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COVID-19 and the Impact on Medical and Nursing Education
2021 Macy Foundation Conference Recommendations

Peter Goodwin:

And now, I am pleased to introduce the president of the Josiah Macy Jr. Foundation, Dr. Holly Humphrey.

Dr. Holly Humphrey:

Thank you, Peter. Hello everyone. I actually would like to begin today's webinar with a thank you because I know that many of you participating in today's webinar have spent this entire pandemic on the front lines. Whether that has been in your role as a teacher, as a member of the administrative staff, or as providing direct patient care. It has been a very, very difficult time and I want you to know that those of us who have not been on the front lines are very much in your debt. And so those thanks come from me personally, from the planning committee for the conference that we're speaking about today and from the Josiah Macy Jr. Foundation. I also want to extend my deepest sympathy and condolences to those of you participating who have lost a friend or family member during this pandemic. Those losses stay with us. They influence our way of looking at the world, our way of looking at life and our way of doing our work. And so on behalf of all of us, I extend my sympathy and condolences to those of you who have experienced loss.

Now, let me turn my attention to today's conference and the webinar about the most recent Macy Foundation Conference. I'd like to begin by introducing our conference co-chairs. The conference co-chairs have a very big role in making sure that the conference takes place and ends up with recommendations that can be of use to those in the health professions community. And it was such an incredible pleasure and inspiration to have the chance to work directly with Dr. Lepaine Sharp-McHenry, who is co-chair of the conference and Dean of Simmons University College of Natural Behavioral and Health Sciences. Her co-chair is Dr. Alison Whelan, Chief Academic Officer at the Association of American Medical Colleges.

Let me now turn to the outline of what we will be covering in today's webinar. We will begin with a background of how this conference came to be. I will then highlight some of the themes and recommendations from the conference. I will offer some concluding comments, and then we'd like to allot a good deal of time for today's presentation for discussion with all of you based on questions that you might have about what we did at the conference or specifically the action steps that are a part of the recommendations from the conference.

Let me provide some background. As you know, the COVID-19 pandemic highlighted some of the persistent challenges in health professions education, and it heightened the need to make transformative change. Now, I want you to have a sense of the fact that when we began planning this conference in 2020, we were expecting that the conference itself would be taking place with the COVID-19 pandemic largely in the rearview mirror. However, as all of you know, that has certainly not been the case. And so during the year that we were planning the conference, we also found ourselves facing a concurrent social uprising related to racism. And so the conference actually evolved during the planning to encompass the twin pandemics that were permeating health and healthcare education in very powerful ways. And you'll hear more about that in our recommendations.

Now, we ultimately succeeded in holding our conference, but we did so virtually. And I will say more about that again during the discussion period, but I think it's very clear to those of us who were part of the conference that we needed to focus on medicine and nursing rather than all of the health professions. And so that's exactly what we did. But we also determined that it was extremely important

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in hosting a conference on this topic that we hear directly from learners, specifically from medical and nursing school students, from graduate level nursing students, from medical residents and fellows.

We wanted their voices to not only be heard, but to really be front and center. And so one of the things that we did in carrying out this conference was host a pre-conference in April of 2021. And that pre-conference actually was exclusively for the voices of our learners. Now, the meeting itself was organized around four papers that had been commissioned from students and residents and those papers served as the background for the April conference. Now it's also the case that it provided the background for our July 2021 conference when all of our conferees came together via Zoom. And on the next slide you'll see a snapshot of who those participants were. So we had 53 leaders in health professions education, healthcare delivery. We had learners and educational accreditors. The conference itself consisted of 11 commissioned papers and six case studies. We spent four days deliberating to get to the point of generating consensus recommendations. Those recommendations ended up being refined by the planning committee, and the final product was reviewed and approved by all conferees.

Now, a special issue supplement to Academic Medicine actually is publishing all of those commissioned papers that is already available online and it will be coming out in print next spring, in the spring of 2022. So I am grateful to all of the participants in our conference. I'm especially grateful to our planning committee who worked long and hard, and I'm most particularly grateful to our conference co-chairs. And so I would like to turn this over now to one of those co-chairs, Dr. Lepaine Sharp-McHenry. Lepaine, take it away.

