

## 2020-10-01: Lessons from the Pandemic: Re-imagining Clinical Clerkships When Back to "Normal"

The following links were shared during the chat:

- Evaluating Clerkship Competency with Exams <https://pubmed.ncbi.nlm.nih.gov/31789487/>
- Narrative Descriptions Should Replace Grades and Numerical Ratings for Clinical Performance in Medical Education in the United States <https://www.frontiersin.org/articles/10.3389/fpsyg.2013.00668/full>



**MedEd Chat** [@MedEdChat8 hours ago](#)

Topic 1: After the pandemic is over, do you think clerkship lengths will remain the same? Less time in core clerkships and more electives? More integration of clinical encounters across the clerkships? [#MedEdChat](#) [#meded](#)



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

T1 It is quite fascinating to see how schools have adjusted schedules due to the pandemic. I've heard many say they are looking forward to having all of their time back for clerkships once this year is complete. [#mededchat](#)



**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@MedEdChat](#) T1: I could see more options for [#Med](#) students - 1, 2, or 4 week opportunities for most electives to offer flexibility, esp if they remain a virtual option. I wonder if cores will stay same but maybe have more integration rather than silos. [#MedEdChat](#)



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

[@MedEdChat](#) T1. Unsure about clerkship lengths, but do feel that some new models of clinical education may emerge. Some schools had great success with didactic immersion at the beginning when all was being done virtually. [#MedEdChat](#)



**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

T1- hoping the pandemic as been an accelerator for innovation. Maybe even thinking about time-variable competency-based experiences. [#mededchat](#)



**Alliance4ClinEd** [@Alliance4ClinEd8 hours ago](#)

T1 Seems to me what we need to be doing is thoroughly evaluating knowledge, skills & attitudes after this truncated year is over. Are there deficiencies? Definitely need to research this! [#mededchat](#)



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

[@GLBDallaghan](#) T1. The question to ask is what do the students think? Should clerkship lengths be shorter, perhaps one month in length, allowing for more electives earlier? [#MedEdChat](#)



**Meredith Greer** [@EmmGeezee8 hours ago](#)

[@MedEdChat](#) A1: I'm not in charge of anything, but I kind of feel like it might just go back to the same? What do you mean by more integration of clinical encounters? [#MedEdChat](#)



**Gary Beck Dallaghan** [@GLBDallaghan8 hours ago](#)  
[@BJBRoman](#) [@MedEdChat](#) T1 I can see how there will be more Zooming for didactics....especially if you have [#medstudents](#) at remote sites. These adjustments should certainly carry forward! [#MedEdChat](#)



**Lonika #wearyourmask Sood** [@sood\\_lonika8 hours ago](#)  
[@EmmGeezee](#) [@MedEdChat](#) T1: hmmm... I don't think so [#mededchat](#)



**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)  
[@Alliance4ClinEd](#) T1: Yes agree need to evaluate. What if we find the opposite - that they were learning just as effectively with technology and distance learning? Then we need to up our [#MedEd](#) game and adapt to it but through innovation! [#MedEdChat](#)



**Meredith Greer** [@EmmGeezee8 hours ago](#)  
[@GLBDallaghan](#) [@BJBRoman](#) [@MedEdChat](#) Yes! I was going to say this. It would save a lot of time if people didn't have to drive all over the place! [#MedEdChat](#)



**Brenda Roman, MD** [@BJBRoman8 hours ago](#)  
[@GLBDallaghan](#) [@MedEdChat](#) T1. Agreed--virtual delivery of didactic content should be here to stay. Perhaps even more asynchronous delivery so that students can have fewer interruptions of patient care [#MedEdChat](#)



**Lonika #wearyourmask Sood** [@sood\\_lonika8 hours ago](#)  
[@MedEdChat](#) T1: to be fair we have an LIC with integration across disciplines... [#mededchat](#)



**MedEd Chat** [@MedEdChat8 hours ago](#)  
[@EmmGeezee](#) T1 More integration would be just that....breaking down siloes of disciplines [#MedEdChat](#)



**MedEd Chat** [@MedEdChat8 hours ago](#)  
RT [@BJBRoman](#): [@GLBDallaghan](#) [@MedEdChat](#) T1. Agreed--virtual delivery of didactic content should be here to stay. Perhaps even more asynchr...



