

Dealing with upheaval to physician practices and medical education

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with AMA President Patrice Harris, MD, Vice President Undergraduate Medical Education Innovations, Kimberly Lomis, MD and Vice President, Graduate Medical Education Innovations, John Andrews, MD on updates regarding COVID-19 including the pandemic's impact on medical education and available resources for private practice.

Learn more at the AMA COVID-19 resource center.

Transcript

Unger: Hello and welcome to the American Medical Association's COVID-19 update. Today we're going to talk about disruption and how physicians and medical students can deal with the upheaval to their practices and education and training caused by the COVID-19 pandemic.

I'm joined today by Dr. Patrice Harris, president of the AMA, from Atlanta. Dr. Kimberly Lomis, AMA's vice president for undergraduate medical education innovations, from Nashville. And Dr. John Andrews, AMA's vice president of graduate medical education innovations, in Chicago. I'm Todd Unger, Chief Experience Officer at the AMA, in Chicago.

Dr. Harris, the COVID-19 pandemic has caused widespread financial disruption to physicians and health systems. Can you talk about what the AMA is doing to help?

Dr. Harris: Absolutely Todd, well certainly I and other AMA leaders are hearing from physicians across this country in a variety of practice settings that there has been significant disruption in practice. And I want the physicians of this country to know that the AMA is listening and acting on

their concerns. And we have been advocating at all levels to make sure that physicians in private practice have the resources that they need.

And so I'm very excited to announce two new resources from our colleagues in private practice. The first is a guide to keeping private practice physicians in business and the second is a guide for private practice to navigate non-urgent care.

We know that there are colleagues on the front lines in emergency department, but many physicians in their private offices are also experiencing the need to give care and to give good care.

And so we have both of these resources available and my colleagues can go to our website and go to our resource page on COVID-19.

Unger: Yes, check both of those guides out at ama-assn.org/covid-19. Before we go Dr. Harris, one of the big asks, and I know that when we were advocating with the federal government was for financial assistance since so many physicians in practices have been affected. Stimulus bill coming forward, any kinda top level updates on what's included in there for physicians.

Dr. Harris: Well, early on we were advocating for support for physicians and the AMA along with the ANA and the AHA, the American Hospital Association, advocated for \$100 billion in support for physicians and hospitals and other healthcare professionals.

And from the top line of the stimulus bill is that there are provisions for loans from the Small Business Association so that our colleagues can meet payroll and overhead. Also there's the suspension of the two percent Medicare sequester. So there are provisions in the bill to support physicians in private practice.

Unger: That's great news. Dr. Lomis, physicians aren't the only ones experiencing a huge level of disruption. Medical students have had a pretty dramatic year. Can you tell us more about how they're feeling and how they can help?

Dr. Lomis: Thanks Todd, I think it's really important that students hear from us that we are aware of how anxiety provoking these disruptions are to them.

We're fortunate at the AMA to have a network of schools across the country and to have a network of innovators in medical education that are collaborating actively to come up with viable solutions. But it's important just for them to know that we see you and we know that this is disruptive.

Clearly, opportunities to have direct patient contact are limited, and that impacts students in all four years now. It's no longer relegated to the final phases of training. But other activities are disrupted as well.

We rely heavily on simulation activities and skills labs for basic training and foundational skills, that is difficult to do remotely. Some aspects can be compensated that way, but not all. In addition, examination processes, our testing processes are disrupted, including the licensing exams, which are major steps for our students.

This is all happening at a time of year that is an academic year transition. Students are looking ahead to their next phase of work. And that's anxiety provoking to think about how those paths that they've worked so hard to manage are going to change.

Our current fourth year students, who recently matched would typically be joyfully celebrating and involved in some intern prep courses to really make sure they're ready for July. Many of those activities have been hampered. And in addition, the current third year students, our rising fourth years are typically entering a phase of career decision and planning. The process of trying to apply to residency and that entire activity has been changed significantly.

So we are working both at the school level and at a national collaborative level as well as with good input from accreditation agencies and licensing agencies to try to come up with ways to help protect the future of these young doctors.

