 and will incorporate all national, state and local government directives, as well as university-wide research policies and procedures.

Stage 0

Existing guidelines and policies for minimum basic research operations will be followed. Stage 0 will remain in effect for the duration of the State of Michigan Governor's order to shelter-in-place. Criteria for advancing to subsequent stages of research reactivation are outlined below. Allowable stage 0 research activities include:

- Projects related to COVID-19, particularly if they have a timeline for deployment that could address the crisis
- Activity that ensures safe conditions, and that if discontinued, would pose a safety hazard, and/or that maintains critical equipment or resources in facilities and laboratories or other infrastructure
- Clinical trial activity, which if discontinued, would negatively impact the patient's care
- Activity that ensures humane care of animal populations
- Activity that maintains critically needed and uniquely available plant populations, tissue cultures, bacteria, archaea and other living organisms
- Seasonally dependent agricultural and environmental field research with critical implications for human and animal health, as well as food security
- Activity that if discontinued would generate significant loss of existing data in a longitudinal- or long-term study in support of critical infrastructure
- Activities as described by the director of the U.S. Cybersecurity and Infrastructure Security Agency in March 19, 2020 guidance on the COVID-19 response at [CISA COVID-19](#), including those that impact national security and maintain the value of federally-designated scientific user facilities, associated equipment and cryogen inventory

Stage 1

On May 15, the State of Michigan Governors' order ([EO 2020-90](#)) permits the gradual resumption of laboratory research activities. Under this order, time-sensitive research will be approved on a limited basis and will not exceed the ability for personnel to maintain adequate social distancing in the labs and

in common use areas (six feet between individuals or approximately 113 sq. ft/person). Resumption of research activities will comply with Executive Order 2020-90 and university policies and procedures for research reactivation. Ideally, during Stage 1, the [federal-gating criteria](#) should also be met for the county in which the research will be conducted (state data may be used in lieu of county-specific data if not available).

- Downward trajectory of the following elements from data over a 14-day period:
- reported influenza-like illnesses
- reported Covid-like syndromic cases
- documented COVID-19 cases or positive SARS-COV2 tests as a percent of total tests
- Capacity of local hospitals enough to treat all patients without crisis (ability to quickly and independently supply PPE and critical medical equipment, ability to surge ICU capacity)
- Robust testing program in place for at-risk workers (viral RNA or accurate antibody testing)

During Stage 1, a limited number of research activities will be approved by the department, college and SVPRI office based on the following priority criteria:

- Research required for junior faculty whose research careers may be endangered by prolonged hiatus from active research
- Conduct of research required to meet obligations to funders
- Research required to maintain the integrity of longitudinal projects
- Select cases for time-critical research opportunities or non-recurring funding announcement
- Opening near-term research support services and spaces such as core facilities, common research areas and common, shared equipment
- Limited research activity in preparation for anticipated advancement into Stage 2
 - Preparing laboratory for work (disinfection, spacing plan and safety)
 - Re-initiating tissue, microbial and plant cultures
 - Ordering animals
 - Ordering supplies
 - Safety checks
- Complex research projects that require the simultaneous presence of multiple individuals will not be approved at this stage
- Research activity that would reasonably not be adversely impacted by additional delay two-three months will not be approved
- Non-essential travel outside of the state for research or other university-sponsored activity should be avoided. Essential travel will continue to be reviewed and approved as appropriate using established VPRI process

Stage 2

The following conditions must be met to enter Stage 2:

- Stage 1 criteria are met for no less than 28 days
- Gating criteria outlined above are again met for an additional 14 days
- No evidence of a rebound (COVID-19 transmission rate ≤ 1)
- Availability of rapid, high throughput diagnostic testing

- Community health infrastructure for surveillance and contact tracing

During Stage 2, research activities approved during Stage 1 and 2 may continue. The policies and procedures developed during Stage 1 will continue to apply. An expanded range of research activities, including more complex projects may be approved. Additional approvals at this stage will emphasize research activities that cannot effectively be conducted remotely and for which a delay of four-six months would be detrimental. Essential travel may continue. In select cases, non-essential domestic travel will be allowed on a limited basis. Post-travel CDC guidelines will continue to be applicable.

