ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

CBD during the COVID-19 Pandemic

Sharing adaptations and strategies

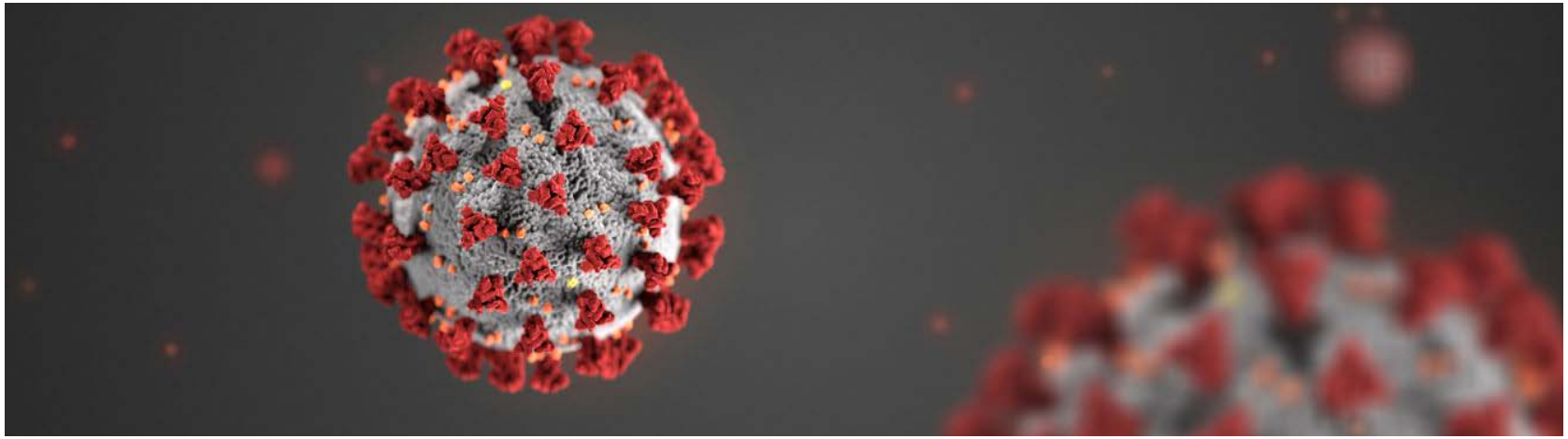
Facilitators

Dr. Andrew K. Hall, MD, FRCPC, MMEd
RC Clinician Educator, CBME Lead Emergency Med, Queen's University
@AKHallMD

Dr. Anna Oswald, MD, MMEd, FRCPC
RC Clinician Educator, Director CBME, University of Alberta
@AnnaOswald2

Introduction - The COVID-19 Situation

- Rapidly evolving situation with high levels of uncertainty
- High degree of stress regarding safety in the clinical learning environment
- Marked impact on postgraduate training programs
- Variable effects between provinces, sites, disciplines and programs



How has COVID impacted PGME?

1. Rotations shut down/limited activity (eg elective OR, chronic care clinics)
2. Residents pulled from some experiences for safety
3. Trainees redeployed to acute care (eg ICU/IM/ER)
4. Trainees/teachers feel unsafe to work/teach
5. Distractions/barriers to usual EPA-focused workplace-based assessment
6. Distractions/barriers/cancellation of usual academic programs
7. Challenges to exam delivery
8. Pressure to cancel academics in favour of service
9. Heightened anxiety threatening trainee and faculty wellness

Introduction – Objectives of Webinar

By the end of this session, participants in the midst of a rapidly evolving pandemic will be able to:

- Consider strategies to support or direct CBD programs in the face of new challenges related to the COVID pandemic
- Discuss how possible adaptations shared by colleagues across the country may apply to local programs

**please note, this webinar will not be addressing the delay of certification examinations

Logistics

- Muted lines
  - all lines will remain muted with the exception of the presenters and facilitators

- Asking questions

  You are encouraged to put any questions you may have in the question box
  - We will hold questions for our presenters until the end of the webinar
  - We will try to answer any outstanding questions after the webinar

- Recording of session
  - The webinar will be recorded for those who are unable to join

Speakers

- Dr. Jason Frank
  - Director of Specialty Education, Strategy and Standards at the Royal College
- Dr. Karen Kroeker
  - Gastroenterology, Program Director, University of Alberta
- Dr. Markku Nousiainen
  - Orthopedic Surgery, Program Director, University of Toronto
- Dr. Paolo Campisi
  - Otolaryngology - Head and Neck Surgery, Program Director, University of Toronto
- Dr. Damon Dagnone
  - CBME Faculty Lead, Queen’s University

