What physicians need to know about medical education

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

Kicking off 2022 with the AMA's "Look Forward/Look Back" series, AMA Chief Experience Officer Todd Unger talks with Kimberly Lomis, MD, AMA's vice president of undergraduate medical education innovations, and John Andrews, MD, AMA's vice president of graduate medical education innovations, to discuss the AMA's critical work in medical education.

Speaker

- 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 Moving Medicine video and podcast. As we begin a new year, we thought we'd take this opportunity to look back at AMA's work over the past year in several key areas and also find out what's in store for 2022. Joining us today for our Look Forward, Look Back series are Dr. Kimberly Lomis, AMA's vice president of undergraduate medical innovations in Chicago and Dr. John Andrews, AMA's vice president of graduate medical education innovations in Chicago also. And we'll be discussing the AMA's critical work in medical education. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Lomis, Dr. Andrews, it's great to have you back. Boy, has this been a year of disruptions for medical education? Let's think about 2021 versus 2020. Did we see the same challenges, different challenges or did vaccines allow, at least, some normalcy of
return? Dr. Lomis, let's start with you, with medical student education.

**Dr. Lomis:** Sure, Todd, I think everybody is experiencing some distortion of time in trying to remember where 2020 ended and 2021 began but I think one of the big things that we saw in 2021 was the graduation of students who had been significantly disrupted in their clinical preparations. And obviously, schools have been working hard to maintain their training and fill those gaps. And so one of the things that we invested in early this year was a pilot program to help each individual graduate think about what they missed out on, as a course of their training, and how they might build that into their goals as they started their internship. So we created a great tool that allowed them to start in advance, discussing this with their program directors and we're very hopeful that this will carry forth in the future to normalize this transition. Everybody has individualized needs and should promote equity that each person, as they make that transition, can really call out the things they need most.

**Unger:** We were hoping to do another medical student graduation tribute. The cast of Scrubs was not available this year, so we're glad that folks did get to graduate. When you think about the academic year so far, or as we close 2021, how would you compare it to the initial year of the pandemic?

**Dr. Lomis:** Well, certainly there's still been disruption and I think any of the students involved would say that, as well as the educators but at least we were better prepared, both the health systems in terms of the availability of protective equipment, as well as the education programs and really thinking about what roles students can play safely. A lot of those protocols around COVID care were a little bit more secure. And so, for the most part, schools were able to get the students back on track and keep things moving forward. And actually, our consortium took some time to think about the silver linings. What did we learn in these disruptions that we would actually want to see carried forward in the future? And there are some great examples of things we did learn that we could do through simulation or remote and virtual environments. One thing that we hope, as the AMA, will stick around is the increased interest in using telehealth. And we've created a playbook for educators about how you bring those learners into that environment? So there is some potential, some good solutions that we care about carrying forward.

**Unger:** Yeah. Assuming we do move past this pandemic in 2022, I think that's a big question for everyone is what we preserve in terms of those learnings and carry forward versus leaving behind. Dr. Andrews, let's turn our attention to residents and program administrators. Again, how did this year, 2021, compare to that first year of the pandemic? What did we learn?

**Dr. Andrews:** Well, the stress of the clinical response to COVID-19 is ongoing but unlike 2020, I think that, as Dr. Lomis alluded to, health systems, hospitals have evolved systems for dealing with COVID patients that weren't in place when everything exploded in 2020. And when that did happen in 2020, there was tremendous concern about how the demands of caring for patients with COVID was going to disrupt the path toward education in your particular specialty, your path toward board certification as you turned your attention to meeting the demands of caring for patients with COVID, rather than the
things you thought you would be doing.

I think many residents were worried about that in 2020. I think that's less of a concern now. There's still a tremendous burden being placed on our residents to provide frontline care to patients with COVID but the systems for doing that are less disruptive to their progress towards certification in the specialty in which they're training. So that's a little bit of a positive note to some. There've also been changes nationally, grace periods and alternate methods for achieving board certification that have removed some of the stress people have felt that "If I'm doing all of this work to care for patients with COVID, I might not be eligible for certification in my specialty." So I think things have calmed down a bit in terms of those specific concerns about specialty training, while the demands of caring for patients with COVID are ongoing.

**Unger:** Dr. Andrews, I know one of the things that you've looked deeply at is the residency application process. Big changes there, of course, by necessity year one, and continuation of a lot of virtual support. What have you learned over the past year? What do you think some of the major conclusions are going to be?

**Dr. Andrews:** Well, so the residency selection process has been something that was interesting before the pandemic and is even more interesting now. With the advent of the pandemic, one thing that I think everyone's aware of is that the process of applying to residencies changed dramatically and that interviews became virtual. People weren't visiting the institutions where they thought they might train. They were conducting interviews virtually. That created broad access to opportunities to interview but less deep knowledge of the programs and the applicants for making that critical match to residency training later in the year. And I think the long-term effects of that remain to be seen. Did people match to programs that they might not have in a situation where they actually had a chance to go and visit? So we'll see what happens going forward. I think there was a lot of positive things that came out of virtual interviews. It was less of an administrative burden for programs. It was less expensive and involved less travel for applicants. And so as much as people want to get back to in-person interviews for all of the reasons I just stated, I think that options to interview virtually will continue to be available and will continue to enhance people's access to programs that they might not have otherwise been able to take a look at. So there have been some pluses and some minuses to that.