Unger: Dr. Lomis, you know we see a lotta questions out there from medical students about how they can safely help in this situation. What kind of guidance are you giving?

Dr. Lomis: Yeah, so if we've done a good job in fostering what we refer to as professional identity formation, our students will not want to be sidelined, right? We should have inculcated in them the duty to serve, and they want to be part of the solution.

And, actually, the students themselves are taking the lead in identifying roles that they can perform that are safe but are meaningfully contributing to the process. Some of those roles are COVID specific, so with appropriate supervision, students can manage COVID hotlines and answer questions from patients as to whether they should or should not try to come to a hospital.

They're very good at preparing educational materials for patients because they can navigate that space between what a layperson may or may not understand and yet leverage their burgeoning expertise in the medical side of things.

We have students who are actively helping in the supply chain and they're working to procure PPE for their healthcare systems from local businesses. And they can contribute to epidemiologic research that needs to be happening now. So students are collaborating with local health departments to leverage their data analytic skills to contribute to understanding how this process is unfolding.

Unger: Dr. Andrews, we heard Dr. Lomis talk about match. This must be an interesting year for

people who are matching and then for residents who are having their own upheavals. Do you wanna talk about that?

Dr. Andrews: Sure, Todd, thanks. You're absolutely right. The main residency match took place on Friday, March 20, and it was unusual.

Most people familiar with a match will know that it's typically a time of celebration and a time when people gather to talk about the places that they're gonna move onto the next phase of their professional development in. And for obvious reasons, this year, the match took place at most institutions in a virtual manner. So, people were convening their families and their friends to share the news of where they matched via computer rather than in person.

Having said that, the match itself was highly successful. Over 35,000 positions were filled. Match rates among US graduates, DOs, international medical graduates were all very high. And I think that our medical students who recently matched are viewing the results of the match with excitement because they are moving onto the next phase of their professional development.

As Dr. Lomis mentioned, they wish to serve and to be limited in their contact with patients right now is very difficult, and so I'm sure they're excited about beginning their residencies and serving the patients within the programs that they've matched to. But at the same time, it's anxiety provoking.

The programs to which they've matched may look very different now than when they interviewed and the challenges that the healthcare teams at those facilities are facing are challenges they'll be taking on often in a health system with which they're unfamiliar, so I'm sure there's a lot of anxiety that accompanies the excitement of a match this year.

Unger: Dr. Andrews what are you hearing specifically about the experience of residents and their involvement in the pandemic?

Dr. Andrew: Well, as Dr. Harris mentioned, everybody who's providing care right now is under a great deal of stress. And residents are on the front line in most healthcare systems around the United States. So, in a sense, the care they're providing the patients during the COVID response is business as usual.

What's happened, though, is that they've got the same concerns as other physicians: They need personal protective equipment. They have concerns about their own health and safety and about the ability of the workforce to respond to the demand.

I think there are secondary concerns they're facing as well. As all attention is directed to the care of patients with coronavirus, many of the requirements that they're trying to fulfill in order to be certified to practice independently are on hold. So elective surgeries, primary care, clinic attendance and those sorts of activities that are necessary for them to move toward licensure and board certification are

things that they won't be able to take advantage of for some time.

I don't think that's top of mind for anyone now, but there will come a time when they and their programs have to assess how they're gonna account for those experiences that are really necessary.

I will say that the Accreditation Counsel for Graduate Medical Education and the American Board of Medical Specialties are working hard to manage expectations around how those requirements need to be met and are giving a lot of latitude to programs to determine if the graduates are indeed competent to practice independent of bookkeeping exercises.

Unger: All right, thank you very much. That's it for today's AMA COVID-19 update.

I wanna thank our guests today, Dr. Patrice Harris, Dr. Kimberly Lomis, and Dr. John Andrews. You can look for our next video update on Monday.

And for updated resources on COVID-19, like our guides for private practice, go to ama-assn.org/covid-19.

Stay well and have a safe weekend.

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