candidate's characteristics in different domains such as ethics and morality, communication skills and critical thinking. The MMI method can be reliable and feasible, more so than traditional interview methods.[1]

Because of the coronavirus disease 2019 (COVID-19) pandemic and resulting social distancing policies, MMIs were suspended for 2020 admissions in many medical schools across the world. It was considered that a virtual interview process would facilitate the benefits of a face to face meeting without concern for COVID-19 transmission.

2 | WHAT WAS TRIED?

We designed a modified MMI using a virtual interview with structured standards of operations for our 2020 medical school admission process. Some MMI scenarios (eg, those that required teamwork) were not selected because of difficulties in assessing candidates via videoconference methods. To ensure efficient time control, matching groups of interviewers and candidates were scheduled beforehand. By contrast with the conventional MMI protocol, whereby each candidate student rotates through each station, interviewers, rather than students, rotated through virtual rooms using a videoconferencing platform. This technique was convenient as it enabled support staff to invite each candidate to wait in a separate virtual room before the MMI started. When interviewers arrived in the virtual rooms, support staff were asked to leave the rooms and candidates to identify themselves. Each interviewer used a single station assignment to interview and interact with each candidate. Support staff were specifically assigned to inspect each virtual station and help manage any technical problems. With well-trained staff and a high-speed Internet connection, interviewers and candidates participated in a simultaneous and effective virtual MMI in different locations throughout the country. The video-recording of each MMI station during the virtual interviews allowed interviewers to review candidates' performances and make thoughtful selection decisions.

3 | WHAT LESSONS WERE LEARNED?

A virtual MMI protocol was successfully implemented for our 2020 medical school admissions. Virtual MMIs break the barriers of conventional MMIs and appear able to attain an acceptable level of effectiveness. Candidate students are familiar and comfortable with online tools and travel costs are self-evidently reduced. The important features of MMIs, such as number of stations, number of candidates and station length, can be retained in the virtual adaptation. Some remaining challenges include the limitations of virtual MMIs in assessing some specific candidate characteristics, such as stress tolerance, in an unfamiliar environment. Nonetheless, a virtual version of the MMI for medical school admission is feasible and can be implemented during the COVID-19 pandemic. Effective time management, selected scenarios, trained staff and effective technology are the essential keys to success.

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Professional identity formation in disorienting times

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1 | WHAT PROBLEMS WERE ADDRESSED?

The coronavirus disease 2019 (COVID-19) is a major crisis, disrupting all facets of human life. For medical professionals and trainees, the COVID-19 pandemic creates additional concerns about one's role in providing care, the effectiveness and limitations of medical care, and personal vulnerability to infection and asymptomatic disease spread. These challenges can shape medical students' professional

identity formation (PIF), defined as how learners come to 'think, act, and feel like a physician.'[1] Medical students develop their identities as emerging professionals through training, and a crisis such as a pandemic alters, impedes or accelerates this process. A crisis catalyses transformative learning by serving as a disorienting dilemma, and educators can harness this opportunity for growth.

2 | WHAT WAS TRIED?

A longitudinal integrated PIF curriculum drawing on the work of Cruess et al.[1] is included in the University of California San Francisco School of Medicine curriculum. The regular 4-year curriculum contains eight separate interspersed weeks of 'Assessment, Reflection, Coaching, and Health' (ARCH). These full-time learning experiences highlight factors that influence socialisation into medicine - the crux of PIF. With the health system and clinical learning environment rapidly changing in response to COVID-19, classroom curricula transitioning to online platforms, and increased isolation due to social distancing, we revamped PIF content to address these disruptions.

A central component of PIF is acceptance of uncertainty and ambiguity. We emphasise this theme by examining the tensions of personal versus professional duties, rationing and prioritisation of resources, and health care disparities that have been exacerbated by COVID-19 (see https://ucsf.box.com/v/COVID 19-PIF-Materials). Students discuss how they negotiate 'playing the role' of physician, as friends and family ask about COVID-19 or question whether they should provide care that may elevate their personal risk of infection or of spreading the virus.

To mitigate anxiety, fear and stress, we provide students with links to virtual wellness offerings, including physical exercise and mindfulness. To process these emotions, we use small group-based guided reflection (see https://ucsf.box.com/v/COVID19-PIF-Materials), which is core to PIF, and adapt this strategy for asynchronous and distance learning. We increased contact with faculty coaches, many of whom are involved in care for patients with COVID-19, and peers via Zoom™ (Zoom Video Communications Inc., San Jose, CA, USA) small groups to enhance socialisation and combat isolation through communities of learning. By using pre-existing small groups, we preserve rituals such as group check-ins that provide comfort and signal membership of a group and the profession.

3 | WHAT LESSONS WERE LEARNED?

Our experience with redesign of the PIF curriculum to meet students' learning needs during a crisis is that students are uncertain about their roles, yet eager to contribute, and are simultaneously juggling feelings of isolation, helplessness and fear. Pausing foundational science curricula and clinical clerkships to participate in guided PIF content has been mostly met with relief. Providing time for learners to reconnect with role models has facilitated conscious reflection. Opportunity to discuss their thoughts and feelings with peers has helped to counteract isolation, normalise their reactions and reduce students' stress and anxiety.

The rapidly shifting health care landscape challenges identities for all providers. Reflecting on this evolution has enabled us to maximise the transformative effect of our current circumstances for students' learning and development.

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Helping medical educators worldwide to pivot curricula online: pivotmeded.com

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1 | WHAT PROBLEMS WERE ADDRESSED?

The coronavirus disease 2019 (COVID-19) pandemic has resulted in the implementation of restrictions on group gatherings and educational events in many countries, creating imperatives for medical educators to move curricula online at short notice. Within medical schools and health sciences programmes, this urgency was compounded by competing priorities of health care delivery as many medical educators are also clinicians.