RC: I'm going to give everybody kind of a short primer on COVID-19. Our bodies have seen a lot of coronavirus in the past, and they are usually related to upper respiratory infections. But this one is new to our immune system. When you get infected with it, some people's immune system goes haywire, and that's what causes lots of problems such as inflammation in the lungs and liver damage. We know that individuals that have heart disease, diabetes, and or lung disease, sometimes don't do as well as other people. In patient populations, that the older you get, the less likely you're going to do well because those are generally the ones who have medical problems, which we call comorbid conditions. Plus, age, for the most part doesn't do well with this disease.

How long is the incubation period? We think it's about 14 days. Typically, about day five after you have had the disease inside your body, you will show symptoms. It's usually about day eight into the infection, when you either to turn the corner and get begin to improve or go the other way. It is considered much more infectious than say the flu or the common cold. And that's really why we're telling everybody to make sure that you wear a face covering when you go out in public. At first, we said to save the masks only for health care workers; now, we're saying you should wear a mask (face covering) if you go outside your home to protect yourself from the virus and to prevent giving it to somebody else.

We've also discovered that you can be a shedder of this virus. In other words, you could be infectious to somebody else and be completely without symptoms, or asymptomatic. And that's the scary part that you could be giving it to somebody else. And not even know it. So that's why we recommend that you wear a mask (facial covering) in public. The other thing is you need to stay at least six feet away from people. That's about how far we think, when you cough or sneeze, that the droplets travel.

So, if you're sick, you just need to stay home and don't be out running around. You need to stay home, and stay away from people. Certainly, if you are sick please stay home, but even if you've got the sniffles, and you don't feel quite up to par, you need to stay home. One other thing: if you've been tested because you think you've been exposed, you really need to stay home.

Those are the big things I want you to walk away with today: stay home, wash your hands, wear a mask in public if you have to get out, and if you've been tested or you feel ill, please stay home.

There are now 317 cases, positive cases of coronavirus here in Lubbock. Now remember, today's the 14, less than a month ago — March the 17 — we had our first case. We've had 21 deaths in Lubbock County; there are 224 active cases, and 72 have recovered. Most of these have been related to nursing homes. However, there are a number of individuals, and you can see it all over the news, that are in their 20s, 40s, and 50s, who have died from coronavirus.
A couple of other things that we’re working on is preparing for a surge. I know that the hospitals are getting ready. We’ve switched clinics over to a lot of telehealth virtual visits, and all you guys are very good at the virtual reality type visits. We implore you to use those if you need to. The city is ready for some surge plans as well. Here at the school, we are working on the ability to give convalescent serum to the sickest individuals, that’s just some breaking news.

So, please wear your mask (facial covering), and wash your hands frequently.

LRS: At one of your press conferences, you gave some really good tips to those individuals who are caring for sick ones in their homes. Many of our students have returned home to complete their online education, and they may have siblings, parents, aunts and uncles, grandparents or family members that they’re actually having to care for in their home. Can you share those tips with them?

RC: So, again, wash your hands you need to wear a mask around that sick individual, and that sick individual probably ought to wear a mask, all of the time that they can, if it’s safe to do so, and they should isolate themselves away from the rest of the family.

When you’re taking care of them, be as brief as you can. Wash your hands before you go in, wash your hands after you leave the room. When you handle any of their clothing, their bed linens, their pajamas, their silverware, their dishes, etc., make sure that you wash your hands after you put those in the dishwasher or wash them or put them in the laundry. Wash your hands often, and keep your hands away from your face. Think constantly about hygiene, especially when you’re taking care of a sick individual.

FOCUS ON STUDENTS

TS: Will GRE scores or other entrance exams be waived?

LRS: So that is a great question, and I’m glad one of the students stepped up to ask that. All of our accrediting bodies are in the process of re-assessing recommendations around requirements related to admissions. We have standards that we have to meet with the different accrediting bodies, and so they drive some of those admission criteria.