Dr. Lepaine Sharp-McHenry:

Thank you, Holly. And it's a pleasure to be here today to be able to share the work that occurred during this conference with our participants. The work of our conference really began with all of our conferees developing a vision statement, which we hoped would guide us over the next four days of the work that we were to develop for the recommendations. So I want to share with you what that vision statement was that we all agreed upon.

"To improve the health of people and communities, we, the people who work and learn in health professions learning environments will build on the lessons learned from and the momentum created by the COVID-19 pandemic. We commit to transforming health professions education so that it continuously adapts, achieves equity for all and enriches the human experience of giving and receiving care."

And so this was the vision statement that we all came together with and agreed upon. Our next step as we completed that vision statement was to develop the themes that we as a group wanted to address through our conference recommendations. So I want to share with you those five themes that came out of this work.

The first theme focused on healthcare inequities and disparities. The onset of COVID-19 pandemic really coincided with increases in racist activities, hate crimes, and brought with it more awareness of the tremendous inequities and resulting disparities within the U.S. health care delivery and the health professions education systems. These factors born of a societal tradition of racism and oppression have implications for health professions education. We recognize that theme throughout the work that we engaged in. This led us to theme two, addressing the mental health and well-being of frontline health care workers.

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The pandemic took and continues to take as we all know, because we're all continuing to experience this pandemic, a tremendous toll on the mental health and well-being of everyone working and learning on the front lines of health care and exposes the need to develop mental health supports and resources for health profession education workers and learners to hopefully prevent burnout, depression, and anxiety. And as we engaged in conversation regarding the theme that I've just mentioned, it also led us to theme three that we identified, and that was weaknesses exposed in traditional health profession education models.

The pandemic further exposed the shortcomings of traditional health profession education models and reinforced the need to fully transition to competency-based education and interprofessional education models. And as we thought about this particular theme and the weaknesses that were exposed as a result of this pandemic, we also recognize theme four in our work. And that was the adoption of technology-based solutions. The pandemic forced health profession education learning environments to quickly adopt technology-based solutions to several practical challenges, and those solutions should be evaluated and advanced or set aside.

And then our last thing that we recognized is that traditional hierarchies in health professions education which inhibit the contributions and autonomy of learners. The pandemic revealed the ways that traditional health professions education hierarchies inhibit the contributions and autonomies of learners, and learners demonstrated during our conference that they have much to share and they are willing and ready to engage in this process with us. So at this time, I'd like to turn it over to my conference co-chair, Dr. Alison Whelan to begin to present our conference recommendations.

Dr. Alison Whelan:

Thank you, Lepaine. So, as you heard over the course of the 2021 conference, our participants give five overall recommendations as well as multiple action steps associated with each of the recommendations. We will present the recommendations and then provide just one example of the associated action steps, which are intended to provide concrete suggestions for achieving those recommendations. The entire set is in the chat if you haven't had a chance to look at it, but really just wanted to give you a sense of the level of specificity.

So as you can see here, the first recommendation reads, "Leaders in educations and academic health systems in health professions education institutions must collaborate with their learners to enhance health professions education by redesigning learning environments to prioritize anti-racism, diversity, equity, inclusion, and cultural humility; working with learners to co-create health professions education learning experiences and defining meaningful roles for learners in their local community."

As I said, within this area, there were six separate action steps, and I'm just going to highlight one example. And that was that health system and health profession education leaders and educators must recognize the added value of learners' contributions to communities, to health professions education programs and institutions, and to health system performance and patient outcomes. Public or formal recognition and acknowledgement was highly encouraged and could take many forms such as academic credit, tuition relief, or direct compensation. And I just wanted to highlight that in this particular area, the pandemic really brought to the fore the critical role and autonomous role that students can bring to their community in particular and that really building on that and supporting that in many ways is really critical to continue that.

