Strange Days
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As people around the globe grapple with the COVID-19 pandemic it is difficult to know what to write in this space. Given publication lags, academic periodicals like Medical Education are a terrible place for “news” at the best of times. Our recently started release of “Accepted Articles” ensures this editorial will be made public in days rather than months, but the current situation is changing for many of us by the hour. With no capacity to know the future, the only claim I can make with confidence is that things are different now, when you’re reading this text, relative to when it was written.

At the moment, ‘social distancing’ is making a strong case for becoming “Word of the year”\(^1\) even though we’re not a quarter of the way into 2020. For those in our field, this means that while many clinicians are being pushed into overdrive and many administrators are scrambling to determine how to adjust educational activities, many others find themselves with unprecedented amounts of time in their calendars as a result of being sent home to help “flatten the curve.” Activities that have often been treated as utmost priority, including high stakes exams and countless learning opportunities, are being postponed indefinitely or cancelled outright with the accompanying label of

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“non-essential.” Carefully planned research projects, designed with highly compelling arguments outlining their importance, are similarly being put on hold or conceived of now as less vital than they were before.

These are clearly appropriate and important reactions. Health professional education as a field of scholarship isn’t going to produce a COVID-19 vaccine; it’s not going to solve the economic crashes that are creating long-term peril for many; nor will it ensure there is enough food (or toilet paper) on the shelves for those in need. For some, both within the field and without, this will raise questions of whether the study of educational practices in the health professions is a ‘nice to have’; something for people to play with in times of decadence (to the extent that such times ever exist in university settings), rather than a critical component of strong healthcare. For any who are having such thoughts, let me encourage you to reflect on what our field is contributing to the response we’re witnessing to even these extreme circumstances (and to think about how current struggles might be turned into opportunity to ensure even better contributions moving forward).

In doing so, keep in mind that education scholarship has most of its impact over the long-term. Almost by definition it is about improving the readiness of our trainees, our institutions, and our professional bodies for unknown and unexpected futures. No better description could be offered for the present. To see, therefore, what the field is contributing now requires looking back at how the efforts of countless education scholars (innovators, researchers, developers, and administrators; those trained as clinicians and those from non-clinical disciplines) have enabled action by creating knowledge and experience that might not be easily recognizable during these moments when concern, fear, and uncertainty quickly sweep the globe. In the following paragraphs I’ll offer three early-emerging examples to get your reflections started.

First, reports I’m hearing suggest that many educators in many distinct settings have been pleasantly surprised by how quickly they were able to move their classes, including genuine discussion groups, into an on-line forum. That is not to say it was easy or ideal in each instance, but a rapid transition
was achievable because they had prior experience with relevant technologies, access to teaching support centres, literature on which to draw, and people who understood the importance of adapting educational practice to contextual circumstances. Moving forward, it seems likely that many of these efforts will demonstrate where our educational systems require greater resilience. So too will they offer (through careful scholarship) new insights into what practices we hold precious simply because we’ve never had sufficient motivation (political or otherwise) to try something different as well as what was lost when we were forced to do so.

Similarly, many simulation centres have ramped up their training activity as groups of healthcare providers race to put previously unexperienced practice protocols in place. Think about how this might have looked less than two decades ago. As surprising as it might seem now, there was once great resistance to the idea that simulation could provide a solid means for developing skills that would effectively translate into behaviour in the real world. As we have learned more about when and why simulation enables transfer of learning, the number of training centres has proliferated, and the readiness for such a response has been enabled. Moving forward, we will undoubtedly learn much more (through careful scholarship) about what barriers impede smooth adaptations to novel circumstances as well as when and why simulation or other strategies facilitate and hinder achievement of particular goals.

Finally, faculty and administrators have been rapidly engaged in deeply informed discussions about the role of trainees that take into account both the need to protect those who aren’t yet sufficiently skilled and the need to support those who may be asked to step forward in their degree of responsibility earlier than they would have otherwise. It’s worth keeping in mind as we have those discussions that the concept of professional identity and all it has brought to our understanding of what it means to be a healthcare provider was not mentioned in this journal until its 31st volume, whereas study of its meaning and development (as well as that of related constructs) have proliferated over the past 23 years. Moving forward, success stories and disruptions to the development of competence this moment in time creates will teach us (through careful scholarship)
ways in which we have thought incorrectly about our expectations of professional growth and whether or not the various safeguards we have so diligently constructed have long-term impacts on patient and practitioner safety.

These are but a few examples of places where education scholarship has laid a groundwork on which important responses to this health crisis are being built. I do not wish to overstate the contributions of our field as many different groups can rightfully claim influence on any significant advance. They are useful examples, however, because in each case there is no one moment, no seminal paper, that confirmed once and for all how education or any other activity should be conducted in these particular circumstances. The benefit of a strong and sustainable field of health professional education scholarship is unlikely to ever lie in the provision of a single, conclusive, or universally relevant piece of evidence. Rather, what we provide as a field is a space to stimulate critically important and evidence-informed discussions that influence the culture of professional practice and enhance the adaptability of educational protocols over the long-term. In doing so, the many scholars in our field enable health professionals and their educators to think better about novel problems even when specific attributions cannot be made and acute causal linkages are not always immediately palpable.

We all know that many problems exist in our educational systems that have yet to be resolved even by decades of scholarship. Things have changed over time, however, and we must keep in mind that awareness of those problems is increased by virtue of there being a field of dedicated clinicians, educators, innovators, researchers, and administrators committed to advancing understanding of health professional education. Merely by existing as a critical community raises the potential that these trying times will be used to enable further positive advances, thereby offering promise of further impact during the next time of crisis (and during the hopefully long period between such events).
For these reasons, while it is hard to know exactly what the future holds, the team at *Medical Education* will continue to strive to help the world’s education scholars disseminate the best scholarship the field has to offer in a manner that balances efficiency and critical review as well as possible. We do so out of appreciation and thanks for all the health professionals who are on the front lines, undertaking great risk to keep the rest of us healthy and safe. We do so, as well, for all the exceptional educators they have had (formally and informally, past and present), who prepared them for this moment the best they could.

Please be safe and please keep an eye out for those less fortunate who need your help.

References


3 Eva KW. The more things stay the same, the more they change. Med Educ 2016;50:1-2.