

February 8, 2021



AMERICAN  
**ORTHOPAEDIC**  
ASSOCIATION

**AOA/CORD RESPONSE to COPA's GUIDELINES for  
MEDICAL STUDENT AWAY ROTATIONS FOR REMAINDER OF 2020-21 AND 2021-22 ACADEMIC YEAR**

In response to the January 25, 2021 recommendations sent by the AAMC as a member of the Coalition for Physician Accountability (COPA), leaders from the American Orthopaedic Association's Council of Orthopaedic Residency Directors (AOA/CORD) would like to express significant concerns regarding [Medical Student Away Rotations for the Remainder of 2020-21 and the 2021-22 Academic Year](#).

All CORD member residency programs have felt the real impact of the COVID 19 pandemic and understand the intention of COPA to create a uniform umbrella under which all specialties can operate on equal footing while providing a safe working environment and essential patient care. With that in mind, AOA/CORD seeks additional information about the rationale for the recommendations and respectfully requests that COPA and AAMC consider our perspective as front-line educators.

While some points may be specifically relevant to orthopaedic surgery training, outlined below is the potential effect on all medical students and specialties with disproportionate impact on smaller programs, under-represented minority (URM) students, students from middle/lower tier medical schools, and female/male/nonbinary students.

The recommendation to permit only one away rotation is viewed by our AOA/CORD program director community as arbitrary and unsubstantiated. With the widespread dissemination of vaccines among medical professionals, the risk of travel will decline and a recommendation from the coalition to Academic Medical Centers (AMC) to require full vaccination for all visiting students would be a reasonable consideration. The current application cycle has been adversely affected by the lack of familiarity between students and programs. The negative effect of this inability to get to know one another combined with the virtual interview process has influenced and created inequity of interview distribution and the expansion of the SOAP process for this spring.

Unfortunately, the most negative impact has been on the students themselves. While the concept of creating a level playing field was advocated for by all in this unusual year, the unintended consequences of these changes have been significant. The level of stress and the impact on the students' well-being has only worsened.

The purpose of the away rotation is more than allowing students to learn about the specialty and the program to which they are applying. For URM students, students from middle/lower tier medical schools, female/male/nonbinary students (who are not in the majority of their specialty), and students

from programs where there is no specialty at their home institution, these away rotations are a source of mentorship and exposure to attendings/residents and their specialty of interest that might not exist at their medical school. These relationships frequently persist even when a student matches at another institution, highlighting the unintended and potentially career limiting impact of systematically limiting away rotations.

We cannot stress enough: these rotations allow those students who might not have had an opportunity for mentorship at their home institutions for whatever reasons (race, gender, sexual orientation) to have the opportunity to meet others in their field who might be able to give them essential mentorship. Please see the letter from Dr. Wright-Chisem, attached as reference, who expresses his personal response and support of the AOA/CORD's perspective.

One of the most troubling components of the recommendations impacting each of us as a community of program directors is the comment suggesting, "Residency programs are encouraged to take into consideration if a learner exceeded the one away rotation limit during the residency selection process." Programs are already stressed by the number of applications each year, especially in orthopaedic surgery where the average student applies to over 80 programs. The expectation that program directors will bear the additional responsibility of acting as police, judge, and jury to ensure compliance of students with regard to the number of away rotations they completed is an unnecessary burden.

We recognize that creating some universal guidelines for applications and decisions about away rotations is reasonable. We would suggest a reconsideration of the start date for rotations coinciding with the traditional academic year, beginning on July 1, 2021.

In summary, limiting away rotations to one rotation is an arbitrary decision that will not add significant benefit to the process nor improve the well-being of students. Our strong preference and recommendation is for COPA to allow rotations to resume on or before July 1, 2021 without limitation unless so desired by individual institutions. Specifically:

- AOA/CORD supports consideration of a universal timeline for applications as outlined by AAMC.
- AOA/CORD supports a universal start date of July 1, 2021, commensurate with the start of the traditional academic year.
- AOA/CORD recommends that rotations not be limited.
- AOA/CORD recommends proof of vaccination for away students and COVID testing as required by host institutions.

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**REFERENCED DOCUMENT IN AOA/CORD'S RESPONSE**  
**Letter of Support from Orthopaedic Surgery Resident Joshua Wright-Chisem, MD**

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As a fourth-year Orthopedic resident at Hospital for Special Surgery, I'm frequently contacted for advice about matching into residency. Medical students ask me about USMLE Step 1 performance, letters of recommendation and the best way to develop and demonstrate clinical skills. While recognizing the importance of all of these factors, I always state that the single most important factor for me was rotating on away rotations. During away rotations I was able to network with mentors who remain in my corner to this day, acquire letters of recommendation and most importantly, position myself to match at the #1 Orthopedic surgery residency.

As the AAMC considers limiting the number of away rotations for medical students, please consider the impact that it may have on residents like myself. I matriculated from the University of Illinois College of Medicine at Chicago. I am also a black man raised by a single parent in Chicago, IL. No graduate from my medical school has ever been considered for a position at Hospital for Special Surgery. If I were not allowed an away rotation, I am certain that I would not have been considered for this position either. I was able to demonstrate my clinical abilities and social and emotional intelligence to the faculty, residents and admissions committee, ultimately earning a spot. These spots have traditionally been reserved for graduates of Ivy League Medical schools and limiting the number of away rotations puts students like myself at a particular disadvantage. As our society becomes increasingly familiar with the concepts of conscious and unconscious bias, there may be benefits to underrepresented minorities, females and other members of underrepresented groups participating in away rotations. When we are able to meet and develop relationships with individuals, we are significantly less likely to apply the same biases in our evaluation.

I ask that when you consider these changes, please consider the way that it may impact the most vulnerable of medical students in their quest to chase their dreams.

Thank you.

Sincerely,  
Joshua Wright-Chisem, MD  
Orthopaedic Surgery Resident  
Hospital for Special Surgery