

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



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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 (2nd, 3rd 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

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