

Ideas for Teaching CanMEDS DURING COVID-19

There are numerous ways for trainees (CBD and traditional) to continue to develop the [CanMEDS competencies](#) throughout the COVID-19 pandemic. Many of these opportunities occur in responding to the pandemic itself, whereas other opportunities may be used to help fill the gap when usual clinical duties are problematic due to safety concerns, PPE shortages, physical distancing constraints, etc. While the pandemic may be shifting our traditional approach to teaching, educators are encouraged to consider the opportunities arising for the development of competence across all CanMEDS Roles.

We've collected suggestions and ideas for clinical and non-clinical educational experiences during COVID-19, and have organized these by the CanMEDS Role to which they most easily map. Take a few minutes to read this list and see if it sparks any of your own ideas on how to make the most of this unfortunate and uncertain time.

Note: Please also check out the [CanMEDS Teaching and Assessment Tools Guide](#), which includes numerous tools for teaching and assessing all 7 CanMEDS Roles.

MEDICAL EXPERT

1. Encourage residents to propose evidence-informed solutions for COVID-19 challenges (e.g., utilization of PPE, resuscitation, tissue handling, transport of patients, etc.).
2. Arrange learning opportunities for residents to hone skills on how to deal with contagious diseases (epidemiology, transmission, control mechanisms, test/trace/isolate/care, impact on healthcare system, etc.).
3. Ask residents to summarize and share with colleagues the clinical abnormalities associated with COVID-19 within your discipline. Look for ways that technology can be used to replace or reduce face-to-face interactions (e.g., is a physical exam necessary or is questioning enough?).
4. Work with residents to develop a set of common questions (a script) to support a physical exam assessment without actually looking at someone in-person.
5. Encourage residents who are off clinical assignments to engage in independent study (using a validated resource such as [NEJM K+ \(360\)](#), [UptoDate](#), [MKSAP](#), etc.) with documentation of time spent, content covered, and evaluation of effectiveness of learning entered into their learning portfolio.



COMMUNICATOR

1. Use COVID-19 care plans as a way for residents to engage patients and families in developing plans that reflect the patient's needs and goals.
2. Encourage residents to consider how to optimize the physical environment for patