

How medical schools can apply COVID-19 lessons learned for incoming students

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

Featured topic and speakers

In part two of a two-part series, AMA Chief Experience Officer Todd Unger speaks with medical school administrators about what their schools are planning for the fall, and lessons learned during the COVID-19 pandemic on how to get the most out of the med school experience.

Learn more at the AMA COVID-19 resource center.

Speakers

- Julie Byerley, MD, MPH, vice dean, academic affairs, UNC School of Medicine
- Carol Terregino, MD, senior associate dean, education, Rutgers RWJMS
- Bradley Allen, MD, PhD, senior associate dean, medical student education, IU School of Medicine

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today, we continue with part two of our two part series talking about what medical schools are planning for the fall. Well, let's think a little bit about the lessons that you learned from the kind of first round of this. And I thought I'd ask, we heard a lot from medical students, the issue about, how do I contribute in an area where I may not be able to be in a clinical setting that I was before? Kind of what did you learn about how we can really get the most out of a med school experience with the pandemic in the background? Yeah, go ahead.

Dr. Terregino: I was just going to say, our students jumped in, and we were not a school that was advanced in the use of telemedicine, and they came into telemedicine really to help the faculty get familiar with the platform and to onboard the patients. And so they were really, really a value added entity for our faculty. And so I'll stop there.

Unger: I've heard that before. Yeah, go ahead.

Dr. Byerley: They added value wherever they could. I mean, our students were collecting PPE door to door to the labs across our campus that were willing to share extra masks. And then other students were working on how to build face shields with 3-D printers. Others were handing out hygiene supplies in communities that didn't have access to them. Their creativity and willingness to jump in and help wherever they could and add value, like Carol mentioned, was really inspiring.

Dr. Allen: Absolutely. And we had the experience where we felt like when our students came out of their clinical rotations, we tried to create content that would be wise use of their time and prepare them for when they did get back into their clinical clerkships. And one of the things that we did was to create a Fundamentals of COVID Course, and that basically the students were very energetic about getting involved with that because we were all learning together. We would learn things at the beginning of the week that maybe weren't true by the end of the week, in terms of the virus, in terms of the treatments, in terms of isolation and PPE and things like that. And they actually helped us to go out, get good information. They were attuned to the social aspects of COVID-19 and the social determinants of health and how some communities were affected more than others.

And they really dug down deep and they pulled in people from our public health ranks and people in the community to put together a student led course that was widely acclaimed by the students and has taught us things about how we can put together content and delivery modes during remote delivery that are effective in achieving our goals.

Unger: Yeah, that's very interesting, because I'm sure there aren't that many things in medicine that are probably changing that rapidly over the course of one semester. How are you teaching them to respond to something like that?

Dr. Byerley: Well, for example, we got to really teach about how to read the literature. And at one point I joked that our medical students were the best read of anyone about the evidence as it was coming out about COVID, and they could explain the differences in various studies. And actually, I looked to them for learning, and I know other attendings did as well, because in their journal clubs through our COVID course, like Brad was describing, they were reading everything hot off the press.

Dr. Allen: It's a chance to teach evidence-based medicine when there may not be any evidence. And so I think that concept of the self-directed learning, really this was a great time to teach those skills.

Unger: You mentioned telemedicine before, and I'm curious what kind of role that it ever played in the curriculum before. Now it's of course a must-have for practicing physicians. What are you teaching them? How are you adapting to that?

Dr. Terregino: I guess it was the student initiative to do this, and one of our faculty members took it on. And so we have large cohorts of students that are in this activity, and now it's being woven into the clerkship experience. And I'm sure with the timing issues of bringing students back and delaying clerkships, we have something, we started a course called CMS, it's called the Core Medical Specialties. So there's a week of every specialty that they do where they learn core skills for each of those specialties that was newly created, and some of them are using telemedicine encounters to teach clinical medicine in the approach to different disciplines. And so that's working really nicely.