In addition, we also recognize that there’s going to be some exams that just are not going to be available for students to take. For example, the MCAT is an exam that will not be available. So, all of our admissions committees are working together as a team. They’re monitoring closely what our accrediting bodies are recommending around admission criteria for upcoming admission cycles. That is something we will continue to communicate as often as we can with candidates and incoming students on our websites.

TS: Will fall 2020 be online?

LRS: Well, so here we are right now; we’re in a situation where the, the COVID-19 pandemic is unpredictable in nature and in how it’s unfolding. Our hope would be to have our students back in the classroom definitely by fall 2020. But, without a doubt, our primary concern is the health and safety of our students, our faculty and our staff. So, we are going to monitor the situation very closely. We have an Academic Task Force that’s being led by Dr. Kerry Dickson from the Office of the Provost that is comprised of all of the deans, as well as representatives from Student Affairs. This group is meeting weekly, and then we meet as an executive council three times a week. So, we’re monitoring this situation very closely. So, rest assured, this is something that’s a regular conversation. In fact, I just got off a call with a team, where we were looking at potential start dates and what would have to be in place safety-wise for us to bring everyone back to campus. Our goal will be to communicate that with students, carefully, and then start bringing everyone to campus who is safe to return to campus.

TS: Why are students having to face repercussions (e.g., not graduating, having to re-enroll) for things such as not meeting clinical hours or graduation requirements due to something outside of their control. It is not their responsibility to meet requirements that can’t be provided by an institution that fails to give them those opportunities even though they are paying for a service.

LRS: So really that’s a two-part question. First let’s talk about some things that our university is trying to do to help mitigate that challenge. Four of our schools — the School of Nursing, the School of Health Professions, the Graduate School of Biomedical Sciences and the School of Pharmacy — have extended the opportunity (into June) to complete course requirements, and that would still allow students to have a spring graduation. Our School of Medicine is actually extending those requirements into July. So, we are going to work as much as we can within the calendar. That’s the first part of that question. The second part of the question really has to do
with what our accrediting bodies require, and what our licensing bodies require. We would never want to confer a degree on a student that then made them ineligible to sit for license and certification because they didn’t complete all of the required hours, or all the competencies. So, we don’t want this to be punitive, and we certainly realize that there are things happening that are out of the students’ control, but there are also certain things that are out of our control also as a university.

**TS:** Will there be a postponed commencement ceremony?

**LRS:** So, I’m actually excited to announce this. So, we took a survey of the student body because we felt like it was very important that all of our students have input into what they wanted their recognition to look like. We know this is such an important day in each of your lives. For some of you, this is probably the most important thing that you’ve done thus far, and many of you are first-time graduates. I know your families and you, yourselves, have made tremendous sacrifices to get to this point, and we want to honor that as a university. So, on May the 20th, we are going to have a tribute, that’s what we’re calling it, for all of our students who would be typically walking or having a graduation ceremony in May. That tribute is going to be very special, and there’ll be more information coming out about that.

Now then, with feedback from our students, each of our schools are doing something very specific for their students. (see information that follows, provided by the Office of the Provost). So, we are very sensitive to how we need to do this to close the loop for many students and to recognize them, and we want to be part of that celebration as well. It’s just going to look a little different than what we thought.

- **School of Health Professions:** In-person ceremony on Sunday, August 9
- **School of Medicine:** Virtual ceremony on Friday, May 22
- **School of Nursing:** In-person ceremony on Saturday, August 8
- **School of Pharmacy:** In-person ceremony for the Class of 2020 in May 2021.
- **Graduate School of Biomedical Sciences:** In-person ceremony on Friday, July 31

**TS:** And as a follow up to that, how will students get their diplomas sent to them after the virtual tribute or August ceremonies?

**LRS:** Every school right is working to send out information about based on how students indicate they’re going to participate in graduation. This communication would include their regalia, how diplomas will be delivered, etc.