The last thing I'll say about the residency selection process, and Dr. Lomis may wish to comment further, is I think there's a graduating class of medical students that have some concerns about the impact of COVID on their preparation for residency and whether there are gaps in that preparation that might need to be addressed in residency going forward. And again, we're still learning about that and doing a lot of work at the AMA to better understand those gaps and how to best address them.

**Unger:** Dr. Lomis, what do you think about that?
**Dr. Lomis:** Well, that was part of the pilot that I was mentioning earlier that we enacted because there are certainly gaps and I think reframing it in terms of gaps in the students' experience is less threatening to them as an individual than saying that you, person, have a deficit. And so we wanted to seize on that moment in time to say, "It's okay. Let's talk about it. We know this happened and the only way we can get through this and make sure your education is up to snuff and that the patients are served well is to find those gaps and let's get on it and we can fix it. It's not a problem. That's what education's for." So I think we have great opportunity here to, as I said earlier, normalize that so that it's not a judgment that you're not ready but it's more "Hey, it's our job to get you ready. That's why we're here."

**Unger:** It's funny because there's disruptions across, basically, the spectrum of all work and we have a cohort of folks that are going to move through where those gaps are real and will need to be addressed over the course of time. But despite the impact of the pandemic, that has not dampened folks' enthusiasm for applying to medical school. Dr. Lomis, what do you think about how this pandemic is going to influence the future health care workforce?

**Dr. Lomis:** Well, as you know, Todd, we've seen increasing numbers of applicants to medical school and the new data about matriculation this year is available now and actually quite promising that not only applications went up but we have actual matriculants in areas with students who are from backgrounds that have been historically marginalized or underrepresented. And so there's some good headway there. One notable exception is, unfortunately, Native American, we didn't make progress there but it is great to see increasing diversity in the incoming classes. And thinking through how difficult this time has been for health care providers, to see that young people are inspired to enter the field at this time is particularly gratifying. It is going to be important to us to maintain our focus on building out holistic and equitable ways of selecting people because as more applicants come forth, it will mean, unfortunately, that some really great potential candidates get turned away. And we want to do that based on the things that actually relate to success within the profession and not some of the historical metrics that have been weighed onto heavily. So it's going to be a challenge to us to make sure that we keep pushing forward with that holistic view.

**Unger:** Well, we have been dealing with this pandemic now for the better part of two years. And our AMA president, Dr. Gerald Harmon, recently authored a viewpoint about his concern for new physicians entering medicine during the pandemic. Are you seeing the kind of fatigue and burnout with residents, particularly those on the front lines, and how is AMA addressing this issue? Dr. Andrews?

**Dr. Andrews:** Yeah, it's a big concern. I mean, physician well-being and burnout on the physician workforce was a concern, as I said, before the pandemic but the pandemic has certainly highlighted that and exacerbated it. For residents, the demands of responding to COVID pandemic have been significant. And working in systems where there's uncertainty about how to treat those patients, uncertainty about the volume of patients that they're going to need to treat, watching patients die on a
regular basis has been a huge burden and certainly compromises well-being. I will say that I think that there are some moderating factors. I do think that residents take some pride in the fact that they're on the front lines for responding to this pandemic that's a source of national concern and are pleased that they're in the medical profession for that reason. So there are some balancing factors but by and large, I think there's a lot of well-founded concern about burnout.

The AMA is working with residency programs and with health systems to provide access to screening tools for burnout, so that programs and health systems understand how big a problem it is. Through the Steps Forward program, there are frameworks and other approaches that, again, programs and health systems can take to create environments that are less likely to exacerbate burnout and address some of the compromised well-being that people are experiencing. But I think it's going to be an ongoing challenge and we don't have all the answers yet. Our continued attention to it, sensitivity to it, and our interest in looking for the instances where it's really compromising people's ability to be effective at work and to feel comfortable going home at night is going to be a focus of our interest going forward for a long time, I think.

**Unger:** Dr. Lomis, what about medical students in the same realm?

**Dr. Lomis:** Well, I think, like all members of the health professions, medical students certainly felt the strain of this, the mixture of both the challenge of what clinical work they were able to do, plus the disruption to their forward path. And, as you know, medical students are very focused on the future and moving forward, and so that was particularly anxiety-provoking for them. And I think all of the schools worked very hard to support their students during this time. And it's even more concerning the recent declaration from the surgeon general about the mental health crisis among our nation's youth. That is our future medical student body. And so we need to continue to think across, even earlier, in the educational continuum about this notion of well-being.

