**Medical Education Adaptations: Really Good Stuff for Educational Transition during a Pandemic**

In response to the COVID-19 pandemic, educators around the globe are scrambling to adapt in ways that facilitate the ongoing knowledge and skill development of the next generation of health professionals while social distancing and other measures are dramatically disrupting standard practices.

Classroom-based teaching and discussion groups are quickly moving to on-line delivery; assessments are being delayed or cancelled with uncertainty about what that could mean for patient safety; emotional and psychological impacts are being monitored; in the workplace, preceptors are being overwhelmed by their own clinical responsibilities and debate is routine regarding the activities in which trainees should be allowed to participate; retired clinicians and non-specialists are being recruited and rapidly re-trained to ensure the workforce can keep up with the infection rate; and, tele-health efforts are ramping up with efforts to determine how to best incorporate learners into that mode of care delivery.

In these exceptional times of educational adaptation we need to share information and we need to share it fast. Journals can only do so much as the publication lags required for writing, reviewing, formatting, and distributing full articles prevent dissemination from happening rapidly. *Medical Education*, however, will do what it can by creating (for an indefinite period) a new series called Medical Education Adaptations.

We are well positioned to get really good ideas out quickly for four reasons: (1) We are a globally-focused journal with readers and authors from a wide array of countries that are at varying stage of health crisis; (2) We have a 20 year history of disseminating key lessons learned through educational innovation through our Really Good Stuff (RGS) series and Brownie Anderson’s leadership; (3) We have recently begun immediate publishing of “Accepted Articles” such that manuscripts are posted on-line (within days of acceptance) in submitted form (i.e., pre-formatting); and, (4) We have 7 cohorts worth of editorial interns who have expressed a willingness to help with rapid review – these are exceptionally talented scholars who engaged deeply during their internship with learning about publication practices in general and RGS in particular.

These articles will be formatted and evaluated the same as our regular RGS articles, but they will be posted to [www.mededuc.com](http://www.mededuc.com) as “Accepted Articles” upon acceptance (with eventual print publication) rather than published in bulk twice a year. If you have an educational insight worth sharing, please download the template posted on our website (also available below), fill in the document, and upload it at the same site (using the Submit an Article link). We will use our standard criteria of soundness of approach, originality, clarity, and significance to decide which to include.

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**Title** (maximum of 90 characters)

**Authors** (up to 4, all of whom must meet standard ICMJE authorship criteria)

1. **What problem was addressed?** This should help the reader understand the issue in a manner that makes the extent of the problem clear and offers enough context to enable him/her to make a judgment about the applicability of the concerns to their own setting.
2. **What was tried?** This should outline the attempted solution in terms of how it was built to fit the context of the problem, what resources were required, and how the idea was given a chance to succeed over the long term.
3. **What lessons were learned?** This should be the main focus of the report, through which authors are asked to share their successes and failures and to highlight how their perspective has changed regarding why the innovation met with success (or did not).

**References** (maximum of one):

**Website** (maximum of one, for use if the educational materials described are publicly available):