Royal College Considerations

Dr. Jason Frank, MD, MA(Ed), FRCPC
Director of Specialty Education, Strategy and Standards
Royal College of Physicians and Surgeons of Canada

Overarching Principles

- Safety comes first
- Maintain educational activities, where possible
- Perfection is not the goal
- Graduating residents must be competent to practice independently
- Solutions will require flexibility

Key policy questions from participant survey:

- **Will there be flexibility around expectations for Required Training Experiences (RTEs) and EPAs during the COVID-19 period?**
  - Is there flexibility in progressing a resident despite limitations imposed by COVID?
  - How "relaxed" can the Competence Committee be for EPA completion during the pandemic?
  - Will affected programs be allowed the flexibility to make temporary changes to their education and assessment plans? (accreditation?)

- **What are the impacts on July 2020 CBD launch?**

Panel Presentation: Education Leaders

Perspectives and Strategies from across Canada

Key strategy questions from participant survey:

- How can required training experiences be fulfilled?
  - When residents are redeployed/reassigned to other essential services?
  - When there is lack of educational opportunities as a result of decreased volume due to disruptions in schedules, clinics, canceled surgeries, etc.
  - Is it ok to alter rotation objectives?
- Should we proactively change rotation schedules based on:
  - Individual needs, patient safety requirements, lack of capacity for community-based rotations, pulled residents from rotations
- How can EPA-assessments be performed during the pandemic?
  - How to mitigate factors that are inhibiting EPA-assessment:
    - Busy clinical service and demands during the pandemic
    - Hesitance to ask for EPAs during these stressful circumstances
    - Lack of focus on and prioritization of educational processes
  - Is there a need to lighten EPA-assessment completion expectations?

Key strategy questions from participant survey:

- How to teach/observe/assess in these circumstances?
  - Factors inhibiting teaching in workplace:
    - Distancing measures in place
    - Reduced clinical opportunities
    - Virtual medicine (clinic, e-consults, etc.)
  - How do you balance service vs safety of learners (is this unique to CBD???)
  - What are strategies to keep residents safe but engaged?

- How do you continue to promote residents/determine progression?
  - How to continue with competence committee meetings?
    - Concern over virtual sharing of confidential information
    - CC member's clinical work priority
    - Less or lower quality assessment data
  - Is there a need to adjust promotion criteria based on experiences available?

CBD and COVID

Dr. Karen I. Kroeker, MD, FRCPC
Program Director, Adult Gastroenterology
University of Alberta

My situation…

- PD, for subspecialty GI
  - Trainees only doing GI
  - R5’s are not CBD but have been completing EPA’s
  - R4’s are CBD, with only 1 year to ‘catch up’
  - Small program, in general, education > service
  - Flexibility to individualize the training

Overall Approach

1. Remember our role as Educators
    a) Continue to be ambassadors for education to staff and residents
2. Think about what ‘Phase of COVID’ you are currently in
    a) COVID (Peri-redeployment)
    b) During COVID redeployment
    c) Post COVID
3. Provide support (reassurance) to trainees

Required Training Experiences

- COVID19 → Disruption in training experiences (endoscopy, clinics, motility lab, etc.)
- COVID (Peri-redeployment)
  a) Try to maintain educational integrity (RTE, EPAs, AHD) as much as possible
     - **Send EPA reminders** to residents and preceptors
     - Continue to monitor EPA attempts
  b) Anticipate disruptions: rotations cancelled, self-isolation, re-deployment
  c) Be flexible and proactive
     - **Adjust the schedule** away from rotations that are no longer educationally viable
       - Provide choice to residents (electives)
       - Move key rotations to next year (if possible)

Required Training Experiences

- During COVID Redeployment
  a) Service over education
  b) Provide reassurance and support to trainees
- Post-COVID
  a) Refocus on Education
  b) **Detailed review** of outstanding required EPAs by AA/CC/PD
  c) **Re-vamp the schedule** to set the residents for success (use EPA map)
  d) Meeting with trainees to review schedule
    - Option to revised elective/selective requests
  e) Converse with Specialty Committee / Royal College if EPA successes are an issue, but remember that residents need to have the necessary competencies to be in practice.

