

## Did Covid Dumb Down Medical Education?

Many of us are familiar with “learning loss” in children due to Covid interruptions in their education. **But some in medicine believe that changes in medical school education since Covid have had the effect of “dumbing down” our medical profession** –which may bode ill for the quality of future doctors.

In a recent piece, a microbiologist and long-time medical school instructor at a prominent Midwest medical school points to how medical school responses to Covid have changed how our future doctors are taught. <sup>1</sup> Even though Covid is officially “over” as a declared public health emergency, <sup>2</sup> it appears that many of these changes in medical school instruction are here to stay. Per Dr. Templeton’s piece, some notable features of the post-Covid medical school landscape include:

**1. Increased Reliance on Virtual Instruction:** Many medical schools and institutions have now transitioned to majority online/virtual learning. "Pluses" include flexibility and safety. But the author questions whether practical, hands-on experience is becoming too limited for our new doctors. An additional concern is a drop in what could be called “emotional IQ” i.e. whether lack of in-person interactions will impair the development of bedside manner, or even the ability to read non-verbal cues from patients that give clues to patient diagnosis.

**2. Teaching to the Test:** Along with remote instruction, there has been trend of individual institutions doing less to shape their own curricula, following a standardized curriculum, relying more on national, standardized tests. This has been in part a response to concerns to equalize the educational opportunities among medical students and enhance quality. It is important that there be some quality control over the curricula at individual schools. However, the author of the piece describes how excess reliance on standardized tests tends to promote a “teach to the test” mentality in medical school instruction, in which any deviation from what students

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<sup>1</sup> *A Booming Market for Medical Credentials*, Templeton, S. (Brownstone Institute, 10/7/23).

<sup>2</sup> Department of Health and Human Services declaration of Public Health Emergency expired 5/11/23 (*HHS Fact Sheet: End of the Covid-19 Public Health Emergency*, 5/9/23).

“need to know for the test” is seen as a waste of time. This, in turn, can lead some instructors and students to feel disengaged from medicine as an intellectual or even spiritual pursuit, and lead to loss of love of learning. It is too easy, many point out, for a “teach to the test” program to devolve into a business transaction in which medical students are seen as “consumers” of medical degrees and the medical school simply a seller of credentials that will be needed for access to a potentially lucrative profession.

**3. Overall: Less Flexible Thinking and Deemphasizing The Human Dimension?:** Some educators believe that over reliance on remote instruction, use of standardized testing, and an overall view of medical education as mostly a career necessity (as opposed to an immersion in medical science) may be leading to a generation of doctors with less ability to think flexibly, or missing the human dimension of medicine.

What do we think of this? **Our experience in the failures of medical care** (as result in malpractice) tell us that patients need physicians who possess both the requisite knowledge of their field, and also know how to engage with individual patients and who retain a degree of flexibility in their thinking.

For example, we’ve seen too many cases of **doctors just “going by the numbers”** but not evaluating whether their patient seems anxious or alarmed about their condition (often a real and important marker for a serious illness that is not being addressed). Some malpractice cases arise **when a doctor assumes that common symptoms must mean a common condition**, and doesn’t leave open a space to consider if there is a less common but more serious illness at play. We have also seen cases involving doctors who, although possessing a good academic knowledge of their field, simply lacked the ability to communicate effectively with the patient, and so missed important history, or was unable to provide the patient important information about their treatment options.

This is not to suggest that doctors should act as Social Workers, or spend the majority of their time in emotional interactions with their patients. However, from our perspective in malpractice a doctor's ability to take into account the human dimension of care, and sometimes "think outside the box" is central to being able to provide good quality medicine. This is particularly true in fields involving complex patient interaction such as in the Emergency Room, primary care, pediatrics, outpatient consultants –really most fields involving patient interactions outside of surgery.

So in the current environment, we might suggest a few things to help protect yourself (or your loved ones) when choosing a doctor, in addition to whether you think the doctor sounds knowledgeable:

- Ask about their hands-on clinical experience and training.
- Gauge their ability to communicate effectively and empathically.
- Seek reviews or feedback from previous patients whenever possible.

--Laurence M. Deutsch (10/30/23)