Stage 3

The following conditions must be met to enter Stage 3:

- Stage 2 criteria are met for no less than 90 consecutive days
- Widespread availability of accurate diagnostic testing
- Availability and access to effective therapeutics for COVID-19 or vaccination for SARS-CoV2
- Availability of accurate immunity conferring SARS-CoV2 antibody testing
- Established community health infrastructure for active community surveillance and contact tracing

The new normal state of all research activities will be fully engaged by Stage 3, while maintaining reasonable procedures that promote health, safety and reduce the transmission risk for infectious diseases.

Reversibility

At any time or stage, if the prevalence of SARS-COV2/COVID-19 transmission rate exceeds 1.2 or a university, governmental or health department shelter-in-place order is resumed, then all research activities will return to Stage 0.

Research reactivation

Individual laboratories, research groups, departments and buildings must develop research reactivation plans. In each case, plans must be designed to protect the health and safety for university employees, their families and their communities, in addition to maintaining compliance with federal, state, local and university directives. Required elements to the lab- and department-specific plans are outlined below.

Plans will be reviewed and approved by the department/unit and forwarded to the Research and Advanced Studies Program, or RASP, office. This office will harmonize review and approval of department-specific plans with other involved colleges for jointly administered departments and building locations. RASP will then forward approved lab- and department-specific plans to the SVPRI office following review and approval at the college level.

Individual investigators will submit a research reactivation plan using the lab-specific template provided by the SVPRI/ORA. Faculty within jointly administered departments will first submit plans to their department for consideration and approval according to the department-specific plans. The departments will then forward approved lab-specific plans to the RASP office for review and approval.

Approval from other involved colleges (administratively or by building) will also be required. Finally, approved lab-specific plans will be forwarded to the SVPRI for final approval.

Faculty within departments that are exclusively administered by the college may submit research reactivations plans to their department if there is an approved department-specific plan. If there is no approved plan or formal review process, then faculty may submit plans directly to the RASP office for review and college-level approval.

Appeals to decisions made at the department, college or SVPRI level regarding research activities will be submitted to the RASP office and copied to the involved departments/colleges.

Required elements for research reactivation plans

All Stages

- Safety protocols for the protection of all occupants of a research building, including graduate students, research and support staff
- Training for workers on adherence to the facility's preparedness response plan, proper use of lab protection and personal protective equipment
- A specific training to ensure everyone who will be working in research laboratories understands the laboratory plans and the building plans
- A monitoring plan to ensure compliance with laboratory/department staging plans, shared-space policies and building-specific research reactivation plans.
- Assurance that adequate access to personal protective equipment is available to personnel
- Adherence to CDC health hygiene guidelines
- Access to a BSL-3 facility is required for research involving the live SARS-CoV-2 virus and protocols for this type of research will require additional and more stringent review/approval by Environmental Health and Safety
- An approved building-specific staging plan including:
 - Plan for receiving building deliveries
 - Safety assessment and maintenance of HVAC, fume hoods, biosafety cabinets and autoclaves
 - Plan for shared workspaces, research spaces and core equipment
 - Workplace disinfection protocols, including the provision of disinfecting supplies and requirement to wipe down active work areas at least twice daily.
 - Audit and compliance procedure to ensure that cleaning criteria are followed

Stage 0-2

- Lab/investigator- and department-specific plans should include the elements outline and [lab-specific guidelines](#) provided by SVPRI and ORA. Selected elements are noted below:
- Protocols and/or checklists as necessary to conform to the building/department's COVID-19 preparedness and response plan (see lab- and department-specific templates)
- A log of approved research personnel will be maintained and updated by the department and forwarded to the RASP office
- Dedicated entry point(s) and/or times into lab buildings

- A daily log of personnel reporting for work in an MSU-affiliated research facility will be maintained by the department and/or building
- Personnel reporting for research related activities on campus will complete the [health screening form](#)
- Requirement for face covering use in all shared building and research spaces, including a plan for distributing face coverings
- A process for reporting any symptomatic individual or any individual with a confirmed case of COVID-19 to lab leader/primary investigator, department, employee health and RASP office
- A procedure to clean and disinfect the work site when a worker is sent home with symptoms or with a confirmed case of COVID-19
- A process to notify potentially exposed co-worker's home if there is a positive case in the facility
- A plan to minimize the use of shared lab equipment and tools and create protocols for disinfecting these items
- Suspend all non-essential in-person visitors (including visiting scholars and undergraduate students) until further notice
- Any non-essential, MSU-sponsored, work-related travel requires prior approval by SVPRI, which will only be granted under exceptional circumstances. Post travel isolation will adhere to the prevailing CDC guidelines
- A derived maximum number of people who can work in the lab at any one time while maintaining social distancing, taking into account the square footage of the laboratory and using a minimum area of a six-foot radius to estimate space required – approximately 113 sq. ft. per person
- An explanation of how the number of people who are proposed to work safely in the laboratory at any one time can be minimized generally and always to a level below the derived maximum. As necessary, use tape on the floor to demarcate socially distanced workspaces and to create one-way traffic flow
- An acknowledgement that research buildings must not be used for social gatherings or group meetings, that conference rooms and other group spaces will be off limits

