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T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Healthcare Operations during the COVID-19 Pandemic- Speaker Series

November 2021

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Medical Education During COVID-19: Lessons Learned

Alison Whelan, MD, FACP
Chief Academic Officer
November 4, 2021



Association of
American Medical Colleges

Key Take-Aways in Medicine Education from the Pandemic

- Health professions students are essential
- Decision making in times of crisis
- Competency based medical education
- The role of tele_____
- Wellness
- Equity, diversity, inclusion
- The student VOICE

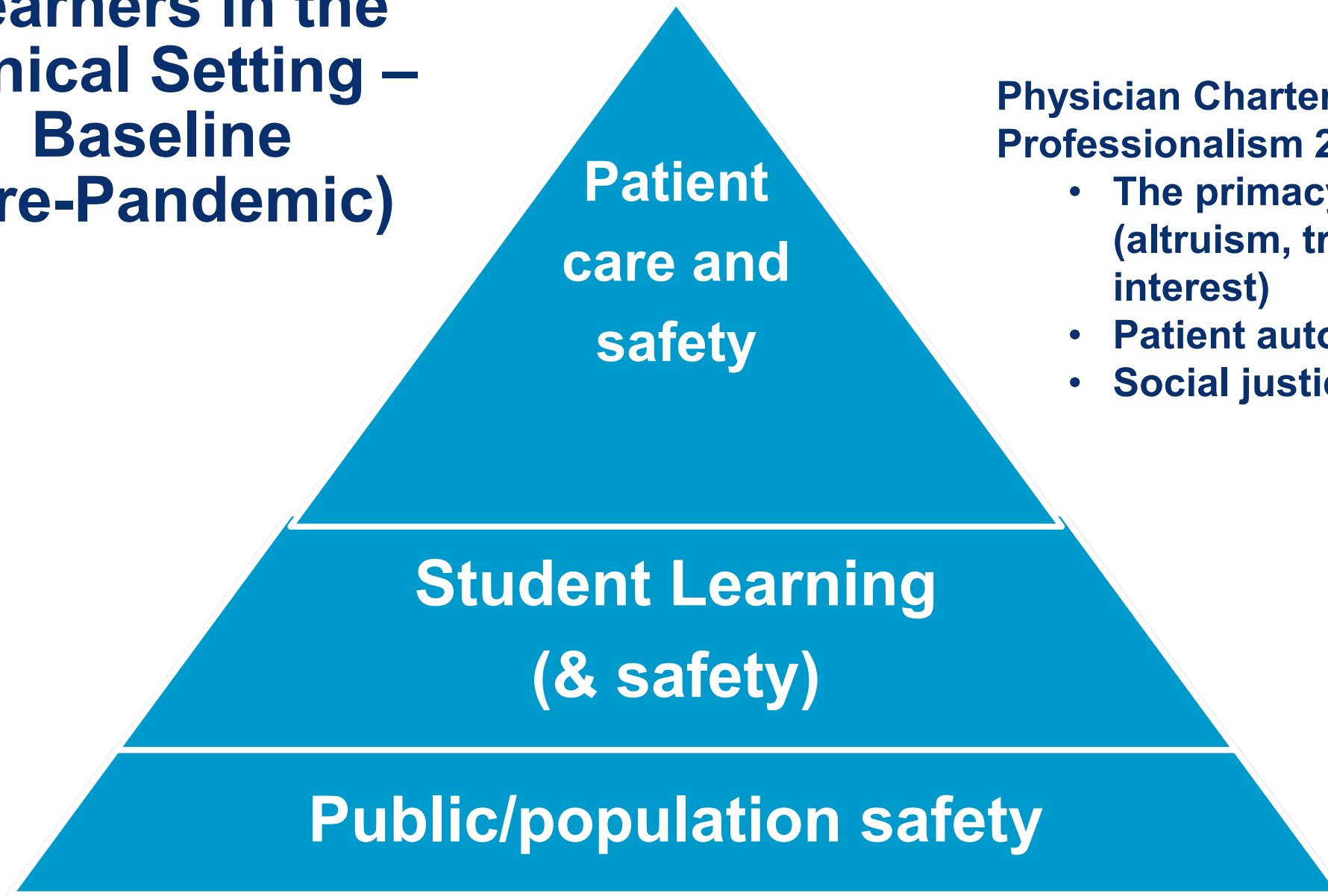


Medical Students and Other Health Professions Students are *Essential* Members of the Health Workforce

