

# How medical schools—disrupted by COVID-19—can get back on track

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**Brendan Murphy**

Senior News Writer

To adapt to the challenges presented by a learning environment that has been disrupted by the COVID-19 pandemic, learners and educators will need to display agility in the months ahead. The ways in which that may play out in medical education—including key models for facilitating learning—were the topic of a recent AMA Innovations in Medical Education Webinar.

The webinar featured speakers from Virginia Commonwealth University School of Medicine, the AMA and Vanderbilt University School of Medicine. A recording of the webinar is available in the resources area of the Accelerating Change in Medical Education Community (registration required).

## Dealing with disruption

“Medical education has experienced disruption at every level,” said Kimberly D. Lomis, MD, the AMA’s vice president for undergraduate medical education innovations. “We need opportunities to rethink how to get students where they need to go.” In laying the groundwork for how faculty can help medical students reach peak performance under trying circumstances, experts highlighted these three key concepts.

**Academic coaching:** As applied in medical education, this supports a developmental process whereby an individual learner meets regularly with a faculty coach to create goals, identify strategies to manage existing and potential challenges, improve academic performance, and further professional identity development toward reaching the learner’s highest potential.

One key note for coaching—according to Nicole M. Deiorio, MD associate dean for student affairs at Virginia Commonwealth University School of Medicine—is it differs from other traditional roles that faculty members have historically assumed, such as advisor or mentor.

“We are presuming that the student or learner is the expert and the coach is the one who has to draw the answers out from the learners,” Dr. Deiorio said.

**The master adaptive learner:** This conceptual model aims to provide medical students the skills and habits they need to constantly improve their skills. The model focuses on four phases—assessing, adjusting, planning and learning. **Competency-based educational pathways:** This outcomes-based approach shifts from emphasizing time spent in lectures and in classrooms toward ensuring that learners have acquired the necessary knowledge and skills for transition to residency and increased patient care responsibility.

### 3 interconnected models

With time limited, experts said it’s key to consider shifting to a model that anticipates and actively addresses gaps in necessary competencies to enable students to progress in their medical education.

“We’ve lost significant time for students right now in the clinical realm,” Dr. Lomis said. “It’s not that you can have unlimited flexibility on time, but by using the competency-based framework we can understand how to use time most effectively.” Evaluating individual students and cohorts of students within a competency-based framework cannot be the only step institutions take.

“These models are continually interacting,” Dr. Lomis said. “We need to bring them together to help learners understand where they stand, what their goals are and how they reach them. Bringing these models together will help us as educators be flexible in getting the students where they need to be.”

The webinar’s presenters emphasized the importance of also guiding students through the steps of the master adaptive learner model. To ensure that students are growing, a coach can offer specific activities to take a student through each phase of the model, giving the student direction and empowerment.

The master adaptive learner model provides a shared language for both the coach and the learner,” said Bill Cutrer, MD, associate dean for undergraduate medical education at Vanderbilt University School of Medicine. “We think coaching can take the power of the student and make the process of learning more efficient and effective.”

### Resources for implementing educational models

*Coaching in Medical Education: A Faculty Handbook* aims to provide a practical framework for medical educators who are forming programs for medical student coaching. These programs typically involve a learner and a coach working one-on-one to craft strategies that will allow the learner to master a skill



set. *The Master Adaptive Learner*, an instructor-directed textbook designed to produce the habits of mind for lifelong learning in medicine. It is the first book in the AMA MedEd Innovation Series, which provides practical guidance for local implementation of the education innovations tested and refined by the AMA Accelerating Change in Medical Education Consortium.