Stage 3

A new normal portfolio of research activity will be supported. Plans at this stage should maintain reasonable procedures that promote health, safety and reduce the transmission risk for infectious diseases and comply with prevailing local, state and federal infection control safety guidelines.

Additional specific elements should include:

- Plans for documenting and maintaining a record of the immune status and immunization status of personnel reporting to MSU facilities for research related activities
- Plans for verifying the SARS-CoV2 immune or immunization status of non-MSU employees entering MSU facilities for research activities
- Reasonable accommodations for those workers whose immune status is not known or that refuse to have effective immunization for SARS-CoV2

At this juncture, a detailed plan for research may not be possible. Lab-specific and department research reactivation plans should discuss general approaches to the new normal environment.

Human subject and clinical research

Stage 0

Restrictions to human research in Michigan will continue to be evaluated based on any new executive orders and the restrictions may be modified as appropriate. Please refer to the Office of Regulatory Affairs for current updates on the impact of these orders on human subjects research <https://hrpp.msu.edu/COVID-19/index.html>.

Research procedures involving no direct in-person interactions with participants may continue (e.g. data analysis, online surveys, telephone interviews), so long as local, state and federal requirements are met. All MSU human research activities conducted by MSU employees or agents that take place in Michigan and that cannot be done remotely at home or place of residence with no inter-personal interaction with participants or others like research staff must stop unless the project is:

- A clinical trial activity, which if discontinued, would negatively impact the patient's care
- Related to COVID-19, particularly if they have a timeline for deployment that could address the crisis

The department leadership (chair or research unit director) will evaluate whether clinical trial activities are essential or whether any could be delayed without negatively impacting the patient's care. A study specific research plan should be developed and reviewed by the department leadership (chair or research unit director). The following elements should be included:

- To the extent possible under the circumstances, researchers and participants must adhere to social distancing measures recommended by the Centers for Disease Control and Prevention, including remaining at least six feet from one another
- Researchers should follow the clinic, department and/or facility's policies related to COVID-19, including screening prior to the study visits for COVID-19
- Procedures for reporting any symptomatic individual or any individual involved in human subject research with a confirmed case of COVID-19
- A process for identifying and notifying MSU personnel exposed to an individual with a confirmed case of COVID-19

New enrollment in clinical trials conducted in Michigan is not permitted without additional institutional approval. Requests for approval to enroll participants in a new or ongoing clinical trial that is not related to COVID-19 should be sent to hrpp@ora.msu.edu, with copies sent to the RASP office.

Regardless of location, all in-person participant interactions in MSU human research conducted by MSU employees or agents, whether domestic or international, must pause unless there is the potential for direct therapeutic benefit to the participant (drug or device) and local requirements are followed.

Collaborators from external institutions should be informed by the MSU principal investigator of the prevailing human research subject restrictions. The collaborating institution will render an independent decision as to whether to allow the collaborating investigators (i.e., non-MSU personnel) to proceed with research activities at their site.

Stage 1 and 2

An expanded portfolio of clinical research may begin to be approved using the priorities outlined above. Note that the Governors' executive order ([EO 2020-90](#)) applies specifically to laboratory research at this time. Requests for approval should be reviewed by the department leadership and forwarded to the RASP. Review of these requests will be coordinated with building-specific research re-activation plans and any other involved colleges. Approved plans will be forwarded to HRPP and SVPRI for final approval.

Stage 3

A new normal portfolio of research activity will be supported. Elements for Stage 3 described above are applicable for human subject research activities at MSU facilities and conducted by MSU personnel at any location (domestic or foreign).

