

2020-04-30: Innovative Uses of Physical Learning Environments

The following links were shared during the chat:

- Optimizing the Physical Learning Environment for Teaching <https://jgme.org/doi/pdf/10.4300/JGME-D-20-00071.1>
- Selecting Delivery Systems and Media to Facilitate Blended Learning: A Systematic Process based on Skill Level, Content Stability, Cost and Instructional Strategy <https://www.semanticscholar.org/paper/Selecting-Delivery-Systems-and-Media-to-Facilitate-Hirumi-Bradford/b95d02a4ee899351768ceecbdc1e4aeaca23819d>
- Application of Participatory Ergonomics to the Redesign of the Family-Centred Rounds Process <https://www.ncbi.nlm.nih.gov/pubmed/25777042>
- Integrating Telemedicine Into Training: Adding Value to Graduate Medical Education Through Electronic Consultations <https://www.jgme.org/doi/full/10.4300/JGME-D-18-00754.1>



MedEd Chat @MedEdChat8 hours ago

Topic 1: How has your use of physical space for [#teaching](#) [#learning](#) in clinical learning environment (CLE) - conf rooms, corridors, furniture - changed during [#COVID19?](#) [#mededchat](#)



Brenda Roman, MD @BJBRoman8 hours ago

[@MedEdChat](#) Brenda in Ohio checking in. [#Mededchat](#)



JGME @JournalofGME8 hours ago

RT [@AvrahamCooperMD](#): The [@JournalofGME](#) [#mededchat](#) is starting! Come join us for a great discussion on the physical clinical learning enviro...



Peds Endo Chick @PedsEndoChick8 hours ago

[@MedEdChat](#) T1: Easy--we don't use physical space anymore. Everything is done via Microsoft Teams, typically from the 'comfort' of my living room (as I'm also not seeing that many patients). [#MedEdChat](#)



Jon Lim @JonLimMD8 hours ago

[@MedEdChat](#) Jon in Houston [#mededchat](#)



ATS Section on #MedEd @ATSMedEd8 hours ago

RT [@JournalofGME](#): Join our editors Thursday at 8pm CT for a [#MedEdChat](#) about Optimizing the Physical Aspects of the Clinical Learning Envir...



Yihan Yang @YihanYangMD8 hours ago

[@MedEdChat](#) Yihan in New Haven [#MedEdChat](#)



Alliance4ClinEd @Alliance4ClinEd8 hours ago

T1 Clinical [#medstudent](#) education has been replaced with online learning modules....some telehealth [#mededchat](#)



Avraham Z. Cooper, MD @AvrahamCooperMD8 hours ago

RT @MedEdChat: Join [#MedEdChat](#) tonight to brainstorm about maximizing physical spaces for effective learning! 9PM NYC @JournalofGME [#meded...](#)



Deb Simpson @debsimpson38 hours ago

T1 Physical [#teaching](#) space within hospitals 2 types: (1) "Occupied": patient care, to distance or provide respite for [#healthcareteam](#) members [#socialdistancing](#) or (2) "Empty" as no clinical activity then (3) [#virtual](#) space using [#technology](#) for [#teaching](#) [#learning](#)! [#MedEdChat](#) <https://t.co/TyyB916qTg>



Margaret Compton @MComptonMD8 hours ago

[@MedEdChat](#) Margaret in Nashville [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago

RT @debsimpson3: T1 Physical [#teaching](#) space within hospitals 2 types: (1) "Occupied": patient care, to distance or provide respite for [#he...](#)



Ben Kinnear @Midwest MedPeds8 hours ago

[@MedEdChat](#) Ben in Cincinnati, OH [#MedEdchat](#)



Sherine Salib @DrSherineSalib8 hours ago

[@MedEdChat](#) A1. Our use of physical space in teaching has become a lot more limited due to [#COVID 19](#) . That's a good thing in some ways since it's forced us to think outside the box, so to speak, & to reconsider what the clinical learning environment truly is.. [#MedEdChat](#)



Deb Simpson @debsimpson38 hours ago

[@Alliance4ClinEd](#) T1 [#GME](#) learning shifting that way too for those not on service. How about physical space use for those [#learners](#) still in clinical setting? [#MedEdChat](#)



Avraham Z. Cooper, MD @AvrahamCooperMD8 hours ago

T1 We can't go in rooms as a team so have been doing a lot of teaching in the hallway, writing on glass doors as make-shift "white" boards [#mededchat](#)



Jon Lim @JonLimMD8 hours ago

T1 significant changes to the clinical learning environment to ensure physical distancing among patients, learners, and other interprofessional team members. Limiting bedside interactions, limiting time in team rooms, finding new spaces to support teaching rounds [#mededchat](#)



Anthony R Artino Jr @mededdoc8 hours ago

RT @DrSherineSalib: @MedEdChat A1. Our use of physical space in teaching has become a lot more limited due to [#COVID_19](#). That's a good t...



