

2020-04-23: Post Covid-19 Re-Orientation Approaches and Strategies

The following links were shared during the chat:

- Twelve Tips to Maximize the Value of a Clinical Competency Committee in Postgraduate Medical Education
<https://www.tandfonline.com/doi/abs/10.1080/0142159X.2018.1474191>



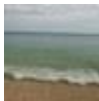
MedEd Chat [@MedEdChat8 hours ago](#)

Topic 1: What will the [#meded](#) landscape look like for faculty, trainee, students and education support staff when the pandemic ends? [#MedEdChat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

[@kristinadzara](#) [@GLBDallaghan](#) Welcome to the chat! [#mededchat](#)



Kathy Kreutzer [@kokanekreutzer8 hours ago](#)

[@MedEdChat](#) Kathy Kreutzer, VCU SOM [#mededchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

T1 I think this could be a catalyst for change in [#medschool](#) curriculum delivery that is long overdue [#mededchat](#)



Kristina Dzara, PhD, MMSc [@kristinadzara8 hours ago](#)

RT [@MedEdChat](#): Topic 1: What will the [#meded](#) landscape look like for faculty, trainee, students and education support staff when the pandem...



Kristina Dzara, PhD, MMSc [@kristinadzara8 hours ago](#)

RT [@MedEdChat](#): [@kristinadzara](#) [@GLBDallaghan](#) Welcome to the chat! [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

T1 We are witnessing pockets of major change in [#meded](#) at some schools....but so many others still rely on lectures (even during the pandemic) [#mededchat](#)



Peds Endo Chick [@PedsEndoChick8 hours ago](#)

[@EndoJournalClub](#) Michelle chiming in from Missouri! I'm doing both [#EndoJC](#) and [#MedEdChat](#) tonight, so we'll see how good my attention is :)



Peds Endo Chick [@PedsEndoChick8 hours ago](#)

[@MedEdChat](#) Hello all! Michelle chiming in from Missouri! Excited for tonight's talk :) [#MedEdChat](#)



Paul Haidet [@myheroistrane8 hours ago](#)

Maybe this will get us "unstuck" but it won't necessarily change mindsets off of transmission of knowledge or focus off of solely content. [#MedEdChat](#)



Kerrie L. Quirk [@KLQuirk8 hours ago](#)

[@MedEdChat](#) I see this being the opportunity to pay more attention to the learner experience and offer greater flexibility using technology. [#mededchat](#)



Tales of Endo Land [@TalesofEndoLand8 hours ago](#)

That's a big ask. Good luck RT [@PedsEndoChick](#): [@EndoJournalClub](#) Michelle chiming in from Missouri! I'm doing both [#EndoJC](#) and [#MedEdChat](#) tonight, so we'll see how good my attention is :)



J Greg Merritt, PhD [@patientispard8 hours ago](#)

Greg in Michigan. Look forward to learning about this topic from patient perspective [#mededchat](#)



Marie Gonzales [@Gonzales111_MTG8 hours ago](#)

RT [@GLBDallaghan](#): T1 We are witnessing pockets of major change in [#meded](#) at some schools....but so many others still rely on lectures (even...



Peds Endo Chick [@PedsEndoChick8 hours ago](#)

[@MedEdChat](#) On the bright side--since my attendings are sitting in to my entire clinic visit, they get a better sense of how I interact with patients and can assess me better.... [#MedEdChat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

RT Atsusi "2c" Hirumi [@2c_Hirumi](#) [@MedEdChat](#) Hoping move to online learning will encourage faculty to reflect on their designs [#mededchat](#)



Chris Zhou [@ChrisZhouDO8 hours ago](#)

[@MedEdChat](#) T1: Returning to normal will take effort. The things we scramble to reinstate first may indicate what we find truly important. Every step will be an opportunity to re-evaluate and fix. We have an chance now to reset. We will be more focused on our true priorities. [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

[@myheroistrane](#) T1 Perhaps now that [#medstudents](#) have been forced to experience learning in a different way they might further lead change....thoughts. [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago

RT @ChrisZhouDO: @MedEdChat T1: Returning to normal will take effort. The things we scramble to reinstate first may indicate what we find t...