MSU College of Osteopathic Medicine Curriculum

General concepts

The College of Osteopathic Medicine will continue with a hybrid mode of instruction going forward and slowly implement a return of those aspects of the curriculum requiring laboratory or face-to-face (f2f) instruction. However, we will always maintain the ability to rapidly return to a regional or fully online curriculum if local- or system-wide conditions mandate a return to this mode of exclusive curriculum delivery. Therefore, the college must rapidly communicate when an element of the college is reaching or has reached a point that requires a reversal in regard to current curriculum delivery.

For example, while seeking to maximize utilization of simulation experiences, we will continue to prioritize and appropriately implement f2f instruction for those elements of the curriculum that require these forms of teaching or assessment of performance, and laboratory and clinical experiences. Even with a return to some f2f instruction, we will continually seek to limit the number of attendees for in-person courses and labs to maximize physical distancing. These efforts will be coupled with the challenges our medical students will encounter during the clinical training portions of their curriculum, as detailed in the sections below. We have already deployed modified attendance and excuse policies that support students without requiring unnecessary visits to health facilities for documentation of illness.

Learning and Assessment Center/ Simulation Site Re-Entry Protocols

[See document here.](#)

Student health services

The stresses of medical school are now being compounded by the circumstances of a viral pandemic, impacting the student both in their academic and personal lives. The college reminds students, faculty and staff that we have a number of resources available during this time. Please be sure to take a self-awareness moment. If you feel you need additional support, don't hesitate to make use of resources within the college and the university.

Dr. John Taylor – College of Osteopathic Medicine East Lansing site, 517-884-2596

Rachel Reid – College of Osteopathic Medicine Detroit site, 313-578-9636 or 517-884-9636

[Employee Assistance Program](#)
[Counseling and Psychiatric Services](#)

Preclerkship Curriculum

The preclerkship curriculum has been modified to leverage online learning and assessment where it is feasible to do so.

Phase 1: Spring semester

All on-campus, face-to-face instruction and assessment, including clinical skills education in the osteopathic patient care and osteopathic manual medicine course series was suspended in March 2020

in alignment with the university. Exceptions for remediation or corrective action assessments were made on a case-by-case basis to promote continuity within the curriculum.

Phase 2: Summer semester

The preclerkship courses for summer semester were modified in accordance with the university's decision to offer summer semester online and with the executive orders of the Governor.

- Second-year students: Most coursework will be primarily online, with the resumption of clinical skills courses anticipated in July/August
- First-year students: All coursework will be online. Supplemental on-campus activities will be offered as optional and within guidelines.

- Guidelines for returning to campus are anticipated to incorporate the following measures, and will be finalized prior to resuming on campus instruction or assessment in July:
 - Face coverings or masks
 - Physical distancing
 - Maximum room capacities
 - Self-monitoring for symptoms

Phase 3: Fall semester

Planning for instruction and assessment in the fall semester will follow the guidance for summer semester, with anticipation that most instruction will be online and clinical skills instruction/assessment will be administered on campus under modified conditions.

Clerkship Curriculum

We understand that heterogeneous conditions exist at our statewide education sites, with some still heavily impacted, some beginning to see a reduction in new cases, and some relatively untouched by the pandemic.

We have been in close contact with our partner teaching sites, most of whom continue to work under unprecedented conditions. Some face shortages of personal protective equipment, or PPE, while also having insufficient case numbers to assure a proper educational experience for students. During this time, we must not lose sight of our mission, to provide to all students the best medical education possible. The medical student remains first and foremost a learner, focused on the continuation of their medical education—not an employee present to perform non-essential tasks that do not contribute to their education.

The college is focused on *maximizing student safety* while also *delivering a high-quality medical education*. Some sites may be better able to meet these goals earlier rather than later, and we have developed our planning to meet these variations. In considering the return to rotations in clinical settings, the college has considered the following factors:

- Personal protective equipment (PPE):
 - The college recognizes that the types and availability of PPE, and the protocols for its use, may vary by clinical training site.
 - The college will ensure that policies/protocols/guidelines are in place for inpatient and ambulatory clinical experiences at their respective training venues before a return to the site can occur.
 - Students are required to adhere to local policies/protocols/guidelines as part of their return to an educational site.