Teaching / Observation during COVID

- Requires Faculty & Resident Engagement
  - Google Hangouts / Zoom for AHD
  - Innovation for practice OSCEs / exams
  - Conference call for clinics
  - Reminders to faculty/residents to continue to assess and document EPAs
    - Close monitoring by MEPC for EPA attempts
  - We are continuing with AA and CC meetings (TC or videoconference)
    - Also important to assess for wellness during this time
    - Concerns about confidentiality – teleconference is more secure

CBME, COVID and Surgery

Dr. Markku Nousiainen, MD, FRCSC
Program Director, Division of Orthopaedic Surgery
University of Toronto

Effect of pandemic on orthopaedic surgery

- COVID-19 = disruption in training experiences (OR, clinic, ER consults)
- Plan to minimize team exposure to patients either COVID +ve or PUI:
  - minimize resident movement between hospital sites
  - adjustment of call schedules
  - less resident involvement in OR (esp. complex cases)
  - change resident involvement in clinics (from face-to-face to virtual visits)
  - adjustment of teaching techniques (now entirely virtual)

How can required training experiences be fulfilled?

- On-Service
- Off-Service/Redeployed

How can required training experiences be fulfilled?

- On-Service:
  a) if competencies can be achieved, keep previous plan:
     - some services still “busy” (trauma, oncology, spine)
     - maximize opportunity with lower clinical volume
     - assess competencies in a different way (i.e. performance in virtual clinics, teaching rounds)

  b) if competencies cannot be achieved, then new rotation, “COVID Orthopaedic Surgery”:
     - new set of competencies to be assessed on ITAR
     - esp. focus on communicator, collaborator, professionalism roles
     - means adjusting next academic year’s schedule

How can required training experiences be fulfilled?

- Off-Service/Redeployed:
  a) patient care first!
  b) might mean adjustment of expected competencies, ITAR, etc.
     (will leave that to my colleagues)

How can EPAs be performed?

- Definitely doable:
  a) as less busy clinics, ORs, ER, more time for feedback!
  b) need to ensure residents recognize importance of EPA completion – fine balance btw. patient care/feedback/form completion
  c) volume of completed EPAs might need adjustment

How to teach/observe/assess?

- Social distancing = disruptive educational technology:
  a) safety first
  b) maximize use of virtual platforms for teaching
  c) can still observe/assess from 6 feet away (or closer if you have PPE)
  d) more reliance on team-based approach to assessment

How to continue to promote?

- Continue with CCCs:
  a) now virtual meetings on secure server
  b) CCC members should still have enough time to do their job
  c) anticipate less data for procedural tasks, similar for non-procedural tasks
  d) accept flexibility in promotion criteria based on experiences available

CBD during the COVID-19 Pandemic

Dr. Paolo Campisi, MD, FRCSC
Program Director, Otolaryngology – Head & Neck Surgery
University of Toronto

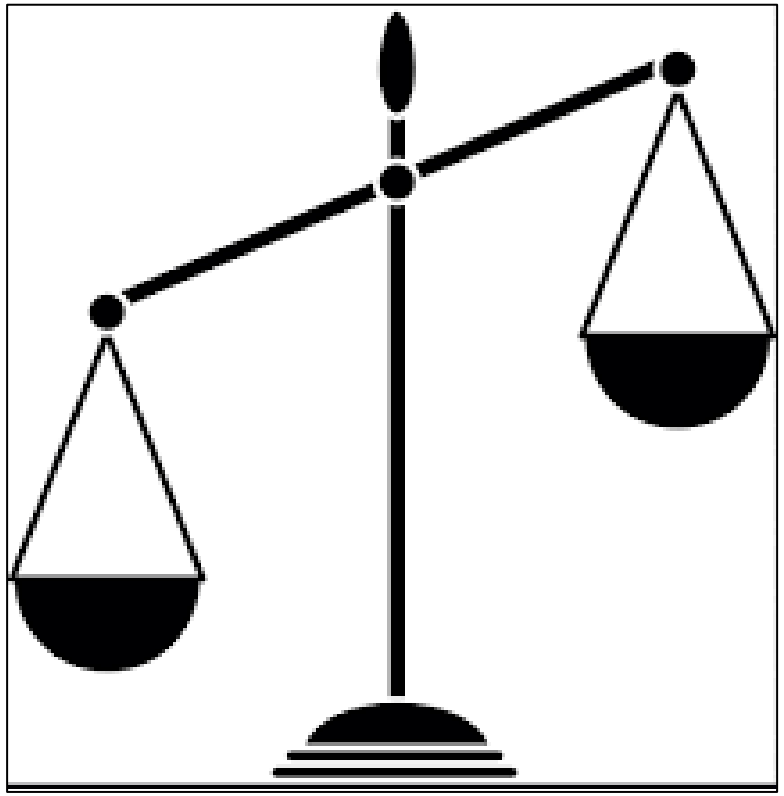
CANADIAN SOCIETY OF OTOLARYNGOLOGY - HEAD & NECK SURGERY

AMERICAN ACADEMY OF OTOLARYNGOLOGY– HEAD AND NECK SURGERY

"There is evolving evidence that otolaryngologists are among the highest risk group when performing upper airway surgeries and examinations. A high rate of transmission of COVID-19 to otolaryngologists has been reported from China, Italy, and Iran, many resulting in death"

