AMA medical education experts discuss the Fauci effect

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Featured topic and speakers

In today’s COVID-19 update, Drs. Lomis and Andrews discuss the emerging phenomena known as the “Fauci effect” as well as medical education-related trends, changes and lessons learned in 2020, during the pandemic, and what's to come in 2021.

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Speakers

- Kimberly Lomis, MD, vice president, undergraduate medical education innovations, AMA
- John Andrews, MD, vice president, graduate medical education innovations, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today we'll discuss an emerging phenomenon called the "Fauci effect" and other medical education related issues, as we end in 2020 and look forward to 2021. I'm joined today by Dr. Kimberly Lomis, AMA's vice president of undergraduate medical innovations, in Nashville, Tennessee, and Dr. John Andrews, AMA's vice president of graduate medical education innovations, in Chicago. I'm Todd Unger, AMA's chief experience officer, in Chicago. Last week, a story broke that may have been lost in all the vaccine news. It describes something called the "Fauci effect." Dr. Lomis, what is it? Can you tell us more about it?

Dr. Lomis: Well, thanks Todd. We've noticed actually for the past several months, there has been evidence of an increased number of applications to medical school. And so, it is a significant shift from recent years, and there are likely a lot of factors that play into the effect. But one thing that's
being highlighted is that perhaps students are admiring the role modeling that they're seeing in Dr. Fauci and others, who are demonstrating significant professionalism and expertise in working under very adverse conditions for a variety of reasons. And so, I think naming it for Dr. Fauci is in honor of the incredible work that he and his team have been undertaking this year, but we can shout out to all of our health professionals who have been stepping up in a really difficult time.

**Unger:** Well, there are an awful lot of role models in physicians these days. Dr. Andrews, in fact, Dr. Fauci said that he thinks the increase really belongs to local doctors. Do you agree?

**Dr. Andrews:** Yeah. Well, I think that people considering careers in the health professions are seeing what's going on in their local communities. And I would choose to believe that it's an altruistic instinct, that people are appreciating the efforts that health professionals are making to confront and challenge the pandemic and are pursuing careers that might allow them to make the same contribution. It may also just be the case that it's literally in the news. They're seeing it day in, day out. And for people who may be undecided about a future career path, as they look at what's going on in the world, the health professions are really in the fore of that, and they probably see significant opportunity there.

**Unger:** Dr. Lomis, we've talked a number of times over the past nine months about the impact that the pandemic has been having on medical school and medical education. How will medical schools handle this kind of increase in applications, and what is this going to mean for the profession down the line, particularly in terms of residency spots?

**Dr. Lomis:** Well, I think we carefully gauge our available slots to workforce needs and to any given program's ability to deliver the education that's needed. So, I wouldn't necessarily expect a shift in how many students are ultimately accepted. I do think that schools are very encouraged by the fact that students are stepping up at a time like this and are not afraid to enter medicine. It's very promising that we have the right kind of person who's coming through. And as those who are applying know, the whole cycle has been disrupted. And the kinds of things that they would have put forth as evidence of their readiness may have not been possible for them in the recent year, research experiences, global health experiences, clinical observation, things that they wouldn't have been able to accomplish.

So schools will keep that in mind and be very broad in their thinking about what are the features of the student that will go on to succeed in a time like this, but in medicine in general, where honestly, we deal with much more uncertainty and ambiguity than many people might realize.

**Unger:** Dr. Andrews, any thoughts from you on implications down the line into residency and beyond?

**Dr. Andrews:** Yeah, I'm not sure there are going to be any immediate implications in graduate medical education. I think it will be interesting to see whether this also has an impact on specialty choice. Obviously, graduates of medical schools go on to train in many different disciplines. And when you talk about the Fauci effect or the impact of COVID-19 on people's thinking about a career in
medicine, I wonder whether we might see more people go into internal medicine, critical care, pulmonary medicine, the sorts of physician roles that have been featured in the news in the response to the pandemic.

Unger: And particularly around public health, do you think?

Dr. Andrews: Oh, certainly, certainly. I think that broadens the conversation. I, in my mind, was thinking about applications to medical school and the path to becoming a physician, but clearly there’ve been significant contributions made by public health officials and epidemiologists and people who play roles well beyond the direct care of patients. And I think we'll see a significant increase in interest in those areas, as well.

Unger: Well, one of the themes of the pandemic has been everything that was bad beforehand has gotten worse, revealing a lot of the weaknesses in health care, and physician burnout is one of those things that's been at an all-time high throughout the pandemic. We've seen practices shutting down, physicians retiring early. Do you see this renewed energy of incoming applicants as a way to kind of counteract that, and are students and residents still idealistic, or is the pandemic starting to weigh on them, as well? Dr. Lomis?

Dr. Lomis: Well, certainly seeing students still come to the profession is encouraging to those who are doing this hard work, that they know that there's a cohort coming up behind them who have full understanding of what they're getting into and want to embrace that challenge. I think that all of our schools have been trying to teach around issues of structural determinants of health and health equity, and this is going to make that all the more real for this group of students. And so, we're likely to have trainees who are not only more receptive, but more sophisticated in their thinking around those things.