Alliance4ClinEd @Alliance4ClinEd8 hours ago

@debsimpson3 Haven't heard that many students are in physical spaces yet. In coming weeks, yes. Will be interesting to see how things alter. [#mededchat](#)



Yihan Yang @YihanYangMD8 hours ago

T1 didactics all on zoom, but actually quite poorly attended for many reasons. We've had to cancel some of our didactic series as a result. Not sure if others are finding this to be true. Amb telehealth precepting by zoom as well, residents in one zoom call to...[#MedEdChat](#)



Yihan Yang @YihanYangMD8 hours ago

Discuss patients together in main call to maximize learning, then go to breakout rooms to make their individual phone calls with patients [#mededchat](#)



Deb Simpson @debsimpson38 hours ago

@DrSherineSalib @MedEdChat T1 Agree - in challenging things we can think anew about what optimal use of [#physical](#) space in the clinical learning environment and [#learner](#) roles. [#MedEdChat](#)



MedEd Chat @MedEdChat8 hours ago

RT @AvrahamCooperMD: T1 We can't go in rooms as a team so have been doing a lot of teaching in the hallway, writing on glass doors as make-...



Avraham Z. Cooper, MD @AvrahamCooperMD8 hours ago

@DrSherineSalib @MedEdChat T1 What innovations/adjustments have you made? [#mededchat](#)



Ben Kinnear @Midwest_MedPeds8 hours ago

T1: Everything is quieter/slower. Rounds are quieter. Fewer providers in hallways/rooms. Conference rooms are empty as everyone streams digital content. I am guessing locations/hospitals hit with larger surge than Cincinnati are having very different experience. [#MedEdChat](#)



MedEdBot @MedEdBot8 hours ago

RT @MedEdChat: The #mededchat topic & questions will be announced in a moment...for now, please introduce yourselves [#meded](#)



Jon Lim @JonLimMD8 hours ago

Real loss in direct observation of patient encounters, patient care skills, communication. Virtual and simulation can supplement, but difficult to replace the important teaching/feedback/assessment done in the physical realm [#mededchat](#)



Brenda Roman, MD @BJBRoman8 hours ago

@Alliance4ClinEd @debsimpson3 T1. I think this gives us the opportunity to think about how didactic sessions will be conducted when clinical students do return. We are a community based medical school with learners all over the area. Maybe they just stay at their sites and check in virtually? [#mededchat](#)



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](#)



Deb Simpson @debsimpson38 hours ago

@YihanYangMD T1 Indeed we have been challenged by some supervision requirements specific to [#telemedicine](#) and [#virtual](#) medicine that has pushed thinking about what being "present" means... some of regs have eased up . [#mededchat](#)



Jen Readlynn, MD @jenreadlynn8 hours ago

@MedEdChat T1: like others, currently everything happening via zoom. When students return, plan is for more conference rooms to separate students and their teams to act as team rooms since we currently have 1 lounge for the residents and students on clinical rotations. [#mededchat](#)



Sherine Salib @DrSherineSalib8 hours ago

@MedEdChat A1. We're now seeing more clearly that the Clinical Learning Environment is much, much more than a physical space. In fact, the CLE can exist without a physical space at all... [#MedEdChat](#)



Margaret Compton [@MComptonMD8 hours ago](#)

[@MedEdChat](#) T1 physical space hasn't changed much for me because of technology requirements- need microscope+camera to be able to show pathology slides to trainees, so I'm in the same room. Just very different not having trainees there also [#mededchat](#)



Avraham Z. Cooper, MD [@AvrahamCooperMD8 hours ago](#)

RT [@DrSherineSalib](#): [@MedEdChat](#) A1. We're now seeing more clearly that the Clinical Learning Environment is much, much more than a physical...



Brenda Roman, MD [@BJBRoman8 hours ago](#)

[@debsimpson3](#) [@MedEdChat](#) [@AmerMedicalAssn](#) Thanks--a big shout out to my [@Alliance4ClinEd](#) colleagues who shared great ideas! [#mededchat](#)



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

[@JonLimMD](#) Ironically, we are doing telemedicine almost exclusively (esp for learners), and the attendings sit in on the entire call. So direct observation has actually skyrocketed for us. [#MedEdChat](#)



Deb Simpson [@debsimpson38 hours ago](#)

[@jenreadlynn](#) [@MedEdChat](#) T1: Same is true in [#GME](#) - spacing for staffing critical issue as well as how many on "team" need to "see" the patient or can it be [#virtual?](#) [#MedEdChat](#)



Alliance4ClinEd [@Alliance4ClinEd8 hours ago](#)

RT [@BJBRoman](#): [@debsimpson3](#) [@MedEdChat](#) [@AmerMedicalAssn](#) Thanks--a big shout out to my [@Alliance4ClinEd](#) colleagues who shared great ideas! #...



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

RT [@AvrahamCooperMD](#): The [@JournalofGME](#) [#mededchat](#) is starting! Come join us for a great discussion on the physical clinical learning enviro...



MedEd Chat [@MedEdChat8 hours ago](#)

RT [@PedsEndoChick](#): [@JonLimMD](#) Ironically, we are doing telemedicine almost exclusively (esp for learners), and the attendings sit in on the...