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The second consensus recommendation resulting from the conference reads, "Health system and health professions education leaders and educators must facilitate adoption of competency-based and interprofessional education across the continuum from matriculation to licensure to career-long continuing education." One of the seven action steps affiliated with this recommendation is that health system and health profession leaders and educators must ensure that learner progress is prioritized even in times of crisis and that all undergraduate and graduate trainees, rather than being on their own, have school-arranged and supported clinical experiences.

As you know, there has been a lot of talk around competency-based education, and in fact, there has been a previous Macy conference on it. But as you look at these recommendations and the specific action steps, there were some things that really crystallized from the pandemic. I would encourage you to look at those specific recommendations also.

The third recommendation reads, "Health professions leaders, educators, and learners together must examine and eliminate the detrimental effects of the social determinants of education on health professions education learners and build equitable learning environments for everyone." And again, this highlights the concept of social determinants of education, which really parallels that social determinants of health that we think about in our clinical world. An example of an associated action step for recommendation three is health profession education leaders and educators together with their learners, again, that idea of co-creating, must identify and eliminate specific inequities within their institutions that impede learner's success and progression.

This may mean, for example, creating a fund that provides financial support when unexpected life events such as the death of a family member upend a learner's academic year. Other examples might include making tutors, exam preparation resources available to all learners, reducing the burden on those who are proportionately asked to contribute to diversity, equity, inclusion efforts. Such efforts must not cause beneficiaries to experience stigma, shame, or additional burden. Again, these are just examples of the action steps under those three recommendations. And now, I'd like to turn the presentation back to my conference co-chair, Dr. Sharp-McHenry. Lepaine. Lepaine, if you're speaking, you're on mute.

Dr. Lepaine Sharp-McHenry:

Thanks, Alison. I appreciate that. As we continue to talk about our recommendations, I want to share with you our fourth recommendation, which reads, "Health professions education leaders, educators, and learners must work together to build learning environments that nurture professional identity formation and foster personal integrity, mutual respect, compassion, personal well-being, and belonging among those who work and learn within them." And from this recommendation, I want to just share with you one of the six action steps that were identified for this recommendation. And that is that health professions education leaders and educators must guarantee the physical and psychological safety of learning environments for everyone learning and working within them.

This requires mitigating potential threats to safety and preventing all forms of mistreatment, discrimination, and retribution, and promptly managing any negative events that occur. One of the things that we recognize as we listen to our learners both in nursing and medical education, is that having psychological safety in those learning environments is really critical, not only to their learning journey, but also to them personally as they develop as future professionals.

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Our last recommendation from the 2021 conference states, "Leaders of national and state agencies that influence health professions education as well as leaders of academic health systems and health profession schools must identify and eliminate racism, oppression, harmful biases, and inequities in all health professions education policies, procedures, and practices. The objective should be to adopt and continually refine anti-racist, anti-discriminatory curricula and practices, including those in patient care and in all academic health systems and health professions institution."

The conferees evolved eight action steps for this recommendation, but I want to highlight this one, "Leaders in health profession education institutions and academic health systems must advocate for substantial funding from public and private sources to critically examine best practices in and support broad expansion of educational pathway programs that have been shown to increase the number of health profession education learners from historically excluded groups. These programs must begin at the earliest possible stages of education." And as we looked at this last recommendation, we recognize the structural racism that exists in many of our institutions and the need for us to really to give some very thoughtful and considerate review of those in order to address those so that our institutions and our learning programs are inclusive of all groups. I'd like to now turn this back over to Dr. Holly Humphrey to discuss next steps.

Dr. Holly Humphrey:

Okay. Thank you, Lepaine and thank you, Alison. For those of you participating today, that was a whirlwind presentation of the recommendations and just a little taste of what the action steps accompanying those recommendations look like.

I mentioned earlier that each of the commissioned papers for this conference was published [online](#) earlier this fall on the *Academic Medicine* website. So you can go to that website and actually see those commissioned papers now, but they will be printed in early 2022. I believe we're set up to have that printed in March of 2022. So in that supplement, you will find the recommendations. You will also find the commissioned papers. And now, I'd like to turn it over to Peter Goodwin so that we can open up the question and answer session and be able to respond to your questions. Peter?