I think we'll take advantage of the new competencies that are coming out and be writing them into our curriculum. I have to say that we haven't gotten to that yet. I mean, things are changing so fast. It is a very challenging time for us as administrators to do this. I'm sure, Julie, Brad, it's crazy, I mean, what we're going through right now. It's hard to make a decision that is going to stand two weeks from now. And it's tested all of us and our resilience, and thank goodness we have each other to meet with and discuss these things because it helps us.

Unger: Sorry, go ahead.

Dr. Allen: Well, I really have to give credit to the AMA and AAMC because they're allowing us to get together and compare notes to learn what worked and what didn't work and what's going to apply to our institution. So we really have learned from one another. And telemedicine is one of those things that the students have helped us learn how to integrate that effectively. And we've developed now some OSCEs that are telemedicine based to help us assess their skills and realized that the communication skills for an effective telemedicine encounter are not the same as sitting four feet across the room from somebody in a clinic or a hospital. So we're all learning things that will live on beyond COVID. So, for instance, probably 80% or more of psychiatry services are telemedicine now, and I expect that may not change after COVID goes away. So, this is the future and they're helping us discover the best ways to learn.

Dr. Byerley: And we're grateful for the AMA's accelerating change in medical education initiative that we're all a part of. We're all in the consortium. And that's already poised us to be innovative in our thinking. So I would say we're ready to be early adapters to this change, and to take the goodness that we can find through this tragedy of the pandemic and use it to advance medical care and medical education.

Unger: Well, last question, we talked a lot about preparing for the students. What are you doing to support your faculty as we enter this period?

Dr. Byerley: It's hard. Our faculty are challenged to a great extent, because most of our faculty who are clinicians are continuing to deliver clinical care, and this is not an easy time for doing that. Our scientists who also teach are also challenged. Some are working hard to find ways to address COVID itself, and others are worried about how to accomplish the research that was also important to advancing medical delivery. So, our faculty are more stressed than ever before, and their wellness, the learner wellness, our staff wellness, and obviously the wellness of the populations we serve is our number one priority. I think what we're trying to do is help people with a longterm vision see a light at the end of this tunnel, and see some goodness that can come out of it and tend to what's important in caring for themselves along the way.

Dr. Terregino: Yeah, I was going to say, I'm just so incredibly appreciative of our educators. We talk about all of the healthcare heroes, the clinical heroes, but my educators have been heroes. This has been so hard, and they've stopped what they were doing, got creative, put courses together, managed students, and I'm so grateful for all of them, for all that they've done. And so, how we're managing it, talking to each other, having learning communities, huddling with each other, letting their voices be heard, trying not to get frustrated, because it's been so hard as the administrator, but trying to create the environment where they can thrive. But they've been heroes, they really have.

Dr. Allen: And recognizing that they, again, face the same challenges as all of our communities. They've got families at home they worry about, we're asking them to interact with patients and continue the care. But also interacting with learners is something that we haven't been doing for a while. So, we're trying to make sure that we keep them safe to reassure them about their concerns, and to recognize this is hard. To teach by Zoom, I find meetings by Zoom to be exhausting. I'm much more tired at the end of the day after an equal number of hours spent in meetings because it's a different world than what we're used to. And it's different for them teaching as well. So they have to get comfortable with the technology, their communication. They don't laugh at my jokes. I can't hear them laughing when I am delivering a punchline. All those things are difficult to adjust to.

Unger: It is difficult to kind of teach or speak into the void sometimes, but it is a fluid situation and we really appreciate all that you're doing to train our future physicians. So thank you very much, Dr. Byerley, Dr. Terregino and Dr. Allen for being here today and sharing your perspectives with us. We'll be back tomorrow with another COVID-19 update. For resources on COVID-19, go to ama-assn.org/covid-19. Thanks for joining us and stay safe.

Dr. Terregino: Thank you.

Dr. Allen: Thank you.

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