**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)  
[@EmmGeezee](#) [@GLBDallaghan](#) [@BJBRoman](#) [@MedEdChat](#) T1: very true in the world at large. Think of all businesses thinking how much \$ they hemorrhaged flying employees transcontinental for a 1hr meeting. (Yes sometimes u can't beat face to face.) But same is true in [#MedEd](#). Time spent going b/w campuses = learning lost [#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](#)



**MedEdBot** [@MedEdBot8 hours ago](#)

RT [@MedEdChat](#): Topic 1: After the pandemic is over, do you think clerkship lengths will remain the same? Less time in core clerkships and...



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

[@cmtomblinson](#) [@Alliance4ClinEd](#) T1 Exactly. One can't discount the importance of direct patient care....but what if foundational knowledge is not impeded by online learning? What adjustments can we make to [#meded](#) then? Gets back to [@debsimpson3](#) asking about a national basic science curriculum [#mededchat](#)



**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@GLBDallaghan](#) [@Alliance4ClinEd](#) [@debsimpson3](#) This is so important and underlined the need for reframing our collective mentality about [#distance](#) learning being an \*adjunct\* and not always impediment to [#MedEd](#). [#MedEdChat](#)



**Alliance4ClinEd** [@Alliance4ClinEd8 hours ago](#)

T1 I'm curious to know if more telemedicine will be incorporated into clerkships even after the pandemic. [#Mededchat](#)



**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

[@sood](#) [lonika](#) [@MedEdChat](#) LICs with discipline integration, longitudinal teaching/assessment relationships, & individualized learning plans > one-size fits all clinical experiences. [#mededchat](#)



**MedEd Chat** [@MedEdChat8 hours ago](#)

Topic 2: How will didactics be done moving forward after having the immersion of virtual didactics during the pandemic? [#MedEdChat](#) [#MedEd](#)



**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@Alliance4ClinEd](#) T1: I think [#telemedicine](#) is here to stay (for some types of visits) so it is a skill our [#medstudents](#) will need to have. And one that requires a different skill set than in-person visits. maybe will become part of formal communications curriculum. [#MedEdChat](#)



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

[@Alliance4ClinEd](#) T1. I think that will be one of the models moving forward, as more practices will continue to do telemedicine. We need to educate our students to be physicians who will likely utilize telemed in their practices. [#MedEdChat](#)



**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

[@Alliance4ClinEd](#) The opportunity is there. Loads of broadly-defined “telehealth” activities can add value for patients, health care teams, and learners. Think about what clinicians could do if they had another hour or two in a day. Students can do this stuff! [#mededchat](#)



**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@MedEdChat](#) T2: As with most things, everything in moderation IMO. Hybrid model. In [#MedEd](#), that might mean today we meet in person to do small group or role playing, and tomorrow we have a lecture with online polling via Zoom. Form follows function. [#MedEdChat](#)



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

T2 I hope there is a shift to virtual didactics or even asynchronous learning activities. The asynchronous activities would definitely require more work (speaking from experience teaching that way) [#MedEdChat](#)



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

T2. Virtual didactics will continue--and allow students to stay at their clinical sites and not worry about travel time back to a central location. Same will be true for committee meetings for faculty and students--travel time to a central location takes much time! [#MedEdChat](#)



**MedEd Chat** [@MedEdChat8 hours ago](#)

RT [@cmtomblinson](#): [@MedEdChat](#) T2: As with most things, everything in moderation IMO. Hybrid model. In [#MedEd](#), that might mean today we meet...



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

T2 Has anyone done a hybrid of in-person AND virtual participants? How did it go? What were the challenges? Been thinking of how this could happen but worry the online participants may be forgotten. [#MedEdChat](#)



**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@GLBDallaghan](#) T2: asynchronous is tough. Not only the double work but the timeline planning. Like working a very complex sudoku. [#mededchat](#)



**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

[@cmtomblinson](#) [@MedEdChat](#) Agree. Zoom for zoom’s sake doesn’t make sense. Learning about non-lecture, non-zoom ways of teaching that were tried during the pandemic will be important. [#mededchat](#)



**Cristin Colford** [@cristincolford8 hours ago](#)

[@GLBDallaghan](#) That is what my kids school is doing. Half of kids in classroom other half zoom in from home. [#mededchat](#)



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**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@GLBDallaghan](#) T2: Doing this now in our residency program & most challenging part has been trying to sort out the feedback from microphones in our particular setup. So students asking Qs can't be heard on Zoom and we don't have a way to feed a wireless mic into room speaker yet. [#MedEdChat](#)



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

[@GLBDallaghan](#) T2. I am aware of a medical school that is doing exactly that in the pre-clinical curriculum. Major lesson learned is that it requires one faculty to manage the in-person and another to manage the virtual, especially the on-line chat. [#MedEdChat](#)



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**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@mmteacherdoc](#) [@MedEdChat](#) T2: Great point. We'll learn as much from what didn't work as what did [#MedEdChat](#)



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**Monica van de Ridder** [@MvdRidder8 hours ago](#)

[@GLBDallaghan](#) T2: In general it works, as long as you think your interactions very well through. Give turns to both online and 'real' participants and make sure you know the exact place of camera. Make sure your online participants feel part of the experience. [#Mededchat](#)



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**MedEd Chat** [@MedEdChat8 hours ago](#)

RT [@MvdRidder](#): [@GLBDallaghan](#) T2: In general it works, as long as you think your interactions very well through. Give turns to both online...



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**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

[@cmtomblinson](#) [@GLBDallaghan](#) Agree, especially if we try to control the asynchronous activities too much. Alternatively, we can encourage learners to take more responsibility of their own learning activities. [#mededchat](#)



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**Monica van de Ridder** [@MvdRidder8 hours ago](#)

T2. [#mededchat](#) I like the whiteboard feature. I think we often underutilize it. With the whiteboard you can do more creative aspects, such as: draw how you feel today. Stimulates good conversations. No idea how to incorporate that feature if we go back to "normal".



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**MedEd Chat** [@MedEdChat8 hours ago](#)

Topic 3: What aspects of the clerkships that were forced to change due to the pandemic, do you think will endure post-pandemic? [#MedEdChat](#) [#MedEd](#)



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**Courtney Tomblinson, MD** [@cmtomblinson8 hours ago](#)

[@mmteacherdoc](#) [@GLBDallaghan](#) T2: Maybe one way we can accomplish that is by giving learners choices in how they choose to learn. Some things will need to be standard but I bet a lot of flexibility could be placed here to empower them. [#MedEdChat](#)



**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

RT [@cmtomblinson](#): [@mmteacherdoc](#) [@GLBDallaghan](#) T2: Maybe one way we can accomplish that is by giving learners choices in how they choose to...



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

[@cmtomblinson](#) [@mmteacherdoc](#) T2 That's true, but what about the time on the part of the clerkship staff to provide options? Do schools have the resources to do that? [#MedEdChat](#)



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

T3. Many clerkships went Pass/Fail. Is there too much emphasis on exams? [#MedEdChat](#) Evaluating clerkship competency without exams <https://t.co/2EaglQ67GY>



**MedEd Chat** [@MedEdChat8 hours ago](#)

RT Monica van de Ridder [@MvdRidder](#) Replying to [@MedEdChat](#) T2. Consequence of working with [#zoom](#) is that I am more focused on different type of activities, and more variation. I hope I will better incorporate that in my normal [#facdev](#) as well. [#mededchat](#)



**@DSchatteMD** [@dschattemd8 hours ago](#)

RT [@BJBRoman](#): T3. Many clerkships went Pass/Fail. Is there too much emphasis on exams? [#MedEdChat](#) Evaluating clerkship competency withou...



**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

T3- Some telehealth activities should continue. Students can learn & add value to care of patients between visits, transitions of care (inpatient <—> outpatient), population health [#MedEdChat](#)



**@mmteacherdoc** [@mmteacherdoc8 hours ago](#)

[@GLBDallaghan](#) [@cmtomblinson](#) Good point - but maybe we could collaborate across schools to develop & share activities. [#mededchat](#)



**Monica van de Ridder** [@MvdRidder8 hours ago](#)

[#mededchat](#)



**MedEd Chat** [@MedEdChat8 hours ago](#)

RT [@BJBRoman](#): T3. Many clerkships went Pass/Fail. Is there too much emphasis on exams? [#MedEdChat](#) Evaluating clerkship competency withou...



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

T3. Even before the pandemic, we need to focus more on relationships within the clerkship experiences to better assess students' clinical skills. Short clerkships and little time with preceptors does not adequately allow for development of skills or good assessment. [#MedEdChat](#)



**Gary Beck Dallaghan** @GLBDallaghan8 hours ago  
[@BJBRoman](#) T3 [@JaniceEducation](#) and some colleagues at Colorado also published about the need to use narrative comments for grading <https://t.co/NKdVCGDXMP> Great approach! [#mededchat](#)



**@mmteacherdoc** @mmteacherdoc8 hours ago  
[@BJBRoman](#) I'd go one step further...is there too much emphasis on differentiating students from each other (ranking/grading) above & beyond a defined level of competency? [#mededchat](#)



**Monica van de Ridder** @MvdRidder8 hours ago  
RT [@GLBDallaghan](#): [@BJBRoman](#) T3 [@JaniceEducation](#) and some colleagues at Colorado also published about the need to use narrative comments for...



**MedEd Chat** @MedEdChat8 hours ago  
RT [@mmteacherdoc](#): [@BJBRoman](#) I'd go one step further...is there too much emphasis on differentiating students from each other (ranking/gradi...



**Brenda Roman, MD** @BJBRoman8 hours ago  
[@GLBDallaghan](#) [@JaniceEducation](#) T3. Moving to a competency based approach in med ed lends itself to better assessments and use of narrative comments. [#MedEdChat](#)



**Gary Beck Dallaghan** @GLBDallaghan8 hours ago  
[@BJBRoman](#) [@JaniceEducation](#) Critical piece is [#facdev](#) on how to write good narrative comments! [#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](#)



**Brenda Roman, MD** @BJBRoman8 hours ago  
[@GLBDallaghan](#) [@JaniceEducation](#) And allowing faculty time to write good narrative comments! [#MedEdChat](#)



**Meredith Greer** @EmmGeezee8 hours ago  
[@mmteacherdoc](#) [@BJBRoman](#) My fear w/ everything going P/F is that there will no longer be any way for people to stand out other than extra stuff on their CV, like projects, research, etc, which is a huge added stress on medical students as is. Thoughts? [#MedEdChat](#)

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**Monica van de Ridder** @MvdRidder8 hours ago



[@BJBRoman](#) T3. [#mededchat](#) in theory if they were paired with only one or two attendings/ teaching teams, and the learning environment is safe, and the whole group focused on enough formative assessment and feedback moments, it could work. Daily practice is often different.

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**Monica van de Ridder** @MvdRidder8 hours ago



[@mmteacherdoc](#) [@BJBRoman](#) T3. Just wondering what makes you think this? [#mededchat](#)

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**MedEd Chat** @MedEdChat8 hours ago



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

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**MedEd Chat** @MedEdChat8 hours ago



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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**Brenda Roman, MD** @BJBRoman8 hours ago



[@HarryPaul](#) [@EmmGeezee](#) [@mmteacherdoc](#) T3. Agreed, no easy answers--if really good narrative comments, then the students as individuals and their potential should come through, but that does not seem to be the focus any longer--it is numbers. [#MedEdChat](#)

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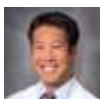
**walkemp91** @walkemp918 hours ago



[@MedEdChat](#) T3: As a fellow who had to transition to virtual outpatient and inpatient care, I was still able to learn and saw more outpatients due to higher "show" rate. As we transition back, I think I would appreciate a hybrid in person/virtual model moving forward. [#mededchat](#)

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**Matt Sakumoto** @MattSakumoto7 hours ago



[@BJBRoman](#) T3 Virtual Rounds for UCSF M3 medicine clerkship - 2 wks, 3 M3s, 1 M4 TA and 1 tele-attg. M3s virtually followed and presented 1 inpatient. Sole focus on M3 pres and reasoning skills. Well rec'd [#mededchat](#)

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**Monica van de Ridder** @MvdRidder7 hours ago

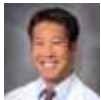


[@GLBDallaghan](#) [@BJBRoman](#) [@JaniceEducation](#) Can't agree more. Focus on What you see (observed behavior); What you would like to see (standard); What the gap is (difference between 1 and 2); Why gap should be closed; How gap can be closed.





**Monica van de Ridder** [@MvdRidder7](#) 7 hours ago  
[#mededchat](#) [@mededchat](#)



**Matt Sakumoto** [@MattSakumoto7](#) 7 hours ago  
[@Alliance4ClinEd](#) T1 [@AAMCtoday](#) developed UME, GME, CME competencies for [#Telehealth](#) and a great backbone for curricular development [#MedEdChat](#) <https://t.co/Aqkl4Am4X7>



**Monica van de Ridder** [@MvdRidder7](#) 7 hours ago  
[@BJBRoman](#) [@GLBDallaghan](#) [@JaniceEducation](#) [#mededchat](#) wonder how much time it takes to write good comments. Is this ever measured?



**Matt Sakumoto** [@MattSakumoto7](#) 7 hours ago  
[@mmteacherdoc](#) [@Alliance4ClinEd](#) T1 [@NUFeinbergMed](#) [#ECMH](#) students did outreach calls to primary care pts during COVID w/ positive experience for both students and pts [#mededchat](#) <https://t.co/1rHVu5T5gF> <https://t.co/P2tYgKya38>



**Monica van de Ridder** [@MvdRidder7](#) 7 hours ago  
[@mmteacherdoc](#) [@BJBRoman](#) [#mededchat](#) Thank you for the clarification. Agree. And often the evaluations are not a good representation of how the student really did. Is o lot of 'fear' in faculty to become inpopular when you give honest rstings. [#mededchat](#)



**Courtney Tomblinson, MD** [@cmtomblinson7](#) 7 hours ago  
[@mmteacherdoc](#) [@GLBDallaghan](#) T2: THIS. Work smarter, not (only) harder. [#MedEdChat](#)



**@mmteacherdoc** [@mmteacherdoc7](#) 7 hours ago  
[@EmmGeezee](#) [@HarryPaul](#) [@BJBRoman](#) If there were no grades or test scores, residency programs would still fill. Not saying we should stop assessments, but rather assess skills that matter in doctors. And move on from MCQ test-driven grades, ranking, & recruitment. We aren't in a MCQ-driven profession. [#mededchat](#)



**@mmteacherdoc** [@mmteacherdoc7](#) 7 hours ago  
[@MattSakumoto](#) [@Alliance4ClinEd](#) [@NUFeinbergMed](#) Awesome! We did the same in internal medicine, family medicine, & psychiatry at [@MedicalCollege](#) of WI. Loads of good work and learning d#for students. [#mededchat](#)



**Peds Endo Chick** [@PedsEndoChick7](#) 7 hours ago  
[@GLBDallaghan](#) T2: my classes before the pandemic were done this way. But we tried to do a few meetings that were hybrid and the microphones weren't positioned well enough for the online people to actually hear the conversation and participate. [#MedEdChat](#)



**tineromijn** @tromijn17 hours ago

This week I have to buy a whiteboard with my coach of Eleos



**Ian Pereira** @IanJPereira3 hours ago

@mmteacherdoc The building blocks for TV-#MedEd have been around for quite some time (e.g. #CanMeds2015 #CBME EPAs). However, challenges to implementation remain and may be exacerbated by #COVID19 (i.e. previous EPAs no longer relevant) <https://t.co/9r2H91cdBi> v @olletencate 1/2 #MedEdChat



**Ian Pereira** @IanJPereira3 hours ago

@mmteacherdoc @olletencate I hope the pandemic provides opportunity to re-evaluate & revisit the current implementation of #CBME, including its goals & supports, in order to improve the quality (& not quantity) of #MedEd for all (including faculty) while making real gains for public trust. #MedEdChat T1



**Ian Pereira** @IanJPereira3 hours ago

@cmtomblinson @GLBDallaghan @Alliance4ClinEd @debsimpson3 +1 Also curious how the mix of IRL & virtual #MedEd may be personalized for different learning styles, especially for those under-represented in our healthcare system. Traditions are hard to change - but multiple motivators in this era. #URM #MedEdChat T1 #PrecisionMedEd?



**Ian Pereira** @IanJPereira3 hours ago

RT @MvdRidder: @GLBDallaghan @BJBRoman @JaniceEducation Can't agree more. Focus on What you see (observed behavior); What you wou...



**Ian Pereira** @IanJPereira3 hours ago

@MvdRidder @GLBDallaghan @BJBRoman @JaniceEducation +1 - may take more work than current norms (and as such may require more support). #MedEdChat #MedEd



**Ian Pereira** @IanJPereira3 hours ago

RT @MattSakumoto: @Alliance4ClinEd T1 @AAMCtoday developed UME, GME, CME competencies for #Telehealth and a great backbone for curricular d...



**Ian Pereira** @IanJPereira3 hours ago

@MattSakumoto @Alliance4ClinEd @AAMCtoday TY. Pleasantly surprised that these #TeleHealth competencies also try to address the #HealthEquity piece (that imho may often be an afterthought - unintended or otherwise). #MedEdChat #MedEd #HCLDR <https://t.co/gtcwYQMK5T>



**Ian Pereira** @IanJPereira3 hours ago

RT @GLBDallaghan: @BJBRoman @JaniceEducation Critical piece is #facdev on how to write good narrative comments! #mededchat



**Ian Pereira** @IanJPereira3 hours ago

@MvdRidder @mmteacherdoc @BJBRoman And "fear" in learners when asking for clarification (or from teachers in responding to them). I often wish the #MedEd environment across the continuum was more open to finding time to reflect, giving/taking feedback, & working together towards (co-created) QA/QI. #MedEdChat



**Monica van de Ridder** @MvdRidderan hour ago

RT @IanJPereira: @MvdRidder @mmteacherdoc @BJBRoman And "fear" in learners when asking for clarification (or from teachers in responding to...

## The #MedEdChat Influencers

### Top 10 Influential



@GLBDallaghan 100



@BJBRoman 99



@mmteacherdoc 98



@Alliance4ClinEd 85



@MedEdChat 84



@EmmGeezee 70



@cmtomblinson 65



@MattSakumoto 46



@debsimpson3 39



[@MvdRidder](#) 34

### Prolific Tweeters



[@MedEdChat](#) 13



[@mmteacherdoc](#) 11



[@BJBRoman](#) 11



[@MvdRidder](#) 11



[@cmtomblinson](#) 11



[@IanJPereira](#) 9



[@GLBDallaghan](#) 8



[@EmmGeezee](#) 3



[@MattSakumoto](#) 3



[@MedEdBot](#) 3

### Highest Impressions



[@MedEdChat](#) 111.7K



[@cmtomblinson](#) 38.3K



[@IanJPereira](#) 31.5K



[@mmteacherdoc](#) 20.6K



[@GLBDallaghan](#) 13.2K



[@EmmGeezee](#) 10.2K



[@MedEdBot](#) 7.3K



[@BJBRoman](#) 5.7K



[@MvdRidder](#) 3.2K



[@sood\\_lonika](#) 1.3K