- Confirmation of educational capacity:
 - The college recognizes that as a result of COVID-19, clinical training sites may have alterations in patient volume or may otherwise be unable to fully support delivery of educational objectives of clinical rotations.
 - The college will work with its clinical sites to determine readiness for students to return to meaningful clinical rotations.
 - In the event that these requirements cannot be met, the college will continue to supplement the provision of clinical learning, primarily via online learning as defined in course syllabi and materials

- Regional readiness for student return depending on COVID-19 burden:
 - Hospital systems may be at varying degrees of educational readiness for student return. Not only will the return to clinical duties vary between our partner institutions, but readiness may change over time. For example, if a resurgence of COVID-19 causes a PPE shortage or significant educational decrement at a site, students may be removed from such sites should these changes occur

Core rotations

The college anticipates that core rotations beginning on or after June 29, 2020 will be completed in clinical settings, with the following caveats:

- As changes occur within the state and regions, this date is subject to change.
- Hospital availability/volume may limit the clinical portion of rotation, in which case the rotation will be supplemented by online assignments.

Elective rotations

The college anticipates the resumption of elective rotations beginning on June 29, 2020, with the following caveats:

- The site must be willing to accept the student for the clinical portion of the rotation such that educational objectives can be met for the rotation
- The site can provide PPE to the student as appropriate for the rotation
- Exceptions for an earlier start of an elective rotation (prior to June 29, 2020) can be made by the college provided the criteria noted above are clearly met. Students should email com.clerkship@msu.edu to request this exception.
- As changes relative to PPE availability, clinical patient volumes, capacity to meet educational objectives, etc. occur within regions of our distributed educational system, this date may be subject to change.

The college recognizes that students may seek elective rotations to fulfill graduation requirements and for the purposes of career exploration. Under usual circumstances, elective rotations may take place at the student's assigned base institution, within the college's statewide network of affiliated clinical training sites, or outside this network as arranged by student with the college's approval.

The Coalition for Physician Accountability, as a result of COVID-19, has made recommendations in response to urgent requests for a consistent approach to medical student away rotations for the 2020-2021 residency application cycle. Patient care and the safety of the community, patients, and learners are the most important factors in these recommendations.

In the interest of safety for students, patients, and the community, the college supports the recommendations of the Coalition. With consideration of its distributive model for clinical education, utilizing hospitals throughout the state of Michigan and potential variation of elective rotation availability throughout the affiliated institutions, the college supports and recommends the following:

- Students are encouraged to complete elective rotations within their base hospitals as the preferred means of meeting curricular requirements.
- Students may schedule and complete elective rotations within the college's system of hospitals, inclusive of the college's network of base hospitals and the Statewide Campus System hospital partners.
- Students who are unable to secure elective rotations within the college system or the State of Michigan will be required to obtain a waiver from the college.

- Students are advised to consider the specialty college recommendations for audition/away rotations found on the AAMC website (<https://students-residents.aamc.org/applying-residency/article/specialty-response-covid-19/>).

The college also understands, however, that there may be individual circumstances that lead to a student to seek an elective rotation outside the college system (away rotation). In this case, students must consider and accept the potential issues related to an away rotation, including:

- The risk of coronavirus activity at the host location
- The risk of spreading coronavirus associated with travel
- The possible need to quarantine in that location, if exposed to or diagnosed with coronavirus
- The possibility of being looked upon unfavorably by residency programs for not following specialty recommendations.

International study abroad rotations, preceptorships and clerkships

The College of Osteopathic Medicine provides international rotations for graduate and undergraduate programs for all university students through the Institute for Global Health, or IGH. Students must meet requirements for travel abroad:

- Approval of college unit, satisfactory academic standing
- Proof of immunizations
- Active passport
- Ability of program to satisfy the requirements of the American Disabilities Act

The United States currently has a travel ban in effect, as well as Michigan State University. When international travel is reinstated by decree of government entities, as well as the university, the Institute for Global Health will require the following approvals before student and faculty are permitted to travel on approved rotations:

- Faculty international travel must receive approval from the Committee on Faculty and Staff Travel Review
- Student international travel must receive approval from the International Studies and Program Committee on Risk and Security Assessment

Upon approval from these committees, IGH staff will then take into account the following requirements if clinical observation or care is to be delivered during a specific international rotation or event:

- Confirmation by the host that there is sufficient PPE capacity
- Confirmation by the host of educational capacity
- Regional readiness for rapid student return should COVID-19 resurge

International clerkships

IGH is responsible for approving international clerkships for MSU College of Osteopathic Medicine students. In addition to the above requirements, students must also complete (at least 60 days prior to the start date of the requested rotation) a detailed application:

https://msu.co1.qualtrics.com/jfe/form/SV_d1oik4BFkGklaLH

Further information and guidance is available by contacting the Institute for Global Health at igh@msu.edu or by phone at 517-884-3788.