Peter Goodwin:

Thank you, Holly. The chat function is now open in your boxes in your Zoom screen, so you will see the first chat there is the conference recommendations that Dr. Whelan referenced earlier, and we would encourage you to use that chat function to share information or best practices with the attendees and the panelists. The Q&A function is now open, and we encourage you to use that as a tool to ask questions of the panelists that relate to the content that you heard about during the presentations. We are now open to entertain questions.

Let me start by asking a question to Dr. Sharp-McHenry. Dr. Sharp-McHenry, how do you envision competency-based education advancing in nursing education as a result of these recommendations?

Dr. Lepaine Sharp-McHenry:

Thank you, Peter. As I think about that question, I'm reminded of a decision that was just made in the April meeting at the American Association of Colleges of Nursing, where it was a culmination of the work that had been done over the last two previous years of reviewing The Essentials document, which is the document that leads and provides guidance to the nursing curriculum development for nursing

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programs across the country. And the decision that was made after extensive work was to move toward a competency-based education model for nursing education. And that was approved by the membership of AACN last April.

And so now I really believe that as a nursing profession, this is our opportunity to move forward with this model. I think the COVID-19 pandemic really highlighted the need for that. Because here in my institution and as many others, we had to pivot, very quickly move to online formats within our nursing programs, and we had to really reevaluate even the clinical component. And really being able to have a competency-based education model would've been something that would've been very helpful for us during that time. So this is something that right now that we as a nursing profession are grappling with and thinking about how we're going to move this forward within our profession.

Peter Goodwin:

Thank you. Dr. Sharp-McHenry, we have a question regarding applications to nursing schools during the pandemic. This attendee has reported that at their school, applications are down about 33% in 2022, and she was wondering, are you aware? Are other programs seeing similar declines to applications to nursing schools?

Dr. Lepaine Sharp-McHenry:

Well, in review of the data that was reported by the American Association of Colleges of Nursing, we have seen an increase in enrollment in nursing programs across the country. Now, we're still waiting to get data as to what actually is happening for this fall of 2021, but I know here at my institution, we did not see a decline at least in 2020, and we saw some leveling out and a slight decline in '21. But overall, the data so far that I have seen posted and published has been there is an increase still being seen in some areas, and that may have something to do with a geographic area. There may be some differences in geographic areas that we might be experiencing, but I've not seen that as an overall trend as of yet in the published data.

Peter Goodwin:

Thank you. Holly, there's a question from an attendee regarding the foundation and its interest and efforts in supporting the development and study of online health sciences learning in response to the COVID-19 pandemic. Thoughts?

Dr. Holly Humphrey:

Yes. Thank you for that question. It's an important one and I think one that really has been catalyzed in a very meaningful way during the pandemic. So yes, the Macy Foundation is interested in funding proposals that demonstrate the opportunity to use online teaching and learning and ideally assessment in a way that can not only level the playing field for all learners. And what I mean by level the playing field is, as you know, one of our three priority areas at the Macy Foundation is to address issues related to equity and diversity and creating belonging in clinical learning environments. And so every opportunity that we have for teaching, learning, and assessment, we'd like to look at through the equity lens. It's also the case that one of our priority areas is collaborative, high performing teams. And the question is, is there a role for online learning related to collaborative teamwork? We'd be thrilled to see applications in that arena.

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And our third priority area is related to navigating ethical dilemmas. Well, I think the pandemic is rife with opportunity to address navigating ethical dilemmas, some of which I think could be very effectively taught and learned and assessed in an online format. So if you wish to apply for funding, I direct you to the Macy Foundation website. Up in the right-hand corner, there's a button to apply for a grant. Our grants come in two forms, president's grants and board grants, and we would be happy to see applications related to online learning.

Peter Goodwin:

Thank you, Holly. This next question for the panelists is, in seeking increased psychological safety in all of our medical education exercises and nursing education exercises for that matter, are we saying that we should dilute real world examples of difficult patient and interprofessional conflict resolution exposures to our learners? And what is the role for simulation in advancing this?

