EDITORIAL

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Navigating the 'Next Normal' in Medical Education Post COVID-19

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In Graduate Medical Education (GME), disaster management plans are put in place to navigate possible disasters or closures in training sites to ensure continuity. However, what happens when all training sites are facing the disaster such as the current coronavirus (COVID-19) pandemic, which we may continue to battle for weeks and months to come. In such cases, will the current disaster management plans be sufficient? In extension, when this is all over, will GME be ready to navigate the unknown 'next normal'? Is it time for medical education to learn from business and implement business continuity planning (BCP)?

BCP is the process involved in creating a system of prevention and recovery from potential threats to a company to reduce the time to restore conditions to a state of 'business as usual'.[1] Considering we are already quite deep in the COVID-19 pandemic, complete prevention at this moment is not possible, though we have some plans to prevent further spread. When it comes to recovery, will GME plans be ready to return to 'next normal'? Given the current experience, the struggles, and the already existing talks about inevitable changes in medical education, a BCP should be prepared and a plan ahead team should lead us into the next normal.[2–6]

McKinsey and Company have outlined five stages of transitioning from the current crisis to next normal, summarized into the five Rs: resolve, resilience, return, reimagination, and reform.[7] In the following paragraphs, we will outline the five Rs from the perspective of GME at Oman Medical Specialty Board (OMSB), with questions to ask organizations and individuals moving forward.

Resolve phase: in line with national directives, OMSB worked on measures to help flatten the COVID-19 curve. Nevertheless, the population OMSB deals with are frontline health workers, and we had to resolve in ways that ensure continuity of care and learning while preserving the health and safety of the learners.

OMSB resolved measures with regards to training, including placing affected learners or those in close contact with affected patients in quarantine, investigating and treating infected learners, implementing social distancing by rapidly introducing online learning and meetings, and limiting cross-posting of learners from one center to another amongst a few. Multiple communications were addressed to learners, including programs outlining the additional training guidelines related to the COVID-19 pandemic and reminders to adhere to supervision, duty hours, and wellness measures, including confidentially of infected learners' statuses. Additional recommendations are provided or changed depending on the situation. These are all related to training and residents' concerns/protection.

Resilience phase: learners and faculty had to adapt quickly to a new reality. Training for such circumstances has been affected to various degrees. Though trained in infection control, learners' exposure to control of pandemic at this scale was nil. OMSB has swiftly shifted to emergency remote teaching,[8] the effects on both groups are yet to be determined. Faculty training on online teaching techniques was non-existent. Yet, faculty were expected to convert their academic teaching and assessments to online platforms. It is also crucial to understand how the stakeholders are coping with resolve decisions. Will they be able to sustain the change if the situation continues or worsens? And how do they cope with dealing with

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fellow physicians, healthcare colleagues, family members, and friends possibly being affected? How do we support learners and faculty in these times?

The COVID-19 situation has created shifts in the personal and professional lives of many. It is crucial to determine how the resolve measures, resilience mechanisms, and lessons learned will help with the return, reimagination, and reform in the short and long term.

Return phase: the landscape of medical education will witness radical transformations in the time to come. It is becoming clear that the next normal will be different, and the return, for now, is unknown. Learners and faculty are readjusting to the new working and learning conditions and the shift in their personal and workplace preferences. As a result, preparedness and planning ahead is key. To prepare for the return, utilizing stakeholders' and the front line workers' insights and the insights of those who have come up with new solutions and coping mechanisms is essential.

The 'lockdown' has made the role of technology in personal and professional lives during the crisis very clear. Whether it is to socialize, work from home, for teaching and learning, or to offer virtual consultations, the need and use of technology have been accentuated in this period.

Reimagine phase: as we reimagine practices, retraining is core as disruption in GME has occurred. Therefore, identifying skills that were required during the crisis and considering incorporating them to develop and reimagine the new normal is paramount. Looking at the six core competencies on which training curricula are based (ECFMG, 2020),[9] one needs to consider whether additional competencies are to be added to, for example, disruption in the systems-based practice and practice-based learning and change their definitions and scope. How are we assessing learners and evaluating learning despite the disruption? Integrating telemedicine into GME may add value to multiple stakeholders,[10] yet we need plans to ensure supervision and safe practice is in place. It would be crucial to reimagine artificial intelligence and virtual reality application to GME in Oman, including research programs, to further embrace the changes.

Furthermore, faculty competencies will require re-adjustments. Faculty were asked to rapidly switch to online teaching with limited, if any, prior training. Moreover, the physical clinical learning environments must have changed and may benefit from methods of optimizing the environment to meet the new requirements.[11]

In addition, the consideration of partnering with existing resources such as technology institutions or engineering colleges and programmers is crucial to help build our reimagined future.

Reform phase: reforming and developing new policies to cope with the current situation, the next normal, and the return is essential. Policies leveraging on the techniques used during the crisis and expanding the wellness programs are all important to consider and include in future BCP or 'residency continuity plans'.

As an educational and training organization, one must not overlook the employees. What training or retraining is required for them? Would the crisis necessitate retraining on the communication skills required for virtual versus face-to-face communication? How to leverage the opportunity to develop robust employee wellness programs, review business processes, and identify required support for those working from home, for example, for working mothers during lockdown managing work, child care, homeschooling, and housework.

Additionally, the need for all employees to work from the office would be of interest to reconsider. Will we be able to increase the productivity of some employees, reduce sick days and emergency leaves through work from home programs, saving travel time and parking space, and reducing the potential risks of driving to work?

Finally, evaluating the technology required for new reforms and platforms to support learning, meetings and other work processes, and expedite digital transformation is essential to move to the next normal and stay sustainable and inclined to continuous support and updates.

Final thoughts: the 'next normal' for GME is around the corner. Disruptions in education and training have taken place, and with that, changes in learning, assessment, and preferences are occurring. Technology plays an important role and should be leveraged to optimize the educational process. In other words, we need to prepare for the 'next normal' by evaluating the current resolve and resilience mechanisms and use those to return, reimagine, and reform to move forward.

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