**TS:** What does the school plan to do if this pandemic isn’t resolved by June?

**LRS:** Well, I’ll be honest with you, we will be surprised if it’s resolved by June. From everything that we’ve seen from the modeling that we are carefully following, and we’ve looked at scenarios from other universities and communities that are ahead of us, and we doubt that this will be resolved by June. And so, we are working, I would say daily, with extension plans of what that looks like. Our goal is to continue to meet our mission, and the mission of our university is to take care of our patients and the communities we serve and to do that in a way that ensures that the safety of our faculty and staff are on the front lines and our students. We still actually have some students who are in clinicals, and so we want to make sure that they’re protected. Second is making sure that our students are having a good educational experience and are getting the competencies that they need to be able to graduate and practice. So, we meet with the deans and this Academic Task Force; again, we’re in unprecedented times, but I will assure you that we are all focused on an outcome that ensures that we preparing individuals for practice once they graduate.

**TS:** As a follow to that, can we have more open communication with administration concerning these changes?

**LRS:** Absolutely. So, our goal has been, from the Office of the President and from the university, to get out some type of weekly communication with the students. I know each one of the schools are also actively working to communicate with the students as well. We’re trying to find that balance of not flooding your inboxes with a lot of emails that you’re having to go through but also with making sure that you’re getting the information you need. I know every individual has a different level of comfort in the amount of information that they’re receiving, so we will continue to try to use really different avenues. I’m happy to do Town Halls, if that’s an avenue that students feel more comfortable with, to get information out there. We are also going to send emails and posting on our coronavirus website, where we have a tab specifically for students. We really want to try to provide as many different avenues and types of communication to our student body that we can, and we’re open to suggestions.
What accommodations will be provided for students who are dealing with family (children, susceptible/sick family members) and other demands?

LRS: All of our students are facing some kind of challenge — whether it be technology, being at home and trying to be a student and parenting and teaching and taking care of maybe members in our household that are potentially sick COVID-19. We have encouraged all of our Deans and our department chairs to be flexible with our students, and ask that they work with them through this. We don't want anyone to feel like the university is in any way being punitive; we also ask the student body to be flexible and understand that we're going to work with you, but we have to ensure competency for our practicing health care professionals. And so, we will find that fine line, but we want to work with students in their unique situations.

TS: Our survey asked about concerns, and so one student wrote, “I am concerned I won’t be able to manage the demands of school and family.” What advice would you give to someone who is in that position?

LRS: So, I would give them two different pieces of advice. The first one is, communicate as much as you can, right now, with your program director or your specific faculty member in that course to make sure they understand the competing priorities that you now have in your efforts to complete your education. This isn’t the type of communication that you want to wait till the end of the semester to share with a faculty member or program director. The second piece is, I would encourage them to reach out to our counseling websites and our assistance programs. That team has some great pointers for students who are really challenged, and having to find a way to balance things. Again, now is the time to be a self-advocate, and reach out for help and assistance.

TS: Another student mentioned they would like to see more open communication and more understanding from faculty members and program directors. So, I know you mentioned the weekly updates and things like that, could you maybe elaborate, just a little on those?

LRS: So, our Academic Task Force meets weekly, and one of the things that they talk about is student communication. That task force reports to the leadership team, and so that’s something we can talk about as a leadership as well. So, we can definitely make that a priority. I will tell you, Tobi, overwhelmingly, the positive response of the faculty and the academic leadership at the university has just been wonderful in wanting to support our students and make sure they’re taken care of.

TS: Are we coming back for the summer semester?

LRS: That’s something that we’re still working through. I will tell you, though, our hope would be to have students back on campus July 6. But this pandemic, again, is unpredictable in its unfolding. Our goal as an academic team is to our assessments and be able to make a decision that we can communicate to the student body by May 25. That’s six weeks out from July 6. Again, we’re monitoring the situation every day all six campuses, and when we bring students back we want to do so knowing they are returning to a safe environment and that our faculty and staff are returning to a safe environment. So, there’s just a lot of factors that we have to consider before we can bring individuals back into our buildings and back to the campus.