Best Practices in Medical Education in Canada, USA, and LATAM in Times of COVID-19 and Consequences in Planned World Strategies
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Speakers:

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Introduction:

The COVID-19 Pandemic has transformed medical education around the world. Examples of this transformation include the delivery of the curriculum in an online format, including learning and assessment methods. Challenges to the implementation of these changes have included the need for faculty training and the need for technological resources including simulation and online examination formats. On the other hand, opportunities have also arisen for students to learn about Public Health, Biostatistics, Epidemiology, Virology among others, that are usually taught in a passive manner. Although schools are still struggling with making multiple decisions regarding student clinical competency development, student progression, and graduation, and clinicians are faced with serious ethical dilemmas, the values of medicine stay the same.

USA and Canada:

Medical schools in North America are represented by three associations: The Association of Faculties of Medicine of Canada (AFMC), the Association of American Medical Colleges (AAMC), and the American Association of Colleges of Osteopathic Medicine (AACOM). Commonalities in their response to the COVID-19 Pandemic include:

- Immediately organizing a working group, rapid response team, or taskforce to deal with the Pandemic’s effect on medical education.
- Assisting schools in transitioning to distance learning.
- Recommending the cancelation of all clinical activity for medical students.
• Assisting healthcare organizations in transitioning to telemedicine/telehealth.
• Advocating for students, residents, and physicians to ensure a safe clinical environment with adequate Personal Protective Equipment.
• Advocating for the postponement of licensing examinations without repercussion to graduating students.
• Advocating for modifications to the Match process and licensing processes.
• Providing guidance and information to schools and affiliated hospitals.
• Providing education to academic centers through webinars and online meetings.
• Providing best practice guidelines.
• Providing research guidelines.

The importance of pre-established partnerships was highlighted by all as essential for the attainment of their goals.

The AFMC worked with the government to ensure International Medical Graduates are granted the visas and licensing needed for graduate medical education. They also organized a Virtual Clinical Education Task Force to ensure learners are involved in telemedicine visits that are safe to them and to patients.

The AAMC Webpage introduced a COVID-19 resource hub that is open to all and that includes information and resources in multiple areas including medical education. In addition, the AAMC has published clinical practice guidelines that are available to all clinicians in the frontlines.

The AACOM worked directly with hospitals and organizations to identify and outline the roles of medical students related to public health, community health, clinical care, and the competencies that students must develop. This work resulted in the program Students Assist America which specify the roles that students can take in the different clinical scenarios with the goal of placing them where they can really help.

**Latin America:**

Medical schools in Latin America were represented with data and information from 9 countries: Argentina, Bolivia, Chile, Costa Rica, Ecuador, Mexico, Panama, Peru, and Dominican Republic.

Commonalities in these countries’ medical schools’ response to the COVID-19 Pandemic include:

• Working closely with the ministers of health.
• Transitioning to distance learning.
• Training of faculty in distance learning and assessment methodologies
• Suspension of all clinical practice for medical students.
• Implementation of mental health support for medical students.

The degree of resources varied among countries. Some countries had no experience with virtual platforms while others were able to readily transition their curricula. Some countries reported lack of adequate internet connectivity and that not all students have available computers/tablets, so schools had to invest in technological resources to be able to continue their educational program. All countries are worried about the lack of physician-patient contact by the students and how this will influence their attainment of competencies. Some countries are also worried about the possibility of the graduates obtaining an ECFMG certificate when clinical rotations have been suspended.

Highlights of some countries include the following:

• In Chile, 3,000 students volunteered and are providing care to non-COVID-19 patients in a variety of settings.
• Mexico is working with the eight pillars recommended by the WHO for dealing with stage 3 of the Pandemic.
• Panama is developing a Virtual Hospital to take care of poor patients. Also, the University of Panama is providing virtual teaching to 100 students interested in health-related professions to prepare them for the admissions test.
• In the Dominican Republic medical schools are producing ventilators for hospitals.
**ECFMG:**
The ECFMG has been advocating for International Medical Graduates since early in the Pandemic including educating about the importance of IMG’s to training programs. The ECFMG has been working with the Department of State in order to ensure visas are granted promptly to incoming Foreign National International Medical Graduates.

The ECFMG has also been participating in the Coalition for Physician Accountability which was formed early in the Pandemic to help institutions provide safe educational practices and best practices.

**WFME:**
Dr. Gordon encouraged the participants to consider the future of medical education and remember that although there has been a transformation in medical education due to the Pandemic, the fundamentals of education and the outcomes of education must stay the same. We must still strive to produce doctors with the same quality as before the COVID-19 Pandemic. Educators should be concerned that medical students are learning in ways that are counter-cultural and the time spent in this type of learning, with minimal to no patient contact, should be kept to a minimum.

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