Dr. Alison Whelan:

So I can take a start at that. I think it's a really excellent question. And when we think about psychological safety, it encompasses a number of different areas. As you think about as a learner to be in the growth mindset, to feel comfortable in saying what you don't know, what you're not comfortable with, and what your limits are is a key part of learning psychological safety. And the other thing is as we think about creating a diverse and equitable workforce and a diverse and equitable learning environment, individuals need to be able to express themselves as individuals and bring their whole selves to that situation and question things and be able to learn. When either of those are not available, that really inhibits psychological safety. And psychological safety does not mean that you never have any conflict. It doesn't mean that you will interact with patients who may be very different from you, who may even challenge you, but it is being in a situation where you feel that your colleagues, the entire healthcare professional team and you are supporting each other in that environment and creating a safe learning environment.

I would actually point you to a previous Macy conference that partially was around this. So no, it's not making it an unreal place, but to really create a place where people can be safe as learners as a growth mindset and in being truly the diverse individuals that we are. And simulation, I think does a couple of different things. As with all aspects, when we think about simulation, it is a safe controlled environment where you can manage in a stepwise graduated experience. And so that can help the learner in managing their own communication style and in thinking about how to deal with potential conflict and be able to practice it and get feedback and do a do-over, but certainly it's an adjunct too, not a replacement to interaction with patients for undergraduate learners as well as for our resident learners.

Dr. Holly Humphrey:

Thank you, Alison. I want to just add one thing to Alison's lovely answer, and that is some of the specific ways in which the Macy Foundation actually would be very interested to fund innovative projects is up standard training because there are so many opportunities in the day-to-day work of learning and taking care of patients where psychological safety is missing. And very often those individuals on the health care team that Alison referred to support one another by upstander opportunities. And there are some very specific skills that can be taught and learned and practiced. And so the more that we can look at the micro level and try to change the macro level in terms of the learning environment, that's exactly what the Macy Foundation is eager to support through our grant funding.

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Peter Goodwin:

Thank you. This next question has to do with mentorship. In coming up with a recommendations at the conference, did the issue of mentorship come up? So much seems to depend on mentorship within the clinical area, especially regarding psychological safety.

Dr. Lepaine Sharp-McHenry:

I guess I can just take a stab at that. The idea of mentorship was discussed among our learners and the time that we spent with them and their presentation of their papers. I don't know that there was a fully developed discussion around the role of mentorship, but the topic did surface, that there is a need for that and role models within the respective professions. But I don't know that there was a really fully developed conversation around the role of mentors or those that are sponsors or those that provide allyship for our students.

Dr. Alison Whelan:

I would just add to that, again, it wasn't specifically focused on mentoring, but throughout the conference, this concept of co-creation with the learners and with educators and the leadership was critical. And I really think the pandemic highlighted the incredible value and criticality of that and similarly recognize that those who are the educators and the learners and the teachers, the need to truly be in a growth mindset and therefore also being open to learning with and from each other and their peers is part of the mentoring as well.

Peter Goodwin:

Thank you. This next question gets at the power and the voice of learners and trainees in medical and nursing education. The question is, were you able to get direct and specific feedback from learners on any actions they felt should be taken to promote equity in learning?

Dr. Alison Whelan:

I'll jump on that, and I think there's another question in the chat related to that. What comes out in the papers, particularly the ones from the students, but also from other groups and really came out from the conference was, and it is in at least a couple of their recommendations, is truly including students in all the conversations related to their experience, whether it is their education, their learning environment, the hospital system, the community in which they work to truly have a voice was the most important thing. And to recognize that voice and to recognize the fullness of what they can bring.

And as I think anyone who is on the front lines knows, our students have always been doing that to some degree, but those institutions that instituted that very early on seem to have greater success and greater satisfaction, and that those students who are really allowed to do all the things that they're thinking about really contributed substantially to their academic centers and to their communities. So I think that to me is one of the most important findings from this conference is to truly not just learner-centered but learner inclusive. And if you read through the recommendations, any number of places and each school has to do it separately, but the idea is bringing the students to the table, listening to their voice, and truly engaging them in all aspects, I think is critical and was critical.

