the authors stated, we used our skills to the benefit of our patients and colleagues.

We hope that our experience provides a different take on the dynamic role of medical students in these extraordinary times. We understand, however, that domestic issues, particularly health care coverage and workforce legislation, differ between our respective nations and have justified both our approaches to medical student involvement. Ultimately, while different regulatory bodies have valid reasons regarding essential recognition, it is pertinent to recognize and remember the added value medical students have during a global pandemic.

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**Medical Education in the Age of COVID-19**

**To the Editor:** COVID-19’s quick spread forced hospitals everywhere to change the way they do business from operating rooms to emergency rooms. The novel coronavirus—a tiny piece of RNA—turned the world on its head, but it also presented us with opportunities (and obligations) to do things differently. Medicine as we knew it changed in a matter of weeks.

Medical schools also had to change gears quickly. Hackensack Meridian School of Medicine’s (HMSOM’s) inaugural class matriculated in 2018, making it a relative newcomer among medical schools. HMSOM approaches medical education using adult learning principles including integrating students from other fields of health care where appropriate into the medical school curriculum, with an emphasis on working together in teams in training and beyond. HMSOM—along with a growing number of medical schools around the country—believes that such “team-based learning” is essential to training future physicians. As it turns out, the appropriateness of this method of learning to the practice of modern-day medicine has been especially apparent in the care of hospitalized COVID-19 patients, many of whom experience complications that require the simultaneous input of multiple fields of health care.

The pandemic also has prompted a transition to both a remote learning environment, requiring online lectures and small-group virtual interactions, and, increasingly, a remote patient care environment as the use of telemedicine has rapidly overtaken face-to-face care in a high percent of outpatient encounters. In response, as this form of outpatient care became ubiquitous during the ascendency of the first wave of COVID-19 in the United States, virtual communication tools allowed HMSOM faculty to create a dedicated 2-week Zoom course about telemedicine for our students. The course involves a mix of the practical and the conceptual—a remarkable opportunity for medical students just beginning their academic careers during a time when health care is being forced to change.

The rapid dissemination of COVID-19 information and its quickly changing nature presented another opportunity. Mere months after the virus was first identified, scientific data poured in; the peer-reviewed medical publications on this topic in a single week in mid-March numbered about 400. How could a clinician keep track of such an explosion of information? At our school, we mobilized 8 second-year students to parse through this ballooning literature to gather timely answers for doctors and nurses throughout the Hackensack Meridian Health Network, which includes 17 hospitals. The students combed through multiple databases and servers to pull together up-to-the-minute findings on pressing topics such as personal protective equipment use, disinfection, and prevention. Their findings were disseminated throughout the network’s clinical settings, resulting in crucial recommendations. Ultimately, many of the findings were posted on a COVID-19 website established for the public by Elsevier.

COVID-19 is an extraordinary challenge for everyone. Medical schools—especially new ones—are not immune to the challenge. But challenges can also stimulate us to rise in ways that we previously may not have envisioned.

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