We actually spent some time this year in our consortium focused on the well-being of the medical educators, because many of them are also clinicians, so they were feeling the strain of adapting their clinical duties and responding to the needs of COVID patients or other needs of the health system, while simultaneously having to redesign educational programs and support their students, who they care about and they saw the angst that they were going through. And so we actually worked a lot with our faculty across the country to understand some of the drivers of their strain and how we might better support them so that they're still there to teach the students in the future. And so devoting some time to putting together some resources for organizations to really think about how do we build in better surge capacity for the education field? It's usually run on a string. And so we're putting that forth in the new year, some guidelines about how an organization can support the well-being of the educational faculty.

**Unger:** Well, that's a good—
Dr. Andrews: And if I could—

Unger: Yeah, go ahead.

Dr. Andrews: If I could just jump in, one of the important points behind what Dr. Lomis just highlighted is the fact that those educators are role models for the students and the residents whom they're training. And if the students and residents see that those role models aren't finding joy in their profession, that further compromises the whole system because those trainees are saying, "Well, what am I getting myself into if 20 years from now, I'm going to be feeling the way I see this person feeling now?" So it's really critical that we address these concerns about burnout and well-being across the spectrum of physician professional development.

Unger: Well, then that's obviously going to be a big piece of the future for 2022. As you look ahead to the coming year, what do you think the other kind of biggest opportunities are for the AMA to support medical students' residency and the folks that you just mentioned who are basically guiding that learning, teaching them to become leaders in healthcare? Dr. Lomis, why don't you start?

Dr. Lomis: Sure. Well, I think what we saw during the pandemic was that some of the things that we, as AMA, have been previously invested in, actually turned out to be critically important in a time of disruption like this. So unfortunately, the pandemic was a crash course for everyone in health system science. And we had already devoted heavily into training students and residents and faculty, for that matter, in better understanding the systems in which they work and how they contribute to the improvement of those. And so we, fortunately, had resources at hand that many schools avail themselves of to help ramp up that training really quickly. So we hope to see the continued propagation of training across the continuum in those concepts.

Certainly, we've been invested in what we call competency-based education, which really, instead of saying, "How long were you in a course," it looks at "What did you learn and did you attain the outcomes that you need?" And so when you see a disruption in which time goes away, it was really valuable to have schools that had a better handle on where each individual student was because they were routinely assessing their progress and could find alternative pathways, again, to keep them moving forward and get to where they need to be. And that ended up connecting to some work that we've done in value-added roles with students, this notion that the student is not just receiving, and they give a lot. We have incredibly bright and talented medical students who can do a lot of different things. And so we were able to articulate that and hope to continue to build that understanding of the value that they bring to the health care system.

And then other concepts, we've been thinking a lot about how to be a master adaptive learner. Certainly, everyone had to adapt in this situation. And I think, moving forward, we know that there's going to be more and more ambiguity, and we are going to need to adapt to new and evolving technologies, such as artificial intelligence and the world of big data. And then, of course, throughout
all of this, we have all become much more attuned to concepts of equity. And so we'll continue to be able to bring that lens to all of the things that we do and really think with much more broad perspectives than we may have in the past.

**Unger:** All right. We've been asking a number of different folks, over the course of the last few months, the words they would use to describe this past year. I think adapt would probably be in my top two. Dr. Andrews, again, as you look forward to 2022, what is your main area of focus? How is the AMA going to help?

**Dr. Andrews:** Yeah, I think that Dr. Lomis' comments were pretty comprehensive. She highlighted most of the important issues. I would just emphasize a couple of things. This effort to pursue competency-based medical education, I think is really important. For the reasons that we stated earlier, we have students graduating from medical school who are concerned about gaps in their training. What are those gaps, and do we actually know what they're capable of? And where these residents are concerned, who are seeking board certification, rather than just spending three years in internal medicine residency, do we know that they've achieved the standards necessary to practice independently? And that puts a lot of pressure on us, as a medical education community, to refine our assessments so that we can actually know what people are capable of rather than just how long they've spent doing it.

And then the other thing, I think it's really important to address is the issue of diversity in the physician workforce and in our medical education systems. I mean, COVID, once again, has highlighted that there are huge inequities. And as we look at the disproportionate impact of COVID, particularly in communities represented by persons of color, we look at our medical education system and see how poorly represented persons of color are within that system. And we're going to have to do something about that to meet the needs of those communities with a physician workforce that better represents the patients for whom they're providing care.

**Unger:** Well, Dr. Andrews and Dr. Lomis, thank you so much to you and your colleagues for all the work you've done to support students and residents and to the consortium and to all our GCEP partners out there as well. This has been quite a year and I appreciate your insights as you kind of look back and look forward on medical education. Thanks for being here today. We'll be back soon with another Moving Medicine video and podcast. Be sure to click subscribe on the AMA’s YouTube channel, Apple, Spotify or wherever you listen to your podcasts. You can find all of our podcasts and videos at ama-assn.org/podcasts. Thanks for joining us. Take care.

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