Final considerations for students relative to COVID-19 pandemic-specific planning

The college is attempting to minimize the risk of contracting or spreading of the coronavirus while maximizing the educational experience of students. However, risk still exists not only in the care of patients, but also within our daily lives as we interact with others.

Some students may have personal situations that puts them at increased risk during clinical duties. Others may simply feel uncomfortable returning to clinical duties at this time. Students with concerns can:

- Consult with his/her own physician regarding the risk
- Consult with the MSU Resource Center for persons with disabilities
- Apply for a leave of absence from the college
- Discuss concerns with Dr. Enright or Dr. Waarala

Student clerkship rotation guidelines for return from COVID-19 clinical pause

- Students must be supplied appropriate and equitable PPE to physicians/staff per the individual policies/guidelines of the institution/office
- Students must adhere to the PPE policies/guidelines of the institution/office
- Students will be required to participate in the following online activities organized by the college prior to clinical reentry;
 - COVID-19 education
 - Donning/doffing
 - Telemedicine education
- Students must be oriented to in- and out-patient protocols for appropriate PPE utilized within the hospital or clinic setting
- Students should not be expected to wear white coats during clinical encounters
- Option 1 - Students will not be permitted to enter the room of suspected or confirmed cases of COVID-19. Option 2 - Students may encounter COVID-19 patients only if allowed to do so by the institution and with appropriate PPE and supervision. Any student may decline the encounter without retaliation of grade or related negative comments on evaluation

Student return to volunteer, outreach and community engagement activities

As we continue to assess the status of the COVID-19 pandemic regionally, college-sponsored outreach and community engagement opportunities will be curtailed until the pandemic approaches a resolution. While personal volunteering activity continues to be an individual choice, the college strongly urges that participation be predicated upon principles similar to those presented in this plan, including assessment of COVID-19 impact on the volunteering activity, risk for infection, availability of PPE, and capacity for avoidance of crowds/close contact and capacity to allow for physical distancing. Specifically:

College-sponsored student organizations

- Student organizations should continue to meet via Zoom. If meetings consist of five or less people, in-person interactions are acceptable with proper face masks. Larger scale face-to-face student organization and class meetings should remain virtual
- In-person clinically based extracurricular activities are suspended until further notice (e.g. Street Medicine, Student OMM Clinic). Alternatives based on telemedicine services may be utilized with appropriate clinical supervision

Student-volunteer opportunities

- College of Osteopathic Medicine students may individually or collectively identify volunteer opportunities within the college's network of base hospitals or with service organizations
- Students are advised to limit in-person volunteering to activities that do not involve direct clinical services or patient care in order to reduce their risk of exposure to COVID-19 and the spread of COVID-19 in the community such as:
 - Working at a call center
 - Providing support to critical clinical staff (babysitting, dog-walking, etc.)
 - Engaging in supply collection telephone campaigns
 - Working remotely on a research or scholarly activity project that assists a resident at a base hospital

If requested by their base hospital or MSU Health Care, students may assist with COVID-19 screening stations, only if the student has access to appropriate personal protective equipment, including an approved mask, face protection, gloves, etc.

References

1. https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173---,00.html
2. <https://www.michigan.gov/coronavirus/0,9753,7-406-98159-523641--,00.html>
3. https://www.michigan.gov/documents/whitmer/MI_SAFE_START_PLAN_689875_7.pdf
4. https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf
5. <https://healthteam.msu.edu/covid19/>
6. https://msu.edu/coronavirus/_assets/pdfs/Stanley_community_03142020.pdf
7. https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-523481--,00.html
8. https://msu.edu/coronavirus/?utm_campaign=standard-promo&utm_source=msuhome&utm_medium=msuhome

Appendix materials

Executive Order 2020-30 (COVID-19)

Temporary relief from certain restrictions and requirements governing the provision of medical services

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-523481--,00.html