But in terms of the burnout issue, every time something inspiring happens around students, like our very own graduation celebration that we hosted, that was very inspiring to the practicing docs to see that early process playing out with the next generation. So, I definitely think it helps. And it's an important time, because we've talked about burnout from the clinician standpoint. We certainly have been concerned about the learners' wellbeing caught in the middle of our clinical faculty, our teaching faculty and as people who administer the programs in both UME and GME level. They've had their own clinical demands, plus restructuring an educational program on the fly to try to serve their learners as best possible. So, I really want to send out kudos to all those faculty who've worked hard over the course of this year to make the education as seamless as they can. They think deserve a bit of a boost right now, too.

Unger: Dr. Andrews, what are you seeing on the resident side?

Dr. Andrews: Well, there's a natural process of renewal in residency. One of the interesting things about residency training is every year, some trainees graduate and new trainees join a program. And
I think as medical students are graduating from medical school this year, they're anxious to pursue their path to actually providing care to patients and contributing to the clinical response to the pandemic. So, there’s a lot of energy among graduates as they enter residency programs. That’s infectious, as they join colleagues who have perhaps been dealing with it for several months, if not a year. And I think that helps to mitigate some of the burnout that residents are feeling. They’re experiencing the same emotional and physical exhaustion that anybody in the health professions on the frontline is experiencing, and we need to recognize that.

**Unger:** Well, one of the big issues continues to be student debt, and that's obviously a huge topic, conversation and advocacy throughout this pandemic. Dr. Andrews, where does the AMA stand on that? What's the AMA's position on student debt?

**Dr. Andrews:** The AMA is sensitive to the issue, and in the stimulus packages that have been debated in Congress, the AMA has written letters to the federal government, requesting consideration for people who are bearing significant debt loads in their training to contribute to the response. And there was a letter asking for at least $20,000 in tuition or debt relief for students and residents contributing to the pandemic response.

And then more recently, there's been a request for loan forgiveness for people training in residency and contributing to the pandemic response. So, the AMA understands the burden that that creates for people and the added stress, in addition to the clinical response to the pandemic, is advocating for trainees to try to relieve that stress.

**Unger:** Well, we're nearing the end of the year, and our conversations over the course of the past several months reveal a lot of the work that AMA has done to support students and residents. Where do you see the greatest opportunity for continuing this work in 2021? Dr. Lomis, do you want to start?

**Dr. Lomis:** Sure. I think we've benefited a great deal from having invested in innovations prior to the pandemic and the resulting disruptions that we experienced this year. And so, we were fortunate that some of the things we were already working on, we could spin and use in a quick manner. So, part of the thing would be the lessons learned from this and what pieces of the changes that we made we want to preserve, you want to see move forward.
And so, some areas, like really focusing on competency development and what that means for each individual, certainly came to the fore when we were contemplating whether students were ready to graduate early, to participate in care of these patients. So that’s one example of many things. Certainly, our investment in health system science is another. The systems issues were very clear to everyone as they watched the news going through this. So, a careful thinking over the coming year of all the things that we adjusted, some of those are quite positive and they actually propelled forward things that we thought we needed to be doing. Some were modifications that we did that we probably will be willing to part with. They were just temporary to get through. So, I think that’s the next big step for us.

**Unger:** Dr. Andrews?

**Dr. Andrews:** Yeah, I fully support everything Dr. Lomis just said. I think the wonderful thing to have seen is that innovations people have dedicated themselves to are really seeing some practical application during this stressful time. And on the GME side, the pandemic has been quite disruptive to some of the experiences that trainees need to be eligible for board certification. And it’s engendering a lot of flexibility on the part of our certifying boards and on the part of programs delivering curriculum to try to manage toward competence, rather than the amount of time people have dedicated to these various activities, so that we know they’re able to perform when they graduate, but we’re not rigidly holding them to a time schedule that’s been disrupted by the response to COVID.

**Dr. Lomis:** I do think, to play off of that a little bit, I think we started talking about the Fauci effect, but I think one thing that’s been very clear throughout is the contributions that our students and residents make to responding to the needs of patients and communities. And I don’t want that piece to get lost. The near peer effect might be just as powerful as someone at the highest level, Dr. Fauci. So, recognizing and thanking all the students and the residents for what they’ve been doing over the year is an important step for us, I think.

**Unger:** Well, thank you so much, Dr. Lomis, Dr. Andrews, for being here and for all the work that you’ve done throughout the year, you and the medical education team at the AMA. I’d like to thank also all of our partners across medical education for working with us, and a special shout out to the medical student and resident sections for helping us along the way. We’ll be back soon with another COVID update. For resources on COVID-19, visit ama-assn.org/covid-19. Thanks for being with us, and please take care.

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.

**URL:** https://www.ama-assn.org/residents-students/preparing-medical-school/ama-medical-education-experts-discuss-fauci-effect

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