Physician Charter on Professionalism 2002

- The primacy of patient welfare (altruism, trust, and patient interest)
- Patient autonomy
- Social justice

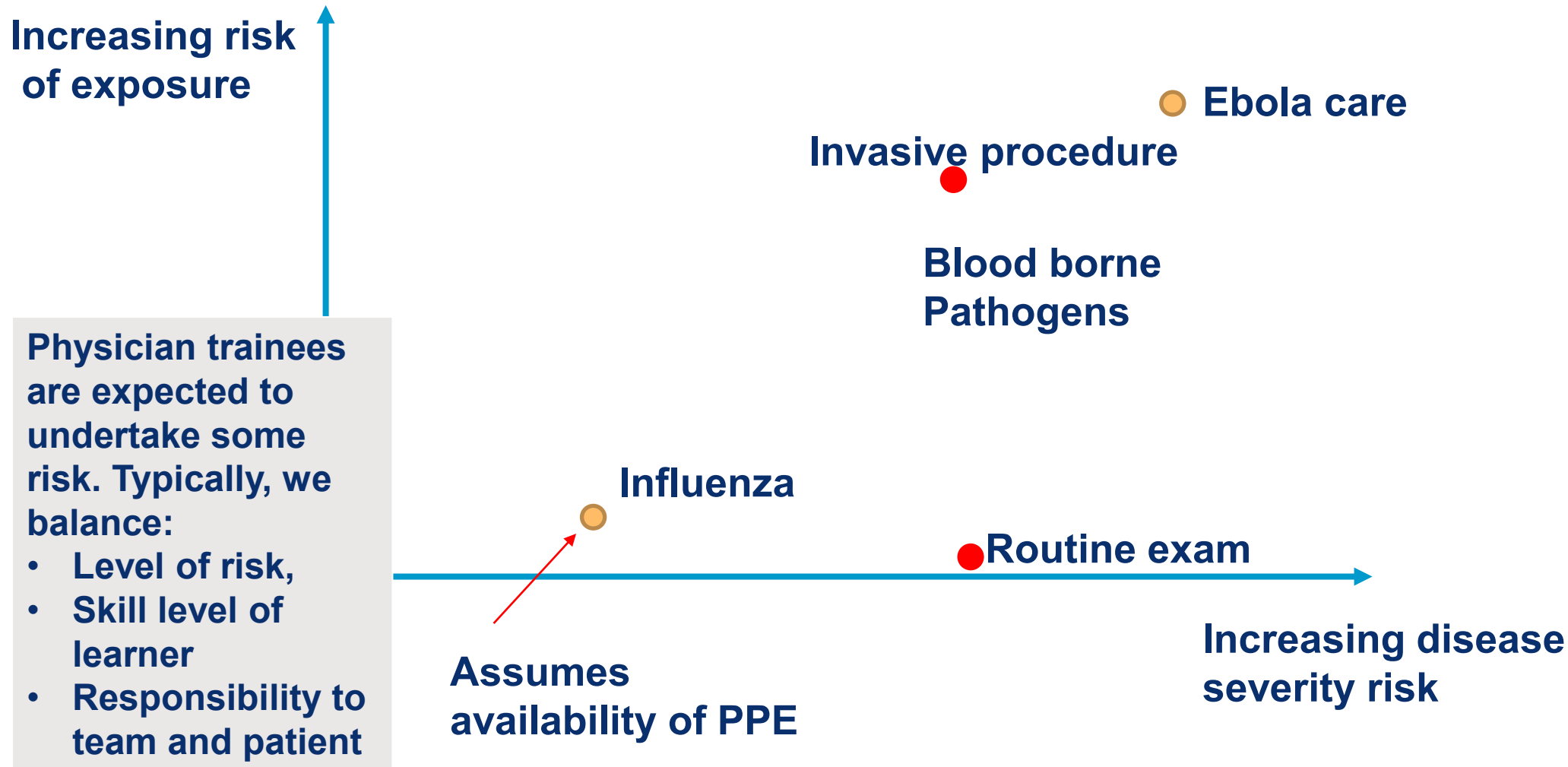
Priorities with Learners in the Clinical Setting – Baseline (Pre-Pandemic)



Physician Charter on Professionalism 2002

- The primacy of patient welfare (altruism, trust, and patient interest)
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Student Safety: Some Level of Individual Risk is Inherent in Clinical Care and Clinical Training