Kerrie L. Quirk @KLQuirk8 hours ago

@GLBDallaghan @myheroistrane T1 I agree. We are already seeing students push hard for changes based on these experiences. I see that building, and quickly #mededchat



Atsusi "2c" Hirumi @2c Hirumi8 hours ago

#mededchat with little time, training, and resources, educators have little recourse but to revert to what they know best (traditional teacher-directed methods and materials such as lectures)



MedEdBot @MedEdBot8 hours ago

RT @MedEdChat: We will assume that all of your tweets during #mededchat are your own during this hour unless otherwise stated #meded



MedEdBot @MedEdBot8 hours ago

RT @MedEdChat: T1 about to come up in a few moments #meded #mededchat



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@ChrisZhouDO @MedEdChat T1 I agree. The fact that schools are saying experiences have been met previously really does make one wonder why we say X number of experiences are necessary when during a pandemic they aren't #mededchat



MedEdBot @MedEdBot8 hours ago

RT @MedEdChat: Topic 1: What will the #meded landscape look like for faculty, trainee, students and education support staff when the pandem...



MedEdBot @MedEdBot8 hours ago

RT @GLBDallaghan: T1 We are witnessing pockets of major change in #meded at some schools....but so many others still rely on lectures (even...



Joon K. Shim MD, MPH @61juliet18 hours ago

@MedEdChat Joon from Wright State Boonshoft School of Med #mededchat



Alliance4ClinEd @Alliance4ClinEd8 hours ago

@2c Hirumi T1 Which is a huge concern for clinical educators. With restrictions being lifted in places, the docs will be busier than ever pushing #meded lower on the priority list #mededchat



J Greg Merritt, PhD [@patientispard](#) 8 hours ago

[@2c Hirumi](#) This could be the catalyst for change if this lasts a year? What if learn 1st year students should experience public health like contact tracing works and some service should always be entrance year [#mededchat](#)



MedEd Chat [@MedEdChat](#) 8 hours ago

RT [@patientispard](#): [@2c Hirumi](#) This could be the catalyst for change if this lasts a year? What if learn 1st year students should experien...



Joon K. Shim MD, MPH [@61juliet18](#) 18 hours ago

[@MedEdChat](#) T1 - Innovative changes to medical education, training, modified simulation, technology, timeline flexibility [#mededchat](#)



Marie Gonzales [@Gonzales111](#) MTG 8 hours ago

RT [@ChrisZhouDO](#): [@MedEdChat](#) T1: Returning to normal will take effort. The things we scramble to reinstate first may indicate what we find t...



Peds Endo Chick [@PedsEndoChick](#) 8 hours ago

[@Alliance4ClinEd](#) [@2c Hirumi](#) Though, even with lower clinical volumes, MedEd is suffering--I've been put on research instead of seeing patients and my continuity clinic was completely canceled for 3 weeks before we got TeleMed up and running There's only so many hours I can spend in lectures. [#MedEdChat](#)



MedEd Chat [@MedEdChat](#) 8 hours ago

RT Atsusi "2c" Hirumi [@2c Hirumi](#) Replying to [@Alliance4ClinEd](#) I think (faculty) need to see successful alternative models to change. [#mededchat](#)



Chris Zhou [@ChrisZhouDO](#) 8 hours ago

[@GLBDallaghan](#) [@MedEdChat](#) T1 A chance to look into competency-based medical education, perhaps? [@Midwest MedPeds](#)'s paper here may be relevant: <https://t.co/ZteoljN709> [#mededchat](#)



MedEd Chat [@MedEdChat](#) 8 hours ago

Topic 2: In what ways should we plan to handle the changes in educational content, contexts and delivery methods texts were adopted? [#MedEdChat](#) [#meded](#)



