

EDITORIAL

Strange days

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, an academic periodical like *Medical Education* is 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 little capacity to foresee the future, the only claim I can make with confidence is that things will be different at the point you read this text, relative to when I wrote it.

At the moment, 'social distancing' is making a strong case for becoming 'word of the year',¹ even though we're only a quarter of the way into 2020. For those in our field, this means that while many clinicians are being pushed into overdrive and administrators are scrambling to determine how to adjust education 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 examinations and countless learning opportunities, are being postponed indefinitely or cancelled outright with the accompanying label of 'non-essential'. Carefully planned research projects, designed with highly compelling arguments outlining their importance, are similarly being put on hold or are conceived of now as less vital than they were before.

These are clearly appropriate and important responses. 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 health care. For any who have such thoughts, let me encourage you to reflect on what our field is contributing to the response we're witnessing to these extreme circumstances (and to think about how current struggles might be turned into opportunities to ensure even better contributions moving forward).

In doing so, keep in mind the notion that education scholarship makes 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 us to look 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 recognisable during these moments when concern, fear and uncertainty are sweeping the globe. In the following paragraphs, I offer three examples of areas in which such action has become apparent early in this crisis to stimulate your reflection.

First, I am hearing reports that 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 online forums. That is not to say it was easy or ideal in each instance, but these educators were able to achieve rapid transitions 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 education practice to contextual circumstances. Moving forward, it seems likely that many of these efforts will demonstrate the areas in which our education 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 we lost when we were forced to do so.

Similarly, many simulation centres have ramped up their training activities as groups of health care 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 may seem now, there was once great resistance to the idea that simulation could provide a solid means for the development of skills that would translate effectively into appropriate 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 the barriers that impede smooth adaptations to novel circumstances, as well as when and why simulation or other strategies facilitate or hinder the achievement of particular goals.

Finally, faculty, staff and administrators have been rapidly engaged in deeply informed discussions about the roles 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. As we have these discussions, it is worth bearing in mind the fact that the concept of professional identity and all it has brought to our understanding of what it means to be a health care provider was not mentioned in this journal until its 31st volume,² whereas study of its meaning and development (as well as of related constructs) has proliferated over the past 23 years. Moving forward, the stories of success and disruption to the development of competence that will emerge during this period of time 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 areas in which 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 single moment, no seminal paper, that has 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 ever to lie in the provision of a single, conclusive or universally relevant piece of evidence. Rather, what we provide as a field is a space in which to stimulate critically important and evidence-informed discussions that influence the culture of professional practice and enhance the adaptability of education 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 there are many problems in our education systems that have yet to be resolved despite decades of scholarship. Things have changed over time,³ however, and we must keep in mind the

fact 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. Our mere existence 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 what will be, we hope, the lengthy period between such events).

For these reasons, although 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.

Kevin W. Eva 

Centre for Health Education Scholarship, University of British Columbia, Vancouver, BC, Canada

ORCID

Kevin W. Eva  <https://orcid.org/0000-0002-8672-2500>

REFERENCES

1. Wikipedia. Word of the year.2020. https://en.wikipedia.org/wiki/Word_of_the_year. Accessed March 18, 2020.
2. Niemi PM. Medical students' professional identity: self-reflection during the preclinical years. *Med Educ.* 1997;31(6):408-415.
3. Eva KW. The more things stay the same, the more they change. *Med Educ.* 2016;50(1):1-2.