Dr. Lepaine Sharp-McHenry:

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I'd like to add to that, Alison. Also, in reviewing of the student papers, the students had some very specific ideas about things that could be done and actions that could be taken to really promote that equity in learning. So in review of those papers, I think you'll see a really strong voice coming through from the learner perspective on their ideas of things that could be done and actions that could be taken.

Dr. Holly Humphrey:

Thank you. And I'll just add to this because it was such a central part of the conference and the planning of the conference with the commissioned papers and what we saw being produced in those papers as well as in the conference itself. And the individual who asked this question, I think made a very, very important point by saying that we can come up with recommendations and action steps. Actually, the person didn't say that, that's my editing, but they said, we often miss the most practical day-to-day concerns of our trainees and colleagues. And that came across loudly and clearly during our conference with examples such as moving to an online teaching and learning format created inequity. Sometimes students in their living situation didn't have access to a stable internet connection. Sometimes the living situation that they had was such that they were embarrassed to turn the camera on and the faculty member demanded that the camera be turned on.

So there were some very practical, oftentimes heartbreaking examples of those day-to-day inequities. And I'd like to draw your attention to one of the commissioned papers in this special supplement by David Muller and colleagues at Mount Sinai on the social determinants of medical education. But our nursing colleagues have loudly endorsed the principles that are outlined in that paper related to the many very practical day-to-day ways in which students, residents, other learners can be very negatively impacted by the inequities that exist in ways that can be just very easy to gloss over or forget. So that paper in particular may be of use in pointing out some of those day-to-day issues, challenges, and potential examples of ways to address them.

Dr. Alison Whelan:

Thank you. At this point, I'd asked attendees if you have a question to please use the Q&A function. I understand there are some coming through the chat. It's difficult for us to triage those there. We'll do our best, but the Q&A is the best way to get our attention for posing questions to the panelists. Thank you. This next question is, what recommendations do you have for reducing stigma related to the mental health needs of our learners across professions?

Dr. Lepaine Sharp-McHenry:

This was a conversation, I'll start in response to this, that really came out in our student gathering that we had from our residents and fellows, had a lot of discussion about just the need for mental health care and the stigma that they feared even by making it known that they were actually seeking help or seeking assistance in any way. And we really tried to capture that when we looked at the fourth recommendation. So in the fourth recommendation where we talk about the identity formation, the mutual respect, and the personal well-being, and the sense of belonging is where we tried to capture some of those recommendations. But there was a significant and a very revealing conversation that occurred from our students as it relates to this stigma that is associated with the mental health needs that they might have during their educational experience. And Holly and Alison, you might want to add to that.

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Dr. Alison Whelan:

Yeah, I would point you to the recommendations and actually a number of the papers had specific recommendations about wellness in general and stigma certainly in there also. And I would highlight one of the recommendations, and I won't get the wording exactly right, but it's also about the culture of perfectionism and the culture of heroism and the idea of we as a medical education community and as clinical community need to make sure that we're sending a message that excessive heroism is actually not in either an individual's well-being, best interest or in their patients' well-being interest. So would encourage you to look at that recommendation specifically because I think it does capture something that has always been part of our culture, but was really highlighted in the pandemic. And then of course, when we just think about stigma in general, there's recommendation related to mental health needs. There were other recommendations there, and that's an active conversation in all of medical education, of course.

Dr. Holly Humphrey:

And one very specific example that I recall being discussed at our conference and maybe well-known to several of you, is that there are several schools and residency programs that schedule all of their learners for regular meetings with a psychologist as something that no one has to schedule but people can opt out of. They aren't required to attend, but since everyone's scheduled, you do reduce the stigma that an individual might feel in reaching out to make an appointment.

Dr. Alison Whelan:

Thank you. This next question we pulled out of the chat from a nurse, the question is, "As nurses are leaving the bedside at an alarming rate and the clinical and learning environments are becoming more challenging, how can we best address the substandard care and hostile work environments students observe in the clinical learning environment?"

Dr. Lepaine Sharp-McHenry:

Peter, I think that one of the things that is needful is that we are going to have to engage our leaders in our healthcare systems, our chief nursing officers in these hospitals that we're partnering with where our students are completing those clinical experiences and really engage them in some very candid conversations about what it is we're trying to accomplish in the educational experience of our students and how what they are observing is not exactly what we're advocating and teaching them in the classroom and how can we work together to be able to address some of these issues.

I think our approach with our health care systems are critical because we truly are partners. We are working together in order to accomplish this educational experience for our students. And I think in approaching them and being able to provide them some very concrete ideas as to how we can work together in order to address this very issue that's being brought up today, even in partnering, in providing professional development for their staff, your faculty, engaging with them. So there's different ways in which we could do that, but I do think that really engaging those chief nursing officers in those healthcare systems to really to work and to partner with us to address some of these real issues that we're experiencing and encountering.

Peter Goodwin:

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Thank you. This next question is related to assessment. Are there any specific resources or recommendations for shifting our current assessment approaches to more authentic programmatic assessment-based approaches based on the emerging evidence and incorporating this movement with authentic competency-based education?

Dr. Holly Humphrey:

Alison, would you like to take that one?

Dr. Alison Whelan:

Yeah, and I actually might back up just a minute because there are a couple of questions in the chat. This is about competency-based education and assessment, and there are a couple of questions in the chat about what is competency-based. So I think so that we're all on the same page, I can give a very short explanation or definition of competency-based learning, and it's essentially a framework for teaching and assessment of learning that is focused on predetermined competencies, which means that it's focused on outcomes or real world perspective. And so the idea of the competencies, what a student is able to do, know, et cetera, as opposed to simply the number of hours in a classroom or in a small group. And if you're interested in understanding more about competency-based education, there's a whole literature about that. And again, there was another conference by the Macy Foundation on competency-based education.

Another part of competency-based education that is important in particular as we think about assessment is the idea that because it is about achieving competency that in the optimal or the idealized state, it allows students to advance based on their ability to master a skill or a competency at their own pace regardless of the environment. And again, there's a whole literature on this. I would encourage you to look at that. In most health professions education and certainly medicine and nursing, we've been talking about and working towards competency-based education for a long time, and it is still very much a work in progress. The question that was posed was particularly about assessment, and that is the area that this conference as well as the previous conference highlighted that that is an area of relative deficiency. And this isn't quite an answer to that question, but we did see from the pandemic some very specific examples that highlighted the absolute critical need for competency-based education assessments for both confidence and competence in the person who's being assessed.

As you'll recall, at the beginning of the pandemic in March, a number of schools looked into and opted to allow students, medical students early graduation and entry into the work system for those places that were particularly in the surge. They joined as supervised practitioners, and they were able to graduate early because the schools were able to say that even though it's three months early, we have a set of competencies, skills, knowledge, abilities, and we have sufficient assessment to say that you have met these and you're ready to graduate. So that was critical.

Similarly, as you will recall, again, during the surge, residents were often deployed to areas that were not their initial area. So pediatricians were asked to go into adult patients, outpatient physicians were asked to go into inpatient, et cetera. And as they geared up for working in these environments they had never been in or had not been in recently, that the need to say, "These are the skills you need," and to teach and then assess that was critical to make sure that they were ready to do that and also for confidence that they were ready, which again goes into the whole concept of well-being. So the pandemic didn't make the idea of competency-based education new, but highlighted the need to really develop assessments and again, across the continuum.

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So I'm not sure if that answered the question because it was a long question. Peter, did I get off the mark? It was a long answer too, but I did want to make sure we're all on the same page about competency-based education.

Peter Goodwin:

Yes, and I think Alison, you also referenced the Macy Conference on competency-based education, and I would encourage any of the attendees interested in diving deeper into that to view that, which you can on our website, macyfoundation.org. Thank you, Alison.

This next question we pulled out of the chat, "Was any discussion or recommendation made regarding financial assistance to enter the health professions?"

Dr. Alison Whelan:

I don't think a specific recommendation was made regarding that. It does fall in the broad purview of this concept of social determinants of education, which is again, to make sure that all learners have equal access and appropriate support. And there's a parallel idea that as we think about our workforce in a diverse workforce, reaching back further. So we put those two together and it certainly raises that question, but it was not a specific part of the conference, which was really focused on the pandemic and current physicians and nursing educators.

Dr. Lepaine Sharp-McHenry:

And there was some conversation during our conference regarding how medical education is financed versus how nursing education is financed and how during the pandemic, we recognized some of the differences in how those learners were handled based on the funding of those two educational professions. So we did have some discussion about that, and there was the conversation of the need that there needs to be relook an evaluation of the funding for nursing as it relates to how medical education is funded.

Peter Goodwin:

Thank you. This next question is, what recommendations do you have for ensuring that educational institutions and their clinical affiliated institutions and those not affiliated are on the same page with the overall approach to educating and interacting with learners?

Dr. Holly Humphrey:

This is a really, really important question for physicians, for nurses, but I think it's a particularly challenging question for nursing students. Lepaine, do you want to comment on this and then we'll invite Alison to do as well?

Dr. Lepaine Sharp-McHenry:

Most of our nursing programs across the country are not necessarily affiliated with a health center. And so one of the ways in which some smaller institutions really try to engage with those clinical partners is through advisory boards, advisory councils that are made up of those chief nursing officers or those key people in those health care systems to really educate them about what is happening on the educational side. A step that the American Association of Colleges of Nursing took a few years ago was to make the

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decision to add to their board of directors, clinical partners, so that we could engage them in the conversation of nursing education to help them to better understand what are some of the challenges, what are some of the needs, what is the direction that we'd like to move nursing education.

And so now that board has two clinical practice individuals that come from healthcare systems that are on that board to engage with us in that conversation. And hopefully that will be the beginning of sparking those conversations with other clinical partners to really to better educate them to what's happening and what the needs are in nursing education. That's just one way. It's not the only way. There may be other ideas that could be pursued to really to advance that and to engage them and familiarizing them with the educational process.

Peter Goodwin:

Thank you.

Dr. Alison Whelan:

I don't have much to add, and I think that it's an ongoing discussion, as Holly had said, in medicine as well. There are some advantage in the MD world because of accreditation requirements for similar experiences, et cetera, and there are certainly a lot of resources on the web and published of what different schools have done to try to get their clinical affiliates and particularly those that are not within the system aligned.

Peter Goodwin:

We have time for one more question before we conclude the webinar. This final question has to do with regulation. The pandemic has surfaced the realities of state-based regulations as a barrier to care and education. Was regulatory reform a topic of discussion at the conference?

Dr. Holly Humphrey:

Alison, would you like to start with that?

Dr. Alison Whelan:

Yeah. I'd encourage you to read the recommendations. As you will see, although they're broken into the themes and then the recommendations, there's about 30 separate action steps, that there are a number of themes that are woven throughout those. And so just as we said that equity, diversity, inclusion was woven throughout. As appropriate, it was highlighted when either accrediting bodies should be part of the conversation, when licensing bodies should be part of the accreditation, when national and state bodies with responsibility for professions education. So it is embedded in an appropriate place within the different action steps.

Dr. Holly Humphrey:

Lepaine, is there anything you'd like to add to that?

Dr. Lepaine Sharp-McHenry:

Only that we did talk about the need, especially in the last recommendation where we were wanting to pull together national leaders and state agencies. So there was some conversation. It wasn't necessarily

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with the focus of regulatory reform, but we did recognize the need of being able to collaborate with our national leaders, regulatory bodies, and other organizations and accrediting bodies to really to be able to come together in some way to be able to look at some of the issues that surfaced during this conference.

Dr. Holly Humphrey:

Okay. Thank you. And looking at the clock, I know that we are out of time. I'd like to thank all of you for participating today. And if you or one of your colleagues wishes to access this webinar, it will be available on our website beginning next week. Peter, back to you.

Peter Goodwin:

Thank you, Holly. I will just close by thanking all the participants for their attendance, for their questions, for the chat that they participated in as well as our panelists. This concludes the webinar *COVID-19 and the Impact on Medical and Nursing Education*. We thank you all again. Please stay safe and healthy. Good day.