Kerrie L. Quirk [@KLQuirk](#) 8 hours ago

[@MedEdChat](#) [@2c Hirumi](#) [@Alliance4ClinEd](#) Agreed. But someone has to be first, right? We can't live in fear of change. That's stagnation. [#mededchat](#)



Atsusi "2c" Hirumi @2c_Hirumi8 hours ago
[@PedsEndoChick](#) [@Alliance4ClinEd](#) I wonder if certain requirements for graduation (# clinical hrs) will be suspending for students going through 3rd/4th year? [#MedEDChat](#)



Kerrie L. Quirk @KLQuirk8 hours ago
[@MedEdChat](#) T2 I think this is our big chance to show that different doesn't mean bad or worse. And hopefully get buy in for long-standing changes. [#mededchat](#)



J Greg Merritt, PhD @patientispard8 hours ago
[@KLQuirk](#) [@MedEdChat](#) And how might this be studied to learn the impact? How do we judge this produces worse or better clinicians over time? 🤖 [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago
RT [@patientispard](#): [@KLQuirk](#) [@MedEdChat](#) And how might this be studied to learn the impact? How do we judge this produces worse or better cl...



SDRME @SDRME Meded8 hours ago
RT [@patientispard](#): [@KLQuirk](#) [@MedEdChat](#) And how might this be studied to learn the impact? How do we judge this produces worse or better cl...



Atsusi "2c" Hirumi @2c_Hirumi8 hours ago
[@KLQuirk](#) [@MedEdChat](#) [@Alliance4ClinEd](#) Would love opportunities to work with MedED faculty who want to innovate MedED (e.g., true competency-based education, student-centered experiential learning) [#mededchat](#)



Alliance4ClinEd @Alliance4ClinEd8 hours ago
[@2c_Hirumi](#) [@KLQuirk](#) [@MedEdChat](#) T2 I think many of the faculty would love to do that as well. There are systems issues that could very likely be barriers to that [#mededchat](#)



J Greg Merritt, PhD @patientispard8 hours ago
[@2c_Hirumi](#) [@KLQuirk](#) [@MedEdChat](#) [@Alliance4ClinEd](#) With patient partners who are also educators/trainers?? [#mededchat](#)



Chris Zhou @ChrisZhouDO8 hours ago
[@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) We lack tools that connect resident learning to patient outcomes. What makes one residency program "better" than another? Who knows. Step 1 likely needs to be making that connection. [#mededchat](#)



Atsusi "2c" Hirumi @2c Hirumi8 hours ago

[@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) [@Alliance4ClinEd](#) To some extent. Experiential learning research has taught us that not all experiences provide good learning opportunities. The patient partners may need training and well designed instructional materials...[#mededchat](#)



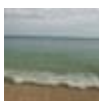
Gary Beck Dallaghan @GLBDallaghan8 hours ago

T2 I feel like an answer to this gets back to asking what do [#medstudents](#) need to advance? This is where truly innovative [#meded](#) delivery needs to be adopted [#mededchat](#)



Kerrie L. Quirk @KLQuirk8 hours ago

[@patientispard](#) [@MedEdChat](#) I agree. I don't think we have a way to truly measure what a "good" clinician is. But we can look at assessment performance and competencies to get a sense we are on the right track. [#mededchat](#)



Kathy Kreutzer @kokanekreutzer8 hours ago

[@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) [#mededchat](#) We don't do a good job of this in more "normal" times. But this could help us see that what we "do to" students is perhaps less important than what they do with it. I think what we do as educators matters - but not in the way we often think it does.



