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The future of medical education after COVID-19 pandemic

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DESCRIPTION

The goal of medical education is to provide the clinical workforce that our country requires, but the COVID-19 epidemic posed a threat to that goal. Similar large inequalities in health care, medicine and our ecosystem of medical education were highlighted by the global rise in awareness of social justice inequities in our nation. Crises affect all industries, and they frequently force leaders to change or fail. The authors contend that medical education is at such a turning moment and offer a transformative vision for the ecosystem of medical education, focusing on developing the workforce needed to realize that vision. Adopting a national vision, strengthening medicine's contribution to social justice through expanded curriculum and emphasizing communities are some main topics. The purpose of medical education is to develop the doctor profession that our country needs a workforce that is prepared to collectively improve the health of our patients and communities. The COVID-19 pandemic's interruptions put the workforce pipeline, which annually produces thousands of highly qualified physicians. However, within and between institutions, collaborative work, analytical thinking, and crisis response allowed educational leaders to maintain the continuity of medical education. As the pandemic crisis appears to be coming to an end, educators across the nation are debating whether the crisis has sparked a corporate strategy inflection point for American medical education. The original pandemic crisis revealed problems in the ecosystem of healthcare systems, health educational facilities and professional organizations that help to develop the workforce our country. Despite the knowledge and dedication of individual doctors, the pandemic brought to light the numerous issues that still need to be resolved and that are endangering our patients' health. The morbidity and mortality of the pandemic were influenced by non-communicable epidemics of chronic diseases such as heart disease, insulin, obesity and substance use disorders.

Communities had drastically varying levels of illness and mortality due to the destructive chronic state of healthand health-care inequities. The need to train the medical workforce to be prepared for the next pandemic through courses in emergency and crisis management could be the sole emphasis of future medical education visioning. The workforce's peak performance, when a crisis necessitates a brief time of remarkable activity by employees, institutions and organizations, should not be the stress test of an effective medical education approach. Instead, how consistently we provide elevated, equal, patient-centered care every day in each and every region to every patient, regardless of power or status, serves as the stress test for determining whether medical education has developed the workforce for our patients and communities. These objectives, which are supported by research on successful medical education practices and experiments carried out by educators in response to the pandemic, improve our capacity to develop the workforce that will realize the transformational vision. To be successful, there must be coordinated efforts at all points along the medical education from individual programs and institutions to national organizations that represent both clinical training and the medical establishment. A comprehensive approach spanning the entire ecosystem of medical education is necessary to achieve this goal, with cultural change serving as a key component. All those who work in the medical professions must recognize that a diverse workforce comprised of individuals dedicated to attaining social justice is necessary if we are to provide our communities with the greatest science, medicine and education. People from groups that have traditionally been marginalized by medicine must be considered differently in the analysis of all policies and practices in health care and medical education. To hasten the accomplishment of diversity new approaches to medical school admissions, the rating of residency candidates and the faculty selection that determines the culture and practices.

A complex ecosystem that includes institutions, health systems, accrediting organizations, regulatory authorities, licensing bureaucracies, specialist organizations and certifying boards supports medical education. Academic institutions, especially medical schools are built for stability in essential procedures like coursework, grading, promotion and tenure as well as innovation in the sciences.