All the medical educational innovation that has taken place amid the COVID-19 pandemic has come with a price in the form of the tremendous strains exerted upon the physicians, faculty educators and other health professionals who have so expertly shepherded medical students and resident physicians through this trying period.

These strains may be less visible to the public because medical education is often unseen and imperfectly understood, but they are no less severe. Addressing this less visible crisis will require a systemic response, which is why the AMA created a new resource with organizational steps to support medical educators (PDF).

A session at the spring meeting of the AMA Accelerating Change in Medical Education Consortium explored the recommendations in this new resource, and medical school faculty and administrators shared what they and their physician colleagues have noted are obstacles to implementing the recommendations.

Solving this challenge is not just an ethical or moral responsibility. It may be necessary to ensure that the new and productive ways of education learned during the pandemic aren’t lost, and to prevent a mass exodus from undergraduate medical education that could lead to an even greater workforce shortage.

“It is imperative to preserve the capacity for creativity among educators and avoid reversion to historical practices out of sheer exhaustion and change fatigue,” the resource says. “This is not an issue of individual resilience. Health care organizations and educational institutions must take action to avoid mass abandonment of educational duties and loss of educational leaders.”

What to do
The AMA resource features seven key recommendations to help institutions support educators as they recover from the pandemic:

- Monitor and support well-being of educators as well as learners.
- Refine workflows to support educational interactions.
- Protect time for educational activities.
- Provide ongoing training.
- Nurture educator career advancement.
- Build educational surge capacity.
- Advocate for systems change, locally and nationally.

Read more about the recommendations in detail.

What it will take

For these recommendations to gain traction, medical schools and residency programs will need to embrace a systemic, democratic process, the presenters at the session noted.

Often when institutions undertake major change efforts, “the people with boots on the ground aren't part of that discussion,” said Allison Knight, PhD, assistant vice dean of student affairs and director of student wellness at Eastern Virginia Medical School. “So the solution sometimes creates more problems than it solves.”

Indeed, many administrators have heard from educators that they feel they haven’t been at the table over the last year, said Maggie Rea, PhD, director of student and resident wellness and clinical professor of emergency medicine at the University of California, Davis, School of Medicine.

“If you're telling me as a faculty member that I get a half a day a week for my protected time, to teach or to write or to put in a grant, often there isn’t the broader conversation of: Has my clinical load been switched or shifted?” Rea noted.

One of the core issues underlying the ongoing threat to making system-level change is that everybody is already working at maximum capacity, said Richard Van Eck, PhD, associate dean for teaching and learning in the Office of Education and Faculty Affairs at the University of North Dakota School of Medicine and Health Sciences.

Faculty and staff need to be empowered “to identify which things don’t need to be done anymore, even if it's the dean’s pet project), which things don’t have a high enough return on investment, and which things can be deferred in order to make space for high-quality education and well being,” Van Eck said.

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Which points to the need for involvement at the highest levels.

“I can't say enough about administrative buy-in,” said Eboni Anderson, DHEd, director of community oriented primary care and assistant professor of public health at A.T. Still University-School of Osteopathic Medicine in Arizona. “Not just talking about it, but actually coming with some ideas to make those changes.”

And don't forget that learners have valuable insights too, Anderson added.

“They can also speak to these changes we need to make when it comes to well-being—not just from their perspective on what they're doing and what they're learning, but from what they see amongst the faculty and the staff,” she said.