2020-04-23: Post Covid-19 Re-Orientaton 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 @MedEdChat 8 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 @MedEdChat 8 hours ago
@kristinadzara @GLBDallaghan Welcome to the chat! #mededchat

Kathy Kreutzer @kokanekreutzer 8 hours ago
@MedEdChat Kathy Kreutzer, VCU SOM #mededchat

MedEd Chat @MedEdChat 8 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 @kristinadzara 8 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 @kristinadzara 8 hours ago
RT @MedEdChat: @kristinadzara @GLBDallaghan Welcome to the chat! #mededchat

Gary Beck Dallaghan @GLBDallaghan 8 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 @PedsEndoChick 8 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 @PedsEndoChick 8 hours ago
@MedEdChat Hello all! Michelle chiming in from Missouri! Excited for tonight's talk :) #MedEdChat
Paul Haidet @myheroistrane 8 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 @KLQuirk 8 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 @TalesofEndoLand 8 hours ago
That’s a big ask. Good luck RT @PedsEndoChick: @EndoJournalClub Michelle chining in from Missouri! I’m doing both #EndoJC and #MedEdChat tonight, so we’ll see how good my attention is ;)

J Greg Merritt, PhD @patientispard 8 hours ago
Greg in Michigan. Look forward to learning about this topic from patient perspective #mededchat

Marie Gonzales @Gonzales111_MTG 8 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 @PedsEndoChick 8 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 @MedEdChat 8 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 @ChrisZhouDO 8 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 @GLBDallaghan 8 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 @MedEdChat 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...

Kerrie L. Quirk @KLQuirk 8 hours ago
@GLBDallaghan @myheroistранe 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_Hirumi 8 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 @MedEdBot 8 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 @MedEdBot 8 hours ago
RT @MedEdChat: T1 about to come up in a few moments #meded #mededchat

Gary Beck Dallaghan @GLBDallaghan 8 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 @MedEdBot 8 hours ago
RT @GLBDallaghan: Topic 1: What will the #meded landscape look like for faculty, trainee, students and education support staff when the pandem...

MedEdBot @MedEdBot 8 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 8 hours ago
@MedEdChat Joon from Wright State Boonshoft School of Med #mededchat

Alliance4ClinEd @Alliance4ClinEd 8 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 8 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_Hirumi 8 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 @KLQuirk 8 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. #medchat

J Greg Merritt, PhD @patientispard 8 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? 🤔 #medchat

MedEd Chat @MedEdChat 8 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_Meded 8 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_Hirumi 8 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) #medchat

Alliance4ClinEd @Alliance4ClinEd 8 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 #medchat

J Greg Merritt, PhD @patientispard 8 hours ago
@2c_Hirumi @KLQuirk @MedEdChat @Alliance4ClinEd With patient partners who are also educators/trainers?? #medchat

Chris Zhou @ChrisZhouDO 8 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. #medchat
Atsusi “2c” Hirumi @2c_Hirumi 8 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 @GLBDallaghan 8 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 @KLQuirk 8 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 @kokanekreutzer 8 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 @GLBDallaghan 8 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 @patientispard 8 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_Hirumi 8 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 @MedEdChat 8 hours ago
RT @patientispard: @2c_Hirumi @KLQuirk @MedEdChat @Alliance4ClinEd Maybe. But what if they are already expert trainers and teachers (retir...
Especially if their educator roles were not in healthcare but in other fields? #mededchat

Which is why @WSUBoosnhoftSOM and @uvmvermont with their lecture-less curricula is proving to be quite successful. Why are other institutions so hesitant to be that bold? #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

Status quo bias? #mededchat but this is real tension that will create change. Just what kind of change??

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

Do you think Milestones 2.0 is going to help residency leaders do this be...?

A chance to look into competency-based medical education, perhaps? @Midwest_MedPeds’s paper h...

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 @MedEdChat 8 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

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**Peds Endo Chick @PedsEndoChick 8 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

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**J Greg Merritt, PhD @patientispard 8 hours ago**
RT @ChrisZhouDO: @GLBDallaghan @patientispard @KLQuirk @MedEdChat Milestones 2.0 is a revision of a set of competencies deemed necessary for...

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**Kerrie L. Quirk @KLQuirk 8 hours ago**
RT @ChrisZhouDO: @GLBDallaghan @MedEdChat T1 A chance to look into competency-based medical education, perhaps? @Midwest_MedPeds’s paper h...

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**Gary Beck Dallaghan @GLBDallaghan 8 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

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**Atsusi “2c” Hirumi @2c_Hirumi 8 hours ago**
@KLQuirk @patientispard @MedEdChat @Alliance4ClinEd Common vision and remuneration #mededchat

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**Gary Beck Dallaghan @GLBDallaghan 8 hours ago**
@MedEdChat T3...Good question! #mededchat

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**J Greg Merritt, PhD @patientispard 8 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??????️

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**Kerrie L. Quirk @KLQuirk 8 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
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...  

As a faculty developer, that is my daily struggle. #mededchat  

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  

We haven't even really hit on #facdev during this time. How are you pivoting to provide that? #mededchat @2LindaMLove  

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.  

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  

T3. I think in part that means shifting the definition of a “good clinician” away from a holder of k...  

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
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 Eliasz @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 @GLBDallaghan 7 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 @ChrisZhouDO 7 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 @patientispard 7 hours ago
@MedEdChat Thanks for a good hour. Appreciate learning from you all - and thanks for all you do #mededchat https://t.co/pwpkhByll0

Chris Morley, PhD @morleycp 7 hours ago
@MedEdChat Go forth and ensure that nobody, and I mean nobody, goes out and drinks bleach. #meded #mededchat

Gary Beck Dallaghan @GLBDallaghan 7 hours ago
@ChrisZhouDO @patientispard @KLQuirk @MedEdChat Wish I did, but maybe @acgme has something cites or even @JournalofGME #mededchat

Kathy Kreutzer @kokanekreutzer 7 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 @MedEdChat 7 hours ago
RT @kokanekreutzer: @MedEdChat #mededchat We had a one-week COVID course and I think one of the neatest things was students seeing/learning...

Kathy Kreutzer @kokanekreutzer 7 hours ago
@morleycp @MedEdChat #mededchat *sigh*

Kerrie L. Quirk @KLQuirk 7 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

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RT @MedEdChat: Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email #meded #mededchat

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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 Eliasz @k_for_kinga 7 hours ago
Great article with very thoughtful reflections and insights from @colleenmfarrell #medtwitter #MedEd #mededchat @nyulangone @nyugrossman @Bell evueHosp #ThankYouThursday #NewYorkTough

Alexis L. Rossi @AlexisLRossi 16 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 15 minutes ago
Need to learn to use a #ventilator safely? We can help! https://t.co/kIFMY5Vtje #healthcaresimulation #MedEdchat #medtwitter #NursesCOVID19 #n urses https://t.co/wiPFflMU5y

The #MedEdChat Influencers

Top 10 Influential

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@KLQuirk 91
@patientispard 85
@GLBDallaghan 82
@ChrisZhouDO 76
@2c_Hirumi 69
@kokanekreutzer 60
@PedsEndoChick 54
@Alliance4ClinEd 50
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@patientispard 11

@KLQuirk 10

@PedsEndoChick 8

@ChrisZhouDO 8

@2c_Hirumi 7

@MedEdBot 7

@kokanekreutzer 7

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@GLBDallaghan 19.9K

@MedEdBot 13.4K

@patientispard 3.9K