Gary Beck Dallaghan @GLBDallaghan8 hours ago

[@ChrisZhouDO](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Do you think Milestones 2.0 is going to help residency leaders do this better? [#mededchat](#)



J Greg Merritt, PhD @patientispard8 hours ago

[@2c Hirumi](#) [@KLQuirk](#) [@MedEdChat](#) [@Alliance4ClinEd](#) Maybe. But what if they are already expert trainers and teachers (retired) - how might that be a cohort to disrupt "how it's always done?" [#mededchat](#)



Atsusi "2c" Hirumi @2c Hirumi8 hours ago

[@KLQuirk](#) [@MedEdChat](#) [@Alliance4ClinEd](#) Personally, I'd like to see more schools/faculty form business partnerships and integrate the use of learning platforms so they can spend more time facilitating development of critical thinking and clinical reasoning skills (rather than lecturing about the basics). [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago

RT [@patientispard](#): [@2c Hirumi](#) [@KLQuirk](#) [@MedEdChat](#) [@Alliance4ClinEd](#) Maybe. But what if they are already expert trainers and teachers (retir...



J Greg Merritt, PhD [@patientispard](#) 8 hours ago

[@2c Hirumi](#) [@KLQuirk](#) [@MedEdChat](#) [@Alliance4ClinEd](#) Especially if their educator roles were not in healthcare but in other fields? [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan](#) 8 hours ago

[@kokanekreutzer](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Which is why [@WSUBoonshoftSOM](#) and [@uvmvermont](#) with their lecture-less curricula is proving to be quite successful. Why are other institutions so hesitant to be that bold? [#mededchat](#)



Peds Endo Chick [@PedsEndoChick](#) 8 hours ago

[@GLBDallaghan](#) [@ChrisZhouDO](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) We may be able to figure out how to graduate competent physicians, but then the next step is trying to figure out which med students are likely to succeed and how does it vary by specialty? [#MedEdChat](#)



J Greg Merritt, PhD [@patientispard](#) 8 hours ago

[@GLBDallaghan](#) [@kokanekreutzer](#) [@KLQuirk](#) [@MedEdChat](#) [@WSUBoonshoftSOM](#) [@uvmvermont](#) Status quo bias? [#mededchat](#) but this is real tension that will create change. Just what kind of change??



Kristina Dzara, PhD, MMSc [@kristinadzara](#) 8 hours ago

RT [@MedEdChat](#): Topic 2: In what ways should we plan to handle the changes in educational content, contexts and delivery methods texts were...



Kristina Dzara, PhD, MMSc [@kristinadzara](#) 8 hours ago

RT [@GLBDallaghan](#): [@ChrisZhouDO](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Do you think Milestones 2.0 is going to help residency leaders do this be...



Kristina Dzara, PhD, MMSc [@kristinadzara](#) 8 hours ago

RT [@ChrisZhouDO](#): [@GLBDallaghan](#) [@MedEdChat](#) T1 A chance to look into competency-based medical education, perhaps? [@Midwest MedPeds](#)'s paper h...



Chris Zhou [@ChrisZhouDO](#) 8 hours ago

[@GLBDallaghan](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Milestones 2.0 is a revision of a set of competencies deemed necessary for graduation from a program by medical education experts. It does not mean we have actual data showing someone who meets all those competencies has improved patient outcomes or relationships. [#mededchat](#)

MedEd Chat @MedEdChat8 hours ago



Topic 3: How can we in medical schools, hospitals, and other clinical education sites prepare ourselves, and our faculty groups, for a comparatively smoother and minimally traumatic transition to a re-envisioned and revised "new normalcy" in [#meded](#)? [#MedEdChat](#)

Peds Endo Chick @PedsEndoChick8 hours ago



[@GLBDallaghan](#) [@kokanekreutzer](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) [@WSUBoonshoftSOM](#) [@uvmvermont](#) You need buy-in. Which is hard when people have been doing it the same way for xxx years. I'm curious to learn more, though [#MedEdChat](#)

J Greg Merritt, PhD @patientispard8 hours ago



RT [@ChrisZhouDO](#): [@GLBDallaghan](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Milestones 2.0 is a revision of a set of competencies deemed necessary fo...