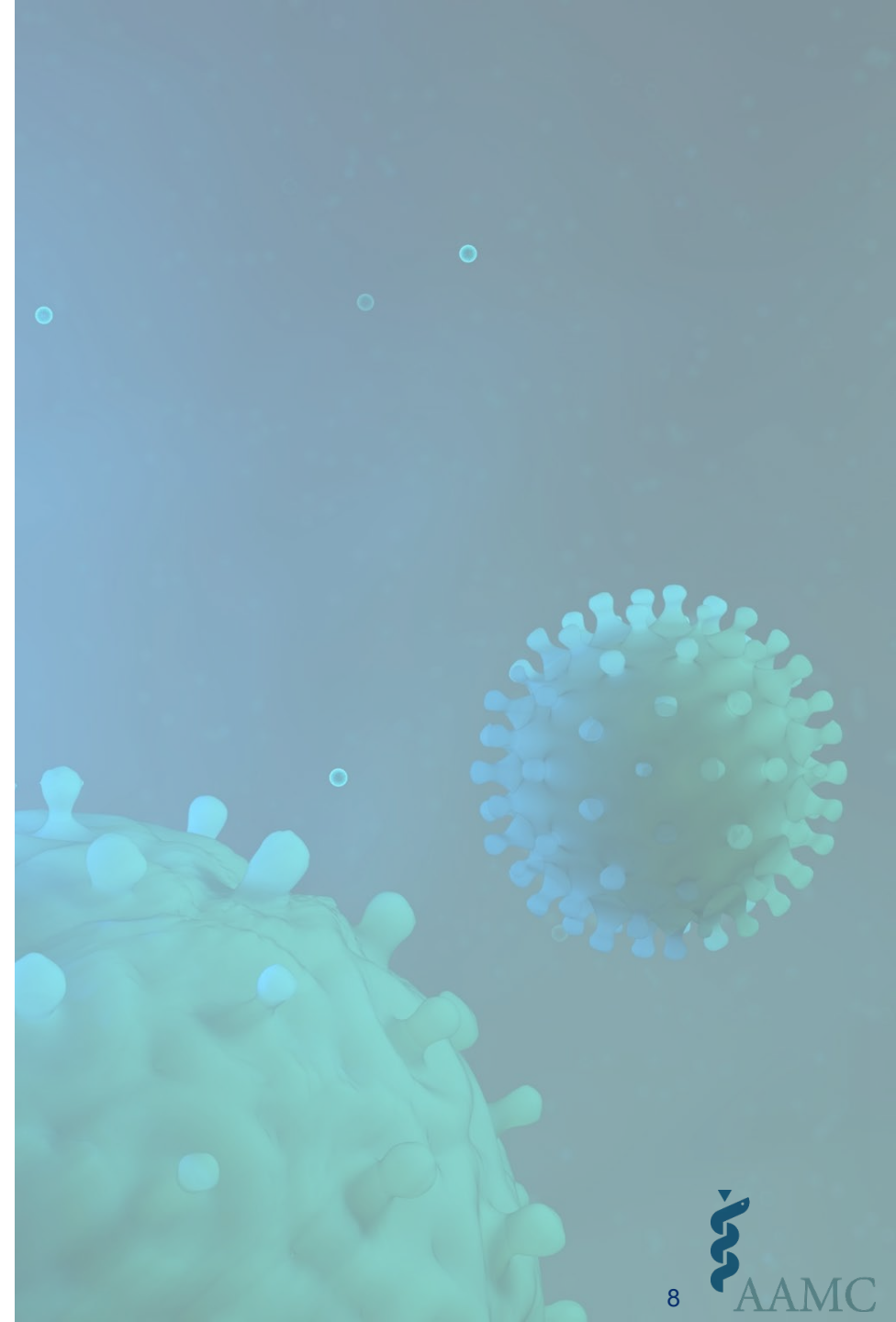
What was/is Unique About COVID-19?

- New disease with an evolving understanding of epidemiology
- High transmissibility
- Asymptomatic contagious phase
- High morbidity/ relatively high mortality
- REACHED levels of COMMUNITY Spread

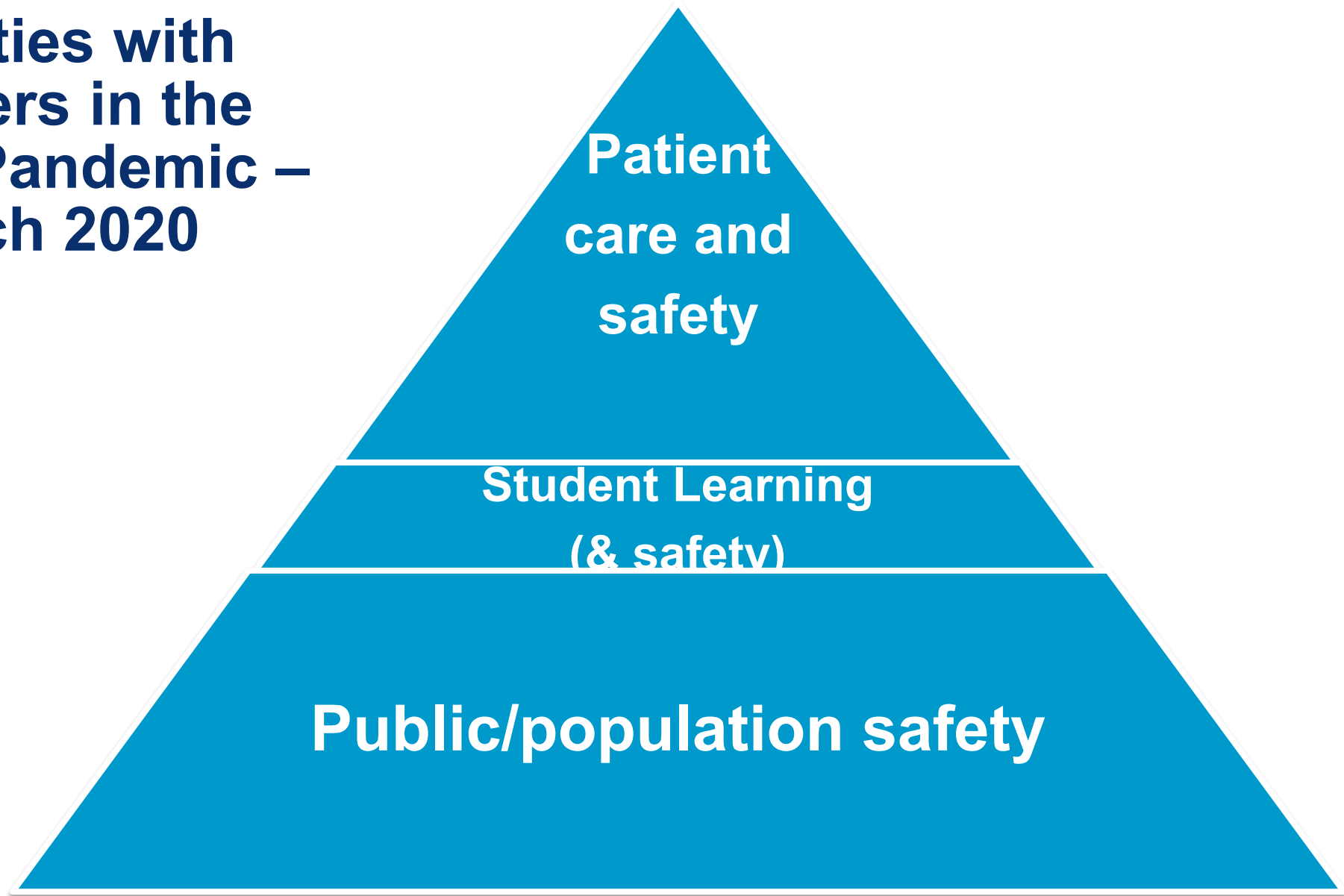
Insufficient PPE



Unavailable testing



Priorities with Learners in the COVID Pandemic – March 2020



March 2020: Decision Making in a Time of Uncertainty

Identify

- Decision making role
- Data gaps
- Ethical/values conflicts

Utilize

- Mission
- Values
- Data

Create

- Rapid cycle core team
- Trusted reviewers

March 2020: Decision Making in a Time of Uncertainty

Identify

- Decision making role
- Data gaps
- Ethical/values conflicts

Communicate!

Utilize

- Mission
- Values
- Data

Communicate!

Create

- Rapid cycle core team
- Trusted reviewers

Communicate!!