Resident Safety

PPE Resources



Educational Needs

<u>Limiting Factors:</u>

Low clinical volume (OR)

Redeployment/repatriation

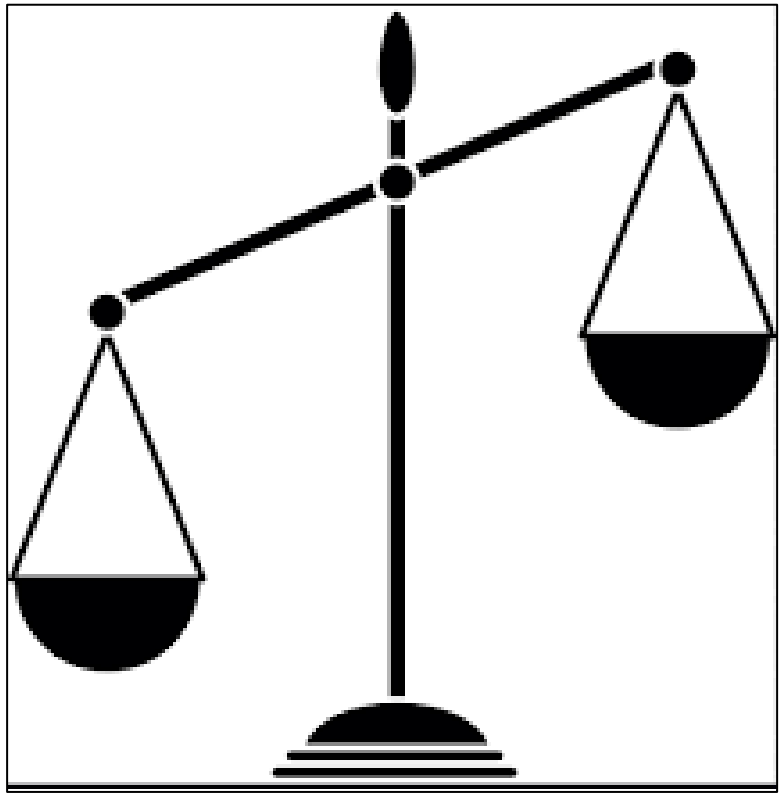
Surgical skills labs closed

Limited value of virtual learning

Anxiety / Stress

Resident Safety

PPE Resources



Educational Needs

<u>Deficit:</u>

Nasal procedures

Airway endoscopy / tracheostomy

Non-urgent otologic procedures

<u>Preserved:</u>

Oncologic surgery

Trauma

Non-AG consults ER/IP

Key Questions

1. **How can required training experiences be fulfilled?**
   - Yes, but likely delayed
   - ‘Flexibility’ with rotation schedule for next year
     - Site leads
     - Residents
     - Off-service rotation leads/administrators
   - ‘Personalized’
2. **How can EPA-assessments be performed during the pandemic?**
   - Recognize stress experienced by learner and faculty
   - ‘Gentle’ emphasis of importance of EPAs
   - Re-evaluation of EPA requirements (number, procedural competencies)

Key Questions

3. How to teach/observe/assess in these circumstances?

- Virtual examples

4. **How do you continue to promote residents/determine progression?**

- RPC/CC meetings needed to continually re-evaluate available data
- Maintain other forms of assessment (oral & written exams, ITARs, global rating scales)
- Group assessment

Virtual Learning / CBME

- Sharing of learning resources across OTL programs
  - Grand Rounds, Core teaching participation offered to all programs (Zoom)
  - Current participants:
    - University of Manitoba – 11 residents
    - Western University – 16 residents
    - McMaster University – 9 residents
    - McGill University – 18 residents
    - Universite de Montreal – 13 residents
    - Universite de Sherbrooke – 10 residents
    - Universite Laval – 9 residents
  - High quality teaching, consistent across programs
  - Model for future collaboration for teaching and assessments

