

## Q&A: What medical school in the U.S. will look like in 2021

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Like nearly every other aspect of American life, medical education saw significant disruptions during the COVID-19 pandemic. Aspects of training—such as clinicals and in-person lectures—were put on hold. Some remain that way.

Even with the pandemic raging, the need to create more physicians persists. To meet that need, medical schools continue the process of selecting the nation's future physicians and are adjusting plans to bring them on board—both virtually and in-person—come the fall of 2021.



Carol A. Terregino, MD

An AMA member, Carol A. Terregino, MD, is senior associate dean for education and academic affairs at Rutgers Robert Wood Johnson Medical School, one of 37 member schools of the AMA's Accelerating Change in Medicine Consortium. Having been through the process of completing an application cycle and onboarding a new class during a pandemic, Dr. Terregino offered some insight about how she sees things playing out for incoming medical students.

**AMA:** In 2020, Rutgers onboarded its medical school class of 2024 remotely. What were some of the key takeaways from that experience?**Dr. Terregino:** One of the wonderful rituals of entering medical

school is to have an in-person orientation process where students can get to know each other. It's so important that students form these relationships and learn from one another. That's part of the acculturation and educational processes, which were so incredibly limited this year. There were very few in-person activities.

While we very successfully pivoted to an online platform and developed small group learning opportunities to supplement lectures, and did as much as we could to make things interactive, the students weren't seeing each other. They weren't able to normalize their experiences as new medical students. They couldn't experience a really challenging concept with which everybody struggles and then walk out of class and turn to a classmate and say, "Did you get that?" Those very normal, important interactions and relationships that form for medical students—when they are doing one of the hardest things they've had to do in their life—could less easily be cultivated.

**AMA:** Rutgers went largely virtual for first-year student learning this year. What were some of the other challenges to keeping students on track?

**Dr. Terregino:** As much as we thought we were communicating with our students, there's no way we could keep up with their communication needs. That's been a challenge and we are learning. We're now trying to help them socialize—because many of them chose not to move to central New Jersey and stayed home with their families—so we have facilitated study groups for which students sign up and enter Zoom rooms. We are hoping they can experience some peer-to-peer learning, socialization and relationship building. This second half of the year we are going to do more of that to try to help students.

We have two major goals during this pandemic. The top goal is to make sure the patient comes first in anything that we do. The secondary goal is to make sure we maintain the pipeline of graduating medical students. Because that has been a prime goal—to make sure our students later in medical school are getting their clinical experiences and are prepared to graduate—what's happening the first and second year is they are getting a little less attention and [third and fourth-year students] are getting priority on experiences because of the limitations we have.

**AMA:** What will you do differently for the next class of incoming students?

**Dr. Terregino:** Next year, if we begin with altered in-person experiences, I'm going to be more mindful of the isolation and enhanced needs of the new class. The anxiety of the more senior students with regards to the pandemic and its effects on their personal and professional lives really consumed our attention. We are starting in late July. I'm not sure we are going to be bringing large classes back into lecture halls at that point. We are going to have to think hard about the things we do in those early months so we don't have another class feeling a bit lost.

We elected to be completely virtual the first semester, except for two nonmandatory labs in anatomy and neuroanatomy. Our first-year students haven't really learned how to do the physical exam yet. Their whole life has been staring at a computer screen and not learning the wonderful hands-on skills that make them feel more like a doctor. We can't wait to teach them these skills in person this spring.

**AMA:** What has academic medicine learned from this disruption created by COVID-19?

**Dr. Terregino:** So much. I was really gratified to be part of the AMA's series on crisis management. I felt I needed to grow professionally and learn how to manage this. We are better adapted this time than we were in March.

We've developed more off-the-shelf plans to help us manage crisis. We've become creative and found ways for the virtual platform to enhance learning. Even from the faculty perspective, it's always hard to get faculty together—now with Zoom, we are more in touch. We can connect more easily. With our second surge or even with another pandemic, we are and will be better prepared because we have more that we can pull off the shelf. We were caught terribly flat-footed back in March.

**AMA:** How has the pandemic changed the way you view prospective medical students?

**Dr. Terregino:** One thing that changed is an attempt at better identification of future students who could be adaptable and able to function in this uncertain medical education environment. We also wanted to make sure that the experiential preparation for our students was geared toward service and understanding disadvantaged individuals.

If you take the pandemic and you add everything that happened with Black Lives Matter, putting those two things together, has made us look for students with an incredible sensitivity and ability to care for all populations. These two events that have coincided and make it so important that we find med students who have cultural humility, experience working with the disadvantaged, and who have empathy.

I don't think that you can talk about change in medical education without acknowledging that we have, in some ways, two pandemics right now.

**AMA:** What are you screening for in virtual interviews that maybe wasn't as big an emphasis during prior years?

**Dr. Terregino:** We have an interview process and screening process that looks for resilience and adaptability. Am I paying more attention to it? Yes. I write all of our interview prompts. Some of the prompts have been related to what's going on right now regarding resilience, regarding the ability to find your inner strength and not give up. There's a continued appreciation of the importance of those traits.

**AMA:** How has COVID-19 impacted what you are hearing and seeing from prospective medical students?

**Dr. Terregino:** A service aspect of your experience is always important. In our secondary application, we wanted students to offer thoughts on the pandemic is going to impact their education and careers. Applications are not written in vacuums. I read them for baseline experiential preparation. I do rely on interview performance to tell me what someone has learned and if they have.

**AMA:** How does a potential vaccine factor in your planning for the next class of M1s?

**Dr. Terregino:** We are optimistic that the vaccine is safe and we can get protected. I hope it's required for incoming students. It will help us to move our educational program forward. We are still going to be wearing masks and doing all the smart things. At the present time, because of PPE shortages, we are still not having our students see COVID-positive patients. Depending on where we are next year, if we are still seeing a lot of patients with it and our students are protected, that may change.

**AMA:** What is your feeling to bringing another new class of physicians?

**Dr. Terregino:** I'm very optimistic as I look forward to bringing in a new class. For two reasons. One, because we are rolling out a new curriculum—which sounds a little bit crazy, but the pandemic gives us the opportunity to frame their medical education differently.

Secondly, the lessons we learned with this year's class and ways that we can help the students get better acculturated; we'll do better. We know what did and didn't work. I'm also optimistic that there will be some relaxation in the cases and restrictions. It can give us more community. I think about having an in-person white-coat ceremony outside. We can have some of the rituals in a more traditional fashion.

**AMA:** What kind of learning has gone on within the AMA consortium to help figure out new and better ways to adapt to med ed during the pandemic?**Dr. Terregino:** The AMA has been an amazing partner to us by facilitating a learning community among the consortium members. Just as our medical students have needed a safe space to share and learn from each other, we medical educators have needed and benefit from the same. I have acquired such useful knowledge not only on leading in crisis but how to address the needs of our underrepresented students and faculty in the second pandemic.