AAMC Guidelines on Student Involvement in Direct Patient Contact – March 2020

“

*For medical schools in locales in which there is significant, active current or anticipated COVID-19 community spread, and/or limited availability of PPE and/or limited availability of COVID-19 testing, the AAMC guidance remains that, unless there is a critical health care workforce (HCW) need locally, we **strongly suggest that medical students not be involved in any direct patient care activities.** The primary goals of this guidance are **bending the curve for the public health of the community**, conserving limited PPE supply to keep HCW and patients safe, and **maintaining public and HCW safety** given limited testing availability.”*

AAMC Guidelines on Student Involvement in Direct Patient Contact – August 2020 Addendum

“*In our current health care system, medical students are not essential health care workers on a day-to-day basis; there is no defined set of responsibilities for which there is a “medical student” position that must be filled around the clock, 365 days a year. However, medical students **are the essential, emerging physician workforce**. This guidance is based on recognition that to address ongoing national physician workforce needs, **the clinical education of our medical students — including their involvement in direct patient contact activities** (which may involve patients with and those without known or suspected COVID-19) — **must continue**, with appropriate attention to safety, in the context of the constantly evolving conditions that define the COVID-19 pandemic in the United States.*”

Critical Need to Accelerate Progress in Competency-based Medical Education (CBME)

Spring-Summer 2020 DRASTIC Training Disruptions

Disrupted/altered teaching, learning, and training

**The need to potentially accelerate graduation/progression
to next level**

**The redeployment of residents and faculty during surge to areas
they were not familiar with (from out-patient to in-patient, from
pediatrics to adult patients, etc.)**

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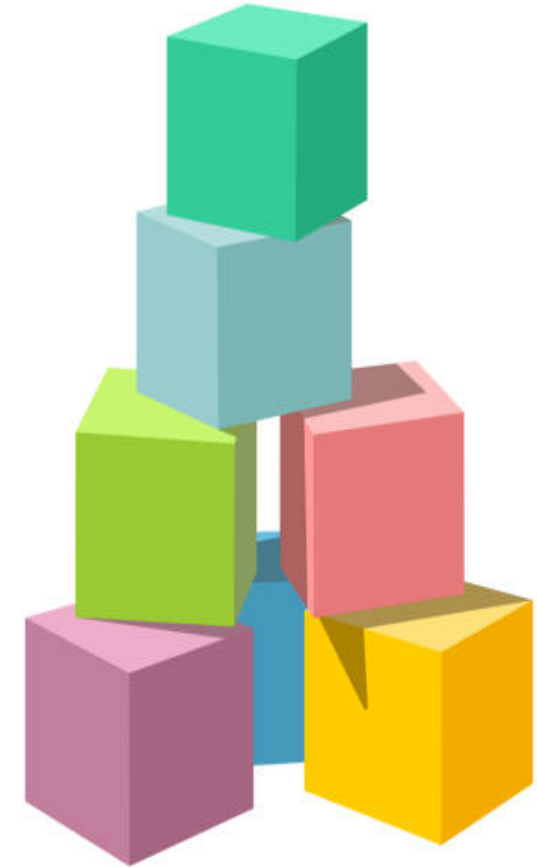
The redeployment of residents and faculty during surge to areas they were not familiar with (from out- to in-patient, from pediatrics to adults)



Need to better assess current competency—both for patient safety and for practitioner confidence and well-being

Competency

An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes.



Frank, JR., Snell, L., ten Cate, O., Holmboe, ES., Carraccio, C., Swing, SR., et al. (2010). Competency-based medical education: theory to practice. *Medical Teacher*; 32(8):638-645.

Competency-Based Education

An outcomes-based approach to the design, implementation, assessment and evaluation of an educational program, using an organizing framework of competencies.

A mental model or way of thinking about education

No single meaning or model of CBME, but many common characteristics

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Competency-based medical education: theory to practice. Medical Teacher; 32(8):638-645.

Competency-Based Education

Then	Now
Process Focused - “What” & “How” of Education	Outcomes Focused - “Results” of Education
Time in “Seats”	Application Based or Experiential
Emphasis on Knowledge	Emphasis on Application or Demonstration of that Knowledge
Written Tests of Recall	Authentic Performance Based Assessments
Teacher Centered	Learner Centered & Patient Focused

Virtual Learning, Virtual Interviews, and Telemedicine Work, But...

...We Need to Evaluate What Works Best and Find the Right Balance

Virtual
Learning

Virtual
Interviews

Telemedicine

- **What is best done in-person? Virtually? Either way?**
- **How may it impact professional identity formation, community building, flexibility, skill building?**
- **How may it impact diversity, equity, and inclusion?**

Final Reflections on the Critical Importance of:

- Wellness
- Equity, Diversity and Inclusion
- The Student Voice

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