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

RT [@MedEdChat](#): Topic 1: How has your use of physical space for [#teaching](#) [#learning](#) in clinical learning environment (CLE) - conf rooms, cor...



Jon Lim @JonLimMD8 hours ago

[@DrSherineSalib](#) [@MedEdChat](#) I think a really interesting proposition that would be interesting to hear what others think. For GME especially related to physical exam, procedures, and high complexity encounters, there are real blindspots that are real challenges to digitization [#mededchat](#)



Kristina Dzara, PhD, MMSc @kristinadzara8 hours ago

Kristina here, checking in briefly for [#mededchat](#) to support our great [#MedEd](#) Community. [@mededdoc](#) [@GLBDallaghan](#) [@mededchat](#) [@debsimpson3](#)



Jen Readlynn, MD @jenreadlynn8 hours ago

[@JonLimMD](#) This is the concern. So much is learned and relayed from seeing the patient together at the bedside. Bedside teaching is just so much more fun and valuable! 😊[#mededchat](#)



Kristina Dzara, PhD, MMSc @kristinadzara8 hours ago

RT [@PedsEndoChick](#): [@JonLimMD](#) Ironically, we are doing telemedicine almost exclusively (esp for learners), and the attendings sit in on the...



Sherine Salib @DrSherineSalib8 hours ago

[@AvrahamCooperMD](#) [@MedEdChat](#) A1. For the students, we've created several virtual electives, including telemedicine, e-consult & transitions-of-care electives. [#MedEdChat](#)



Kristina Dzara, PhD, MMSc @kristinadzara8 hours ago

RT [@DrSherineSalib](#): [@AvrahamCooperMD](#) [@MedEdChat](#) A1. For the students, we've created several virtual electives, including telemedicine, e-c...



Deb Simpson @debsimpson38 hours ago

[@JonLimMD](#) T1 Can't we rethink this -- as not a lot of direct observation of [#medststudents](#) nor [#residents](#) -- what about more virtual observation and when needed F2F in shared space for PE? [#MedEdChat](#)



Anthony R Artino Jr @mededdoc8 hours ago

RT [@jenreadlynn](#): [@JonLimMD](#) This is the concern. So much is learned and relayed from seeing the patient together at the bedside. Bedside tea...



Anthony R Artino Jr @mededdoc8 hours ago

RT [@JonLimMD](#): [@DrSherineSalib](#) [@MedEdChat](#) I think a really interesting proposition that would be interesting to hear what others think. For...



Anthony R Artino Jr @mededdoc8 hours ago

RT @PedsEndoChick: @JonLimMD Ironically, we are doing telemedicine almost exclusively (esp for learners), and the attendings sit in on the...



Brenda Roman, MD @BJBRoman8 hours ago

@PedsEndoChick @MedEdChat @JonLimMD T1. I heard that from a colleague at the Cleveland Clinic who has implemented telemedicine for medical student experience in the clinic--work flow is still good, and attendings actually are able to teach more! #mededchat



Anthony R Artino Jr @mededdoc8 hours ago

RT @BJBRoman: @PedsEndoChick @MedEdChat @JonLimMD T1. I heard that from a colleague at the Cleveland Clinic who has implemented telemedici...



Yihan Yang @YihanYangMD8 hours ago

@jenreadlynn @JonLimMD Totally agree. @Bedsidemedicine already underutilized, now pretty much non-existent. I suppose with the right equipment, one could have a learner wheel in an iPad for attending to remotely observe hx or exam, but I don't think zoom has approved for that use for us #mededchat



Anthony R Artino Jr @mededdoc8 hours ago

RT @debsimpson3: @JonLimMD T1 Can't we rethink this -- as not a lot of direct observation of #medstudents nor #residents -- what about mor...



Jon Lim @JonLimMD8 hours ago

@BJBRoman @PedsEndoChick @MedEdChat Would conjecture there is some context dependence? OR vs inpatient vs clinic? I think the socialization and professional identity formation emphasizes change as well. A lot happens in the team room (hopefully more for the better than the worse) that gets lost #mededchat



Avraham Z. Cooper, MD @AvrahamCooperMD8 hours ago

@jenreadlynn @JonLimMD T1 Totally agree... there have been opportunities to virtually innovate but the loss of bedside teaching and laying on of hands as a team is just that. A (tremendous) loss. #mededchat



MedEd Chat @MedEdChat8 hours ago

Topic 2: If we conceptualize inpatient/outpatient clinical #learning environments (CLE) as a classroom, how could you optimize teaching? What resources do you need? What are your priorities? #MedEdChat #meded



Anthony R Artino Jr @mededdoc8 hours ago

RT @YihanYangMD: @jenreadlynn @JonLimMD Totally agree. @Bedsidemedicine already underutilized, now pretty much non-existent. I suppose with...



Anthony R Artino Jr @mededdoc8 hours ago

RT @JonLimMD: @BJBRoman @PedsEndoChick @MedEdChat Would conjecture there is some context dependence? OR vs inpatient vs clinic? I think th...



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@BJBRoman @PedsEndoChick @MedEdChat @JonLimMD T1 That would be an interesting way to offload excessive numbers of students in the clinic. Have some assigned to telemedicine in AM then clinic in afternoon. Fewer students...better social distancing. #Mededchat



Anthony R Artino Jr @mededdoc8 hours ago

RT @AvrahamCooperMD: @jenreadlynn @JonLimMD T1 Totally agree... there have been opportunities to virtually innovate but the loss of bedside...



Deb Simpson @debsimpson38 hours ago

@BJBRoman @PedsEndoChick @MedEdChat @JonLimMD T1 Indeed a number of strategies and tactics outline #telemedicine visits by #residents and #medstudents - particularly in @STFM FM daily updates. Why not- as it brings in patients that may not be able to get to clinic visits #SDH #mededchat



Deb Simpson @debsimpson38 hours ago

T2 As teachers -we need to think of clinical learning environment as a classroom; utilizing the space - furniture, walls, computer screen displays, chairs - to optimize #teaching #learning. See @AvrahamCooperMD @DrJonord RipOut for great ideas. <https://t.co/Ol6zKGXt1T> #MedEdChat <https://t.co/lKfP6WFN3R>



Peds Endo Chick @PedsEndoChick8 hours ago

@debsimpson3 @BJBRoman @MedEdChat @JonLimMD @STFM FM And also highlights some of those #SDH more. Not all patients have the ability to do a video call because they don't have a phone or laptop with a camera, don't have an internet connection... #MedEdChat



Ben Kinnear @Midwest_MedPeds8 hours ago

T2 This is novel (for most of us), dynamic, uncertain territory with regard to the learning environment. Biggest thing - would co-produce changes with learners rather than make them top-down. #MedEdchat @MedEdchat



Avraham Z. Cooper, MD [@AvrahamCooperMD8 hours ago](#)

RT [@debsimpson3](#): T2 As teachers -we need to think of clinical learning environment as a classroom; utilizing the space - furniture, walls,...



MedEd Chat [@MedEdChat8 hours ago](#)

RT [@Midwest MedPeds](#): T2 This is novel (for most of us), dynamic, uncertain territory with regard to the learning environment. Biggest thing...



Jen Readlynn, MD [@jenreadlynn8 hours ago](#)

[@JonLimMD](#) [@BJBRoman](#) [@PedsEndoChick](#) [@MedEdChat](#) A struggle in the discussions about bringing students back. We know importance of being w/ their teams yet how do we ensure this is going to happen safely w/ limited physical space. My teams certainly shaped how I thought about diff fields when I was MS3. [#mededchat](#)



Jon Lim [@JonLimMD8 hours ago](#)

T2 In addition to adequate PPE, access to hand sanitizer and antiseptic wipes, I think new emphasis on being aware of fomites including handouts/print outs, 6ft apart, fast wifi, accessible (but secure) hospital firewalls, [#mededchat](#)



Deb Simpson [@debsimpson38 hours ago](#)

[@Midwest MedPeds](#) [@MedEdChat](#) T2 Indeed much of innovation about how to improve use of physical and virtual space in our clinical learning sites has come from [#learners](#) during this Covid time. Are we as [#Mededucators](#) just more open to thinking about new ways now? Whatever the reason - keep going! [#mededchat](#)



Alliance4ClinEd [@Alliance4ClinEd8 hours ago](#)

T2 [@2c Hirumi](#) shared this resource that could help make a blended learning environment out of CLE <https://t.co/2ZHXdEQByK> [#mededchat](#)



Sherine Salib [@DrSherineSalib8 hours ago](#)

[@MedEdChat](#) T2. Ultimately, what's necessary for effective clinical teaching is: 1. Learner 2. Teacher 3. Patient One or more of the above may be present virtually. [#MedEdChat](#)



Avraham Z. Cooper, MD [@AvrahamCooperMD8 hours ago](#)

[@Midwest MedPeds](#) [@MedEdChat](#) T2 Absolutely, involve all stakeholders (learners, nurses, etc) Check out participatory ergonomics: <https://t.co/7YEgKmLeMq> [#mededchat](#)



Jon Lim @JonLimMD8 hours ago

For what its worth, during my last wards, I found myself being intentional about dedicating time to talk about hand hygiene, donning/doffing, wiping down high touch surfaces and trying to ensure good role modeling for the safety of the team. [#mededchat](#)



Deb Simpson @debsimpson38 hours ago

[@DrSherineSalib](#) [@MedEdChat](#) T2 Excellent and practical way to approach it. And would consider adding - other health professions (aka team) and clear role specification. All basic principles of great teaching even more true now! [#mededchat](#)



Avraham Z. Cooper, MD @AvrahamCooperMD8 hours ago

RT [@JonLimMD](#): For what its worth, during my last wards, I found myself being intentional about dedicating time to talk about hand hygiene,...



MedEd Chat @MedEdChat8 hours ago

RT [@DrSherineSalib](#): [@MedEdChat](#) T2. Ultimately, what's necessary for effective clinical teaching is: 1. Learner 2. Teacher 3. Patient...



Jen Readlynn, MD @jenreadlynn8 hours ago

[@MedEdChat](#) T2: safety. Not just physical safety but psychological safety to take "responsible risks" as my kid's teachers emphasize. Also ensuring students get to gather and interpret their own information without all the filters of modules/case presentations. [#mededchat](#)



Ben Kinnear @Midwest MedPeds8 hours ago

[@DrSherineSalib](#) [@MedEdChat](#) I would even argue [#2](#) is not always necessary. Patients make great teachers. [#MedEdChat](#)



Brenda Roman, MD @BJBRoman8 hours ago

[@GLBDallaghan](#) [@PedsEndoChick](#) [@MedEdChat](#) [@JonLimMD](#) T1. Maybe more "well" checks virtually and those patients that need to have "hands on" for physical exam come in to the clinics--and a combinations of tele and in-person. Probably the wave of the future. [#mededchat](#)



Gary Beck Dallaghan @GLBDallaghan8 hours ago

T2 What's the discussion been about the size of teams rounding in hospitals? Can that still happen in the era of COVID-19? [#mededchat](#)



Alice Fornari EdD RDN @AFornari18 hours ago

great addtion and even more so now



Deb Simpson @debsimpson38 hours ago

@JonLimMD T2 - It's worth a lot! Thank You! Reminder that infection and #patientsafety are leading causes of M&M in hospitals! Always important and if you model it - it will happen! WTG!! #mededchat @TheHI



Kristina Dzara, PhD, MMSc @kristinadzara8 hours ago

RT @DrSherineSalib: @MedEdChat T2. Ultimately, what's necessary for effective clinical teaching is: 1. Learner 2. Teacher 3. Patient...



Kristina Dzara, PhD, MMSc @kristinadzara8 hours ago

RT @debsimpson3: T2 As teachers -we need to think of clinical learning environment as a classroom; utilizing the space - furniture, walls,...



Yihan Yang @YihanYangMD8 hours ago

@Midwest_MedPeds @DrSherineSalib @MedEdChat Yes. I think of "teachers" as just facilitators of discussion most of the time to just get learners' brain juices and reflection flowing #mededchat



Jen Readlynn, MD @jenreadlynn8 hours ago

@Midwest_MedPeds @MedEdChat So important. What do they think they need or have missed? Where can we do better? I've seen posts that we all learned about this virus at the same time so why not change the system without hierarchy. All are stakeholders. #mededchat



Kristina Dzara, PhD, MMSc @kristinadzara8 hours ago

RT @MedEdChat: Topic 2: If we conceptualize inpatient/outpatient clinical #learning environments (CLE) as a classroom, how could you optimi...



Peds Endo Chick @PedsEndoChick8 hours ago

@BJBRoman @GLBDallaghan @MedEdChat @JonLimMD As an endocrinologist, I would like to highlight the importance of measurements and a physical exam as part of well visits. There's a place for telemedicine, but I'm not sure moving all well visits to that platform is the solution. #MedEdChat



MedEd Chat @MedEdChat8 hours ago

RT @jenreadlynn: @Midwest_MedPeds @MedEdChat So important. What do they think they need or have missed? Where can we do better? I've seen p...



Alice Fornari EdD RDN [@AFornari18 hours ago](#)

all environments face to face and virtual must push and demand psychological safety for all in the community of learners



Jon Lim [@JonLimMD8 hours ago](#)

[@GLBDallaghan](#) Our large interdisciplinary team is not mostly virtual. Notably my team found they were able to communicate more often with SW, nurse CM, pharmacist who were available by hospital instant messenger. Increased interdisciplinary care and SBP learning. [#mededchat](#)



Anthony R Artino Jr [@mededdoc8 hours ago](#)

RT [@debsimpson3](#): [@JonLimMD](#) T2 - It's worth a lot! Thank You! Reminder that infection and [#patientsafety](#) are leading causes of M&M in hospi...



Anthony R Artino Jr [@mededdoc8 hours ago](#)

RT [@Midwest MedPeds](#): [@DrSherineSalib](#) [@MedEdChat](#) I would even argue [#2](#) is not always necessary. Patients make great teachers. [#MedEdChat](#)



Jon Lim [@JonLimMD8 hours ago](#)

[@GLBDallaghan](#) Our large interdisciplinary team is now mostly virtual. Notably my team found they were able to communicate more often with SW, nurse CM, pharmacist who were available by hospital instant messenger. Increased interdisciplinary care and SBP learning. [#mededchat](#)



Alice Fornari EdD RDN [@AFornari18 hours ago](#)

the right teacher who listens and guides reflection is an asset



MedEd Chat [@MedEdChat8 hours ago](#)

RT [@JonLimMD](#): [@GLBDallaghan](#) Our large interdisciplinary team is now mostly virtual. Notably my team found they were able to communicate mor...



Deb Simpson [@debsimpson38 hours ago](#)

[@Midwest MedPeds](#) [@DrSherineSalib](#) [@MedEdChat](#) T2 It's a yes and... the expertise of a [#clinical](#) [#teacher](#) can push thinking, deepen learning, take the N of 1 to a concept and principle (or exception). I still vote for teachers! [#mededchat](#)



Ben Kinnear [@Midwest MedPeds8 hours ago](#)

[@debsimpson3](#) [@DrSherineSalib](#) [@MedEdChat](#) Me too. Not saying we don't ever need them. Just not always necessary for teaching/learning to occur. [#MedEdchat](#)



Sherine Salib @DrSherineSalib 8 hours ago

[@MedEdChat](#) T2. I worry that with all the excitement about telemedicine, the pendulum will swing too far in that direction. We need a “back to the bedside” movement when all of this is over!! [#MedEdChat](#)



Jon Lim @JonLimMD 8 hours ago

[@GLBDallaghan](#) Worth noting that so much of SBP, care coordination was already digital. Loss of going to consult team rooms, radiology, pathology, in-person multidisciplinary discussion esp at pt bedside. [#mededchat](#)



Alliance4ClinEd @Alliance4ClinEd 8 hours ago

[@debsimpson3](#) [@BJBRoman](#) [@GLBDallaghan](#) [@PedsEndoChick](#) [@MedEdChat](#) [@JonLimMD](#) T1 Curious how [#medtech](#) will be made available to the patients you indicate struggling to get to the clinics. [#mededchat](#)



Alice Fornari EdD RDN @AFornari 18 hours ago

[#mededchat](#) how are we going to make telehealth our new teaching and learning environment; can non-clinician educators make entry to this new venue for our learners?



Deb Simpson @debsimpson3 8 hours ago

[@PedsEndoChick](#) [@BJBRoman](#) [@GLBDallaghan](#) [@MedEdChat](#) [@JonLimMD](#) T2 Agree = some F2F visits are essential. How do you optimize the use of physical space in clinic for your learners, patients and teaching? [#mededchat](#)



Brenda Roman, MD @BJBRoman 8 hours ago

[@PedsEndoChick](#) [@debsimpson3](#) [@MedEdChat](#) [@JonLimMD](#) [@STFM_FM](#) Definitely. But many of those struggled to get into clinics in the first place. Could there be more home visits to meet the patients where they are? [#mededchat](#)



Alexis L. Rossi @AlexisLRossi 18 hours ago

RT [@MedEdChat](#): Topic 1: How has your use of physical space for [#teaching](#) [#learning](#) in clinical learning environment (CLE) - conf rooms, cor...



MedEd Chat @MedEdChat 8 hours ago

Topic 3: We’ve had lots of changes during [#COVID19](#). What can we do to retain successful approaches, promote new ways to reframe physical spaces in our clinical learning environments, and optimize [#learning](#)? [#MedEdChat](#)



Yihan Yang @YihanYangMD8 hours ago

RT @DrSherineSalib: @MedEdChat T2. I worry that with all the excitement about telemedicine, the pendulum will swing too far in that direct...



Deb Simpson @debsimpson38 hours ago

@AFornari1 T2 Indeed over 50% of visits now #telehealth health. Key is when, with whom, how. Same #learning principles apply - and see roles of non-clinician educators as expanding to be part of team to optimize patient care + learning + #wellbeing #mededchat



Alexis L. Rossi @AlexisLRossi18 hours ago

RT @MedEdChat: Topic 3: We've had lots of changes during #COVID19. What can we do to retain successful approaches, promote new ways to refr...



Avraham Z. Cooper, MD @AvrahamCooperMD8 hours ago

@AFornari1 This a great resource/thought piece on the telehealth issue <https://t.co/wf4VBi92xg> #mededchat



Alliance4ClinEd @Alliance4ClinEd8 hours ago

T3 Everyone is stretched thin right now, but as we discussed in last week's #MedEdChat we need to start considering that now. Waiting until afterwards will result in going back to business as usual



Jon Lim @JonLimMD8 hours ago

@AlexisLRossi1 @MedEdChat @GLBDallaghan This is a very worthy meded question. I think jury is out. There is a lot lost when you are confined to a phone/screen encounter. A lot to be gained with instantaneous remote access to someone. #mededchat



Deb Simpson @debsimpson38 hours ago

T3 Optimize use of #virtualtech to allow team members to and families to remote. Think #interprofessional #colloborativepractice. #Telemedicine + #wearables + #VirtualVisits can involve learners in meaningful ways with patients at all levels (strategically of course). #MedEdChat <https://t.co/xsXz89XWdR>



Anthony R Artino Jr @mededdoc8 hours ago

RT @AvrahamCooperMD: @AFornari1 This a great resource/thought piece on the telehealth issue <https://t.co/wf4VBi92xg> #mededchat



Ben Kinnear @Midwest_MedPeds8 hours ago

T3 We (and many others I surmise) skipped steps in deliberate change mgmt out of necessity/urgency. At some point, an appraisal of what changes are worth keeping, followed by deliberate change mgmt strategies might help sustainability. [#MedEdChat](#) [@MedEdchat](#)



MedEd Chat @MedEdChat8 hours ago

RT @Midwest_MedPeds: T3 We (and many others I surmise) skipped steps in deliberate change mgmt out of necessity/urgency. At some point, an...



Jon Lim @JonLimMD8 hours ago

T3 So many patient care and meded innovations. For our GME program across 5 campuses, I think it has made some learning more accessible. Years ahead, we will likely need to play catch up on the skills/knowledge/attitudes better suited in the physical space. [#mededchat](#)



Deb Simpson @debsimpson38 hours ago

[@Midwest_MedPeds](#) [@MedEdChat](#) T3 Indeed not all of what's been done has been optimal but had to happen. A systematic approach, based on [#principles](#) of [#learning](#), can help us identify what to build on, what needs revision, and when physical presence in clinical setting optimal! [#mededchat](#)



Jon Lim @JonLimMD8 hours ago

If a learner was in UME during COVID, some core/sub-competencies will need to have greater emphasis during GME when restrictions on physical spaces may change. The UME/GME bridge will move to meet the dynamic needs of learners and physical learning spaces. [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago

RT @MComptonMD Replying to @MedEdChat T2: to optimize learning, we also have to account for the competing responsibilities that learners are facing: e.g. many (especially but not exclusively female) students and residents have increased childcare responsibilities [#mededchat](#)



Jon Lim @JonLimMD8 hours ago

RT @MedEdChat: RT @MComptonMD Replying to @MedEdChat T2: to optimize learning, we also have to account for the competing responsibilities...



Sherine Salib @DrSherineSalib8 hours ago

[@MedEdChat](#) T3. This is also a good time to revisit what things are absolutely pivotal to MedEd & cannot be cut out. As we reimagine post-COVID MedEd, it's important not to throw out the baby with the bathwater.. [#MedEdChat](#)



Deb Simpson @debsimpson38 hours ago

T3 Already seeing the time variable [#competency](#)-based [#meded](#) break down boundaries between [#GME](#) & [#UME](#) It's no longer a pilot - it's happening and need the assessment infrastructure and processes to catch up! [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago

RT @debsimpson3: T3 Already seeing the time variable [#competency](#)-based [#meded](#) break down boundaries between [#GME](#) & [#UME](#) It's no longer a pi...



Jon Lim @JonLimMD8 hours ago

RT @debsimpson3: T3 Already seeing the time variable [#competency](#)-based [#meded](#) break down boundaries between [#GME](#) & [#UME](#) It's no longer a pi...



MedEd Chat @MedEdChat8 hours ago

RT @DrSherineSalib: @MedEdChat T3. This is also a good time to revisit what things are absolutely pivotal to MedEd & cannot be cut out. A...



Ben Kinnear @Midwest MedPeds8 hours ago

RT @debsimpson3: T3 Already seeing the time variable [#competency](#)-based [#meded](#) break down boundaries between [#GME](#) & [#UME](#) It's no longer a pi...



Alexis L. Rossi @AlexisLRossi18 hours ago

RT @DrSherineSalib: @MedEdChat T3. This is also a good time to revisit what things are absolutely pivotal to MedEd & cannot be cut out. A...



Brenda Roman, MD @BJBRoman8 hours ago

[@MedEdChat](#) [@MComptonMD](#) T2. Also true for faculty, especially junior faculty. Just as flexibility is key now given the fluidity of the pandemic, we need to take a more flexible approach with all in the health care field. [#mededchat](#)



Jon Lim @JonLimMD8 hours ago

[@debsimpson3](#) Yes! This! And the facdev/coaching/remediation teams to help bridge UME-GME and equip learners with what was missed during abbreviated clerkships and reduced direct patient care volumes. [#mededchat](#)



MedEd Chat @MedEdChat8 hours ago

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



Deb Simpson @debsimpson38 hours ago

@DrSherineSalib @MedEdChat T3 Deciding what is essential 4 #MedEd learner from #medstudent to #GME is a must. Congrats to @ACGME #milestone harmonization outlining continuum of #professionalism #communication across specialties. Amazing if all learners were on common milestone progressions! #MedEdChat



Jon Lim @JonLimMD8 hours ago

RT @debsimpson3: @DrSherineSalib @MedEdChat T3 Deciding what is essential 4 #MedEd learner from #medstudent to #GME is a must. Congrats to...



Deb Simpson @debsimpson38 hours ago

Let's optimize #learning by using #physical clinical spaces as a #designthinker would! Above all let's remember that #teaching is hard - which is why #mededucators have big hearts. Thank you to @Alliance4ClinEd for allowing @JournalofGME editors to guest host #MedEdChat <https://t.co/FRiOTaAqZV>



Anthony R Artino Jr @mededdoc8 hours ago

RT @debsimpson3: Let's optimize #learning by using #physical clinical spaces as a #designthinker would! Above all let's remember that #teac...



Sherine Salib @DrSherineSalib8 hours ago

@debsimpson3 @Alliance4ClinEd @JournalofGME Really enjoyed the chat tonight! Great to meet you all! #MedEdChat



MedEd Chat @MedEdChat8 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



MedEd Chat @MedEdChat8 hours ago

Join us again next week at 9 pm Thursday. Big thanks to @JournalofGME for guest hosting tonight! Don't forget to suggest topics by DM or email #meded #mededchat



JGME @JournalofGME7 hours ago

Thank you everyone for joining us for a great #MedEdChat



Yihan Yang @YihanYangMD7 hours ago

I'm curious after tonight's #mededchat: How are providers @ your institution initiating communication a/b inpt pt care? @YNHH provides us w/ smart phones & @MobileHeartbeat app for MD, RNs, SW, CMs, RT, pharmacist communication #MedTwitter #MedEd @SocietyHospMed @acphospitalist



Paneez Khoury, MD [@KhouryMD7 hours ago](#)

RT [@DrSherineSalib](#): [@MedEdChat](#) A1. We're now seeing more clearly that the Clinical Learning Environment is much, much more than a physical...



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...



Paneez Khoury, MD [@KhouryMD7 hours ago](#)

[@Midwest MedPeds](#) [@MedEdChat](#) T3 agree with all above. Some things are knocking down prior barriers eg connecting with mentors virtually, writing, and better observation and clinical teaching of reasoning, but volume decline and true bedside/procedural competencies suffer. [#MedEdChat](#)



Ming-Ka Chan, MD, MHPE [#stayhomesavelives @MKChan RCPSC7 hours ago](#)

RT [@JonLimMD](#): T1 significant changes to the clinical learning environment to ensure physical distancing among patients, learners, and other...



Sherine Salib [@DrSherineSalib6 hours ago](#)

RT [@DrSherineSalib](#): [@MedEdChat](#) T3. This is also a good time to revisit what things are absolutely pivotal to MedEd & cannot be cut out. A...



Sherine Salib [@DrSherineSalib6 hours ago](#)

RT [@DrSherineSalib](#): [@MedEdChat](#) A1. We're now seeing more clearly that the Clinical Learning Environment is much, much more than a physical...



Kristina Dzara, PhD, MMSc [@kristinadzara5 hours ago](#)

RT [@MedEdChat](#): Join us again next week at 9 pm Thursday. Big thanks to [@JournalofGME](#) for guest hosting tonight! Don't forget to suggest top...



Lonika Sood, MBBS, MHPE [@sood Lonika4 hours ago](#)

RT [@debsimpson3](#): Let's optimize [#learning](#) by using [#physical](#) clinical spaces as a [#designthinker](#) would! Above all let's remember that [#teac...](#)



Holly Caretta-Weyer, MD [@holly_cw3 hours ago](#)

RT [@debsimpson3](#): T3 Already seeing the time variable [#competency](#)-based [#meded](#) break down boundaries between [#GME](#) & [#UME](#) It's no longer a pi...



Dr Hitesh Gopalan @drhiteshg2 [2 hours ago](#)

Most answers are right, C. The term is derived from the Greek word, 'adamantinos' meaning very hard. Multiloculated lytic lesion, with diaphyseal predilection is the hallmark. First described by C Maier in 1900 [#orthotwitter](#) [#MedTwitter](#) [#MedEdchat](#) [#MedicareForAll](#)



Elizabeth Eley @lizzyeley2 [2 hours ago](#)

What are trusts doing about educational sessions for medical staff? How are you structuring it? Who's delivering it? How often? Type of content? I'd love to hear what's working. Considering a way forward for [#TeamSFH](#) [#MedEd](#) [#MedTwitter](#) [#SurgEd](#) [#MedEdchat](#) [#SurgicalEducation](#)



Ryan San Diego (PhD) @RJ_SanDiego2 [2 hours ago](#)

Hitting 2 birds in 1 stone 😊 Successfully roll out SBIRT (screening, brief intervention & referral to treatment) and Telehealth Service in 1 Assessment for our medical students! Fun! Interesting! New Experience! [#MedEdchat](#) [#FMHS](#) [#AucklandUni](#)

The #MedEdChat Influencers

Top 10 Influential



[@MedEdChat](#) 100



[@JonLimMD](#) 84



[@debsimpson3](#) 78



[@Midwest_MedPeds](#) 77



[@DrSherineSalib](#) 71



[@jenreadlynn](#) 67



[@PedsEndoChick](#) 62



[@BJBRoman](#) 56



[@GLBDallaghan](#) 47



[@AFornari1](#) 39

Prolific Tweeters



[@debsimpson3](#) 19



[@JonLimMD](#) 17



[@MedEdChat](#) 17



[@mededdoc](#) 13



[@AvrahamCooperMD](#) 9



[@DrSherineSalib](#) 9



[@kristinadzara](#) 9



[@YihanYangMD](#) 7



[@Midwest_MedPeds](#) 7



[@BJBRoman](#) 7

Highest Impressions



[@MedEdChat](#) 136.2K



[@AvrahamCooperMD](#) 57.2K



[@kristinadzara](#) 49.6K



[@mededdoc](#) 25.0K



[@debsimpson3](#) 14.6K

JGME [@JournalofGME](#) 13.2K



[@JonLimMD](#) 12.4K



[@Midwest MedPeds](#) 11.6K



[@MedEdBot](#) 7.7K



[@jenreadlynn](#) 4.8K