Virtual Learning / CBME

- Cloud-based Otoscopy simulation
- Smart phone becomes the simulator
- Provided to all Canadian OTL residents (approx. 170)
- Standardized curriculum
- Standardized assessment
- Administered weekly

CBD and COVID

Dr. Damon Dagnone, MD, FRCPC
CBME Faculty Lead for Postgraduate Medical Education
Queen’s University

Code Orange

Not days …but weeks and months

Designing Competency at Queen's | ENHANCING POSTGRADUATE MEDICAL EDUCATION

Queen's UNIVERSITY

Policy

Guidelines

EDUCATION

Health & wellness

Coaching & feedback

SERVICE

SAFETY

ASSESSMENT

Required training experiences

Best Practices

Peer Support

COVID-19 Update

Postgraduate Medical Education Office

Summary Recommendations and Guiding Principles for Queen's Residents during the COVID-19 Pandemic

The following statements were developed by the CBME Resident Subcommittee for all Queen's residents and reflect priorities and over-arching principles of resident education during this uncertain and unprecedented global health event.

1. Be safe…
2. Stay healthy…
3. Reach out to your PD & AA…
4. Stay physically apart, but socially connected…
5. Adapt to your environment…
6. Find meaning in daily activities…
7. Be flexible…
8. Seek feedback…
9. Embrace self-reflection…
10. You are not alone…

https://meds.queensu.ca/academics/postgraduate

Designing Competency at Queen's | ENHANCING POSTGRADUATE MEDICAL EDUCATION

Queen's UNIVERSITY

If you feel that you need more support, or are unsure how to navigate your evolving role in the COVID-19 pandemic environment please reach out to the Queen's CBME resident subcommittee leadership team at any time:

Rachel Curtis: 8rc16@queensu.ca
Jena Hall: jena.hall@queensu.ca
Damon Dagnone: damon.dagnone@queensu.ca

ADDITIONAL SUPPORTS for residents are listed below…

Designing Competency at Queen's | ENHANCING POSTGRADUATE MEDICAL EDUCATION

Queen's UNIVERSITY

New "**FLEX form**" in ELENTRA for all programs (*in rapid development*)

1. **Trainee** lists multiple activities/care interactions
2. **Faculty** completes narrative feedback box
3. Prompt to flag if there are **CONCERNS** with performance
4. Prompt to identify **OUTSTANDING** performance