Kerrie L. Quirk @KLQuirk8 hours ago



RT [@ChrisZhouDO](#): [@GLBDallaghan](#) [@MedEdChat](#) T1 A chance to look into competency-based medical education, perhaps? [@Midwest MedPeds](#)'s paper h...

Gary Beck Dallaghan @GLBDallaghan8 hours ago



[@ChrisZhouDO](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) But should that be the next step in the evolution of the Milestones? One would think that by achieving said milestones there should be documented evidence of the care provided [#mededchat](#)

Atsusi "2c" Hirumi @2c Hirumi8 hours ago



[@KLQuirk](#) [@patientispard](#) [@MedEdChat](#) [@Alliance4ClinEd](#) Common vision and remuneration [#mededchat](#)

Gary Beck Dallaghan @GLBDallaghan8 hours ago



[@MedEdChat](#) T3....Good question! [#mededchat](#)

J Greg Merritt, PhD @patientispard8 hours ago



T3 [#mededchat](#) what if you spend time now designing the "new normal" - be bold be brave. What would we need to teach ending health disparities create [#carefulandkindcare](#) unconditionally???? 🤖

Kerrie L. Quirk @KLQuirk8 hours ago



[@MedEdChat](#) T3 I think first we may need a better understanding of what this "new normalcy" actually is. Or maybe we forgo a sense of "normalcy" altogether? Hmm... [#mededchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

RT [@patientispard](#): T3 [#mededchat](#) what if you spend time now designing the “new normal” - be bold be brave. What would we need to teach end...



Kerrie L. Quirk [@KLQuirk8 hours ago](#)

[@PedsEndoChick](#) [@GLBDallaghan](#) [@kokanekreutzer](#) [@patientispard](#) [@MedEdChat](#) [@WSUBoonshoftSOM](#) [@uvmvermont](#) As a faculty developer, that is my daily struggle. [#mededchat](#)



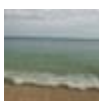
Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

T3 I think we do need to start planning now. It's a good opportunity to see what's working well, what learners like about this socially distant education, and blend the best of both for something new. [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

[@KLQuirk](#) [@PedsEndoChick](#) [@kokanekreutzer](#) [@patientispard](#) [@MedEdChat](#) [@WSUBoonshoftSO](#) [@uvmvermont](#) We haven't even really hit on [#facdev](#) during this time. How are you pivoting to provide that? [#mededchat](#) [@2LindaMLove](#)



Kathy Kreutzer [@kokanekreutzer8 hours ago](#)

[@KLQuirk](#) [@MedEdChat](#) [#mededchat](#) I agree - it's hard to answer without going through more of the process. But are we just all going to go back to the usual when the crisis is over? That won't be for at least a year, due to schedule changes starting in the fall. So we have time to see what works.



Kerrie L. Quirk [@KLQuirk8 hours ago](#)

[@patientispard](#) [@MedEdChat](#) T3. I think in part that means shifting the definition of a “good clinician” away from a holder of knowledge and toward a user of skills, such as clinical reasoning and health system navigation. [#mededchat](#)



J Greg Merritt, PhD [@patientispard8 hours ago](#)

RT [@KLQuirk](#): [@patientispard](#) [@MedEdChat](#) T3. I think in part that means shifting the definition of a “good clinician” away from a holder of k...



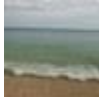
Chris Zhou [@ChrisZhouDO8 hours ago](#)

[@GLBDallaghan](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Current milestones depend on subjective assessment by faculty. Are these uniformly reliable at every program for assessment of clinical competency? If we are going to move towards competency-based med ed, why aren't our chosen competencies based on outcomes data? [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago

RT Kerrie L. Quirk @KLQuirk Replying to @kokanekreutzer @MedEdChat I will personally be heartbroken if we go back to the old normalcy. #mededchat



Kathy Kreutzer @kokanekreutzer8 hours ago

@GLBDallaghan #mededchat T3 I agree. For example, like many schools our students will likely have more exposure to telemedicine, which wouldn't have happened so quickly otherwise, and will likely continue moving forward.



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@ChrisZhouDO @patientispard @KLQuirk @MedEdChat Why can't it be both to triangulate competence? Get faculty assessments but have those matched to patient outcomes as well. Might take some creativity but seems like it should be done. Otherwise I agree that their assessment alone is not really a sufficient measure #mededchat



Kinga Laura Eliaz @k for kinga8 hours ago

@MedEdChat T3: adopting a flexible approach — end goal still needs to be standardized but maybe we become flexible on process (how we get to the end goal) & this can be aligned to current times, 'new normals', others things we haven't thought of yet, etc #MedEd #mededchat #medtwitter



MedEd Chat @MedEdChat8 hours ago

RT @kokanekreutzer: @GLBDallaghan #mededchat T3 I agree. For example, like many schools our students will likely have more exposure to te...



Peds Endo Chick @PedsEndoChick8 hours ago

@ChrisZhouDO @GLBDallaghan @patientispard @KLQuirk @MedEdChat Can you assess competence based on outcomes? People don't like it when compensation is tied to outcomes because there are so many variables.... #MedEdChat



Atsusi "2c" Hirumi @2c_Hirumi8 hours ago

@patientispard @MedEdChat More dynamic and flexible curriculum that address information literacy and change. It appears that most modern medical school curriculum is scheduled to the minute, leaving little/no room for change...#mededchat



MedEd Chat @MedEdChat7 hours ago

We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts #meded #mededchat

Gary Beck Dallaghan [@GLBDallaghan7 hours ago](#)



[@2c Hirumi](#) [@patientispard](#) [@MedEdChat](#) Which is probably one of the more important things to consider....time. Do and should we be filling every freaking minute of the day to the point that ad hoc topics that need attention are a struggle to integrate? The pandemic is an example but so is opioid addiction. [#mededchat](#)

Chris Zhou [@ChrisZhouDO7 hours ago](#)



[@GLBDallaghan](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Definitely agree there is an important place for faculty assessments as well. It would be great to see how to connect the two. If you know of any literature showcasing this, please let me know! [#mededchat](#)

J Greg Merritt, PhD [@patientispard7 hours ago](#)



[@MedEdChat](#) Thanks for a good hour. Appreciate learning from you all - and thanks for all you do [#mededchat](#) <https://t.co/pwpkhByl10>

Chris Morley, PhD [@morleycp7 hours ago](#)



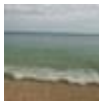
[@MedEdChat](#) Go forth and ensure that nobody, and I mean nobody, goes out and drinks bleach. [#meded](#) [#mededchat](#)

Gary Beck Dallaghan [@GLBDallaghan7 hours ago](#)



[@ChrisZhouDO](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Wish I did, but maybe [@acgme](#) has something cites or even [@JournalofGME](#) [#mededchat](#)

Kathy Kreutzer [@kokanekreutzer7 hours ago](#)



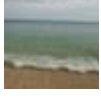
[@MedEdChat](#) [#mededchat](#) We had a one-week COVID course and I think one of the neatest things was students seeing/learning ambiguity and system based practice. Things that are seen as hard to teach, or dry - but in context, they embraced them.

MedEd Chat [@MedEdChat7 hours ago](#)



RT [@kokanekreutzer](#): [@MedEdChat](#) [#mededchat](#) We had a one-week COVID course and I think one of the neatest things was students seeing/learnin...

Kathy Kreutzer [@kokanekreutzer7 hours ago](#)



[@morleycp](#) [@MedEdChat](#) [#mededchat](#) *sigh*

Kerrie L. Quirk [@KLQuirk7 hours ago](#)



[@MedEdChat](#) We have a great opportunity to redefine what the future physicians we are working to train look like and what we do to get them there. I hope we don't lose it! [#mededchat](#)



Kathy Kreutzer @kokanekreutzer7 hours ago
[@patientispard](#) [@MedEdChat](#) [#mededchat](#) Thank you, Greg!!



MedEd Chat @MedEdChat7 hours ago
Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#mededchat](#)



MedEd Chat @MedEdChat7 hours ago
That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoK9NyX> on the Resources page. Thanks everyone for participating! [#meded](#)



Chris Zhou @ChrisZhouDO7 hours ago
[@PedsEndoChick](#) [@GLBDallaghan](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) Great question. I don't know. Perhaps a better way to do so would be to assess learner response to clinical situations? Ex: Does learner appropriately address an A1c of 12.9? Difficult to define appropriate, but at least would be based on our actions? [#mededchat](#)



Peds Endo Chick @PedsEndoChick7 hours ago
[@ChrisZhouDO](#) [@GLBDallaghan](#) [@patientispard](#) [@KLQuirk](#) [@MedEdChat](#) I mean, that's how I ran remediation simulations, but there's a lot of ambiguity in medicine, so it's still subjective, and maybe turns it into another test. But we already have that. I don't have the answer either, but I don't think one or the other is great [#MedEdChat](#)



Chris Zhou @ChrisZhouDO7 hours ago
[@MedEdChat](#) T3: In the immediate future, understanding how stress and individual circumstances may have affected a student's residency application will help. It may be the right time to throw out unnecessary aspects of the application. (Perhaps even step scores...?) [#mededchat](#)



MedEdBot @MedEdBot7 hours ago
RT [@MedEdChat](#): We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts [#meded](#) [#mededchat](#)



MedEdBot @MedEdBot7 hours ago
RT [@MedEdChat](#): Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#mededchat](#)



MedEdBot @MedEdBot7 hours ago
RT [@MedEdChat](#): That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoK9NyX> on the Resources page. Tha...



Kinga Laura Eliaz @k for kinga7 hours ago

Great article with very thoughtful reflections and insights from @colleenmfarrell 🙏 #medtwitter #MedEd #mededchat @nyulangone @nyugrossman @BellvueHosp #ThankYouThursday #NewYorkTough



Alexis L. Rossi @AlexisLRossi16 hours ago

RT @patientispard: T3 #mededchat what if you spend time now designing the "new normal" - be bold be brave. What would we need to teach end...

Simulaids

Simulaids @Simulaids15 minutes ago

Need to learn to use a #ventilator safely? We can help! <https://t.co/kIFMY5Vtje> #healthcaresimulation #MedEdchat #medtwitter #NursesCOVID19 #nurses <https://t.co/wiPFfIMU5y>

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Top 10 Influential



[@MedEdChat](#) 100



[@KLQuirk](#) 91



[@patientispard](#) 85



[@GLBDallaghan](#) 82



[@ChrisZhouDO](#) 76



[@2c_Hirumi](#) 69



[@kokanekreutzer](#) 60



[@PedsEndoChick](#) 54



[@Alliance4ClinEd](#) 50



[@WSUBoonshoftSOM](#) 44

Prolific Tweeters



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[@GLBDallaghan](#) 13



[@patientispard](#) 11



[@KLQuirk](#) 10



[@PedsEndoChick](#) 8



[@ChrisZhouDO](#) 8



[@2c_Hirumi](#) 7



[@MedEdBot](#) 7



[@kokanekreutzer](#) 7



[@kristinadzara](#) 5

Highest Impressions



[@MedEdChat](#) 143.5K



[@kristinadzara](#) 27.5K



[@GLBDallaghan](#) 19.9K



[@MedEdBot](#) 13.4K



[@patientispard](#) 3.9K



[@PedsEndoChick](#) 2.8K



[@KLQuirk](#) 1.8K



[@ChrisZhouDO](#) 1.8K



[@myheroistrane](#) 1.6K



[@morleycp](#) 1.5K