

## In pandemic's 3rd year, medical educators also feel strains

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A global pandemic that is stretching into its third year has had far-reaching effects on all aspects of the systems of care. Medical education is no exception.

To create a greater understanding of the unique challenge that medical educators are confronting as a result of the COVID-19 pandemic, and to offer solutions, the AMA has created a resource with organizational steps to support medical educators (PDF).

The document was formed with input from stakeholders within the AMA Accelerating Change in Medical Education Consortium.

“The aim is to help understand these challenges and then, ideally, inform the schools—and the leaders at health systems—on how they can create systems that advance the educational mission,” said Sanjay V. Desai, MD, the AMA’s chief academic officer and group vice president of medical education. “It’s not just important for the educators but for the next generation of physicians and, ultimately, for the patients that they serve.” The document offers seven key recommendations institutions can implement to support educators as they recover from the pandemic.

## **Monitor and support well-being of educators, learners**

This requires specific understanding of faculty well-being. “Schools can collect data, they can observe and they can understand what the educators in their system are experiencing,” said Dr. Desai. “Without understanding what the impact has been on them, it will be difficult for them to move forward.”

Prior to joining the AMA last year, Dr. Desai served as the Myron L. Weisfeldt professor of medicine, director of the Osler Medical Residency, and vice chair for education at Johns Hopkins University School of Medicine.

During a recent episode of “AMA Moving Medicine,” Dr. Desai addressed how and why we need to address a projected physician shortage. For more information, visit [SaveGME.org](https://www.savegme.org).

## **Refine workflows to support educational interactions**

That includes identifying systems issues that create constraints on individual educators’ efforts. It also means creating processes that are more mindful of the educators’ mission, which calls for more support.

## **Protect time for educational activities**

“We pulled away educators and put them into clinical care because of the needs that are there,” Dr. Desai said. “We need to start thinking about what we can do to alleviate other work that they’re doing, to recreate or recapture the education time that they lost.”

## **Provide ongoing training**

The pandemic exposed trends that were already jeopardizing dedicated support for educators and educational time for learners. Guidance to improve this includes giving front-line clinical supervisors tips to efficiently incorporate education into clinical workflows and to learn best practices for education in new clinical models created during the pandemic, such as the increased use of telehealth. “Technical resources, the human resources and the online resources ... are going to be important investments for schools to make,” Dr. Desai said.

## **Nurture educator career advancement**

That means regular feedback mechanisms, outlined promotional opportunities and support for educators’ scholarly pursuits. Much of that was put on hold while the pandemic shifted priorities in medicine.

## **Build educational surge capacity**

“Like many things in the pandemic, this laid bare a problem that was already going on,” said Kimberly Lomis, MD, the AMA's vice president of undergraduate medical education innovations. “In many situations those in education are chronically dancing on a wire without enough support and capacity,”

## **Advocate for systems change, locally and nationally**

The AMA hopes to start this process at the institutional level.

“We will use our channels to reach out directly to those who are leading both medical education and residency programs as well as leaders of health systems,” Dr. Lomis said. “We feel that providing a formal document allows our educators—who are under these strains—to have something that they can refer to that has the validation of the AMA, that they can take to the leadership at their various institutions and advocate for support.”

Learn why the doctors hit hardest by the pandemic are at higher risk of burnout.