Designing Competency at Queen's | ENHANCING POSTGRADUATE MEDICAL EDUCATION

Queen's UNIVERSITY

Journaling
Logging
Personal reflections

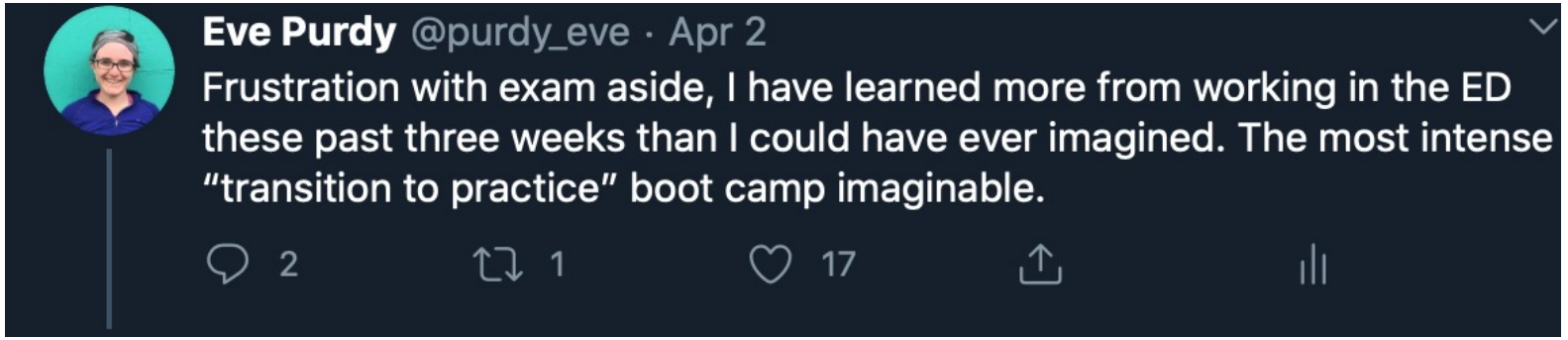
share

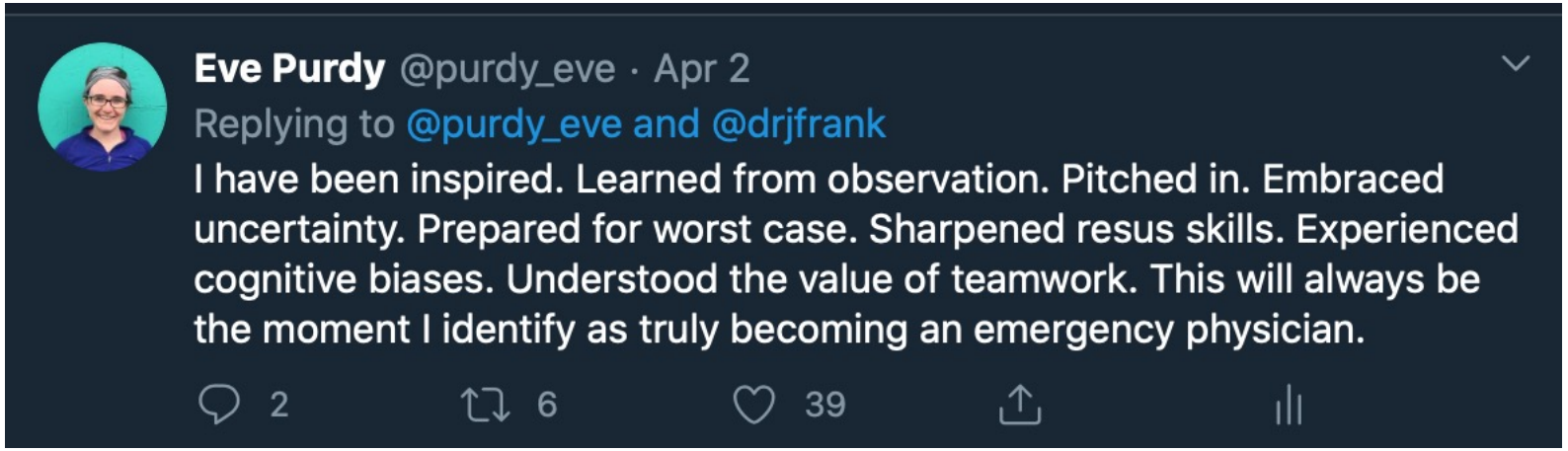
Academic Advisors
& Program Director

Designing Competency at Queen's | ENHANCING POSTGRADUATE MEDICAL EDUCATION

Queen's UNIVERSITY

damon.dagnone@queensu.ca
@Damonjdd1





Webinar participant survey responses

Adaptations and Strategies

Clinical Teaching

- Having residents phone patients
  - Developing a set of questions that probe for physical exam assessment without actually looking at someone in person
  - Using speaker phone for combined calls- in some ways can force you to listen to how the resident performs
- Telemedicine
  - Works well for including residents in remote patient visits. Resident can run visit, mute microphone and hide camera and speak with staff, and then staff and resident can come back online and speak with patient. Staff can give feedback to the resident either after the appointment on OTN [telehealth] or via email
- Surgeons circulating the OR case lists that are still ongoing
  - Allowing 1 or 2 residents to volunteer/take turns to come in for cases where EPA opportunity would arise
- Zoom
  - For teaching and discussion of consults with team

Academic sessions

- Zoom
  - Academic half day
  - Journal club and rounds
- Virtual education/teaching sessions
  - Limit trainee exposure to clinical crowded hospital facilities
  - Potential teaming up with others across Canada
- Faculty and resident retreat as a Virtual Retreat now.
- Use of tele-meetings (MS Teams, Zoom) Replacement of AHD by QI/PS learning modules (Institute for healthcare improvement)

Academic Advisors and Competence Committees

- Continuing to plan for (virtual) AA/Resident and CC meetings at regular intervals, in order to keep abreast of arising issues
- CC meetings on Zoom [or institutionally sanctioned equivalent]
- Encouraging academic advisors to reach out virtually. Discuss strategies to catch up on EPAs

Questions and Discussion

Closing Remarks

These are difficult times

Thank you to all our participants for your active engagement in CBD and postgraduate education in Canada

Thank you to all our presenters today for sharing their experiences and perspectives

Please scan this QR to let us know what you thought of today's webinar and about possible future topics that interest you

Thank You

royalcollege.ca • collegeroyal.ca

Further questions? Contact us at educationstrategy@royalcollege.ca

Presented by: Dr. Andrew Hall| @AKHallMD
Dr. Anna Oswald| @AnnaOswald2

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA