

5 ways the pandemic may transform medical education

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As the response to the COVID-19 pandemic restricted in-person activity, medical schools had to invent new ways to educate out of necessity. Some of those innovative methods may have staying power that go well beyond the pandemic, reshaping how tomorrow's doctors are trained.

“When you face a disruption on the order of this magnitude, it forces you to think about the principles by which we preserve the very essence of our work. We quickly learn that some strategies we assumed were the only way to do things can be changed without damaging the quality of our educational programs,” said Catherine Lucey, MD. She is vice dean for education at the University of California, San Francisco, School of Medicine, one of the 37 member schools of AMA's Accelerating Change in Medical Education Consortium.

“A lot of changes were put in place to deal with COVID-19 disruption, but it's also given us a new freedom to experiment with new models of education that may end up being better,” Dr. Lucey said in an interview with the AMA.

Dr. Lucey and co-author S. Claiborne Johnston, MD, PhD, highlighted five potential COVID-19-related changes to medical education that may have staying power in a JAMA Viewpoint essay, “The Transformational Effects of COVID-19 on Medical Education.”

New emphasis on public health

In response to the COVID-19 pandemic, medical schools have created electives giving medical students the chance to engage with the public health response. Learners also served as evidence-based ambassadors for the population at large.

“The pandemic strengthened the partnership between health care delivery systems and public health professionals,” Dr. Lucey said. The outbreak of “the COVID-19 pandemic was acute and dramatic, but it made people reset their idea of what it means to alleviate suffering in our patients and improve the

health of our communities.”

“It’s not just doctors operating alone, and it’s not just a cardiologist and a basic science investigator working alone,” she added. “It requires everyone—that means doctors, nurses, public health experts, policy experts, all of those people are required to solve problems.”

Dr. Lucey added that this type of approach could be applied to other public health crises such as the opioid epidemic and the ongoing pandemic of health care disparities.

Find out how medical schools innovated to engage medical students during the pandemic.

Real-time curriculum adaptation

The pandemic’s onset was a teachable moment for any health professional. In her *JAMA* Viewpoint essay, Dr. Lucey outlined what that meant for medical students and how it could be adapted going forward.

The pandemic helped cement the shift to “a philosophy of really focusing on the role of the physician in reasoning through ambiguous and unknown problems as the focus of education, rather than teaching students that the role of physician was to memorize a body of knowledge that was already in existence and good enough for what usually happens,” Dr. Lucey said. “That’s a really important philosophic difference. The first approach really creates physician problem-solvers who are capable of addressing both enduring and emerging threats to health.”

Learn how med schools used 3 learning models to keep students on track during COVID-19.

Potential to reevaluate graduation requirements

When the physician workforce proved to be overwhelmed in certain hot spots, states called on medical schools to graduate their fourth-year students months early to help bolster the response. The measures required navigating somewhat cumbersome red tape but demonstrated that move could be an option in the future.

“The pandemic showed us an example of why we need to think about early graduation for our students, and it showed us all the hurdles we will need to jump over to do it,” Dr. Lucey said. “It’s a shock to the system that asks the question: if we are willing to attest that our students are competent to graduate early in the pandemic, could we not also do so as a matter of usual practice?”

Find out how a med school in a COVID-19 hot spot deployed early graduates.

Changes in residency selection

The pandemic caused the cancellation of most away or visiting rotations. That could create a more level playing field going forward, since not all students can access such experiences.

“The opportunity to go around the country and do audition rotations is a clear legacy practice,” Dr. Lucey said. “When you talk with people about it, it’s not clear who it benefits the most. Does it benefit the students or the programs?”

In spite of the absence of away rotations, “I don’t believe that programs will see a big difference in the quality of that they recruit and match into their programs,” Dr. Lucey said. “As such, it is possible that we will be rethinking whether these rotations should be restarted next season.”

Get four expert tips on how 2021 residency applicants can succeed with video interviews.

New approach to crisis management

Medical schools were proactive in communicating expectations and restrictions with students. Going forward, Dr. Lucey envisions a more dedicated approach to student outreach during turbulence. She pointed to the civil unrest surrounding police brutality that took place on the heels of the pandemic as a potential example of a time in which that new approach had paid off in medical education.

“It created another really existential disruption to the way many of our learners were approaching their education,” Lucey said. “Our faculty of color and students of color, and the allies that work with them, were really shaken to the bone by this vivid reminder of the elements of structural racism that exist within our communities. In situations like this, leaders of educational programs need to be facile with crisis communication strategies that support all stakeholders during these crises.”

Consider how to support diverse learners during disruption.

The AMA has curated a selection of resources to assist residents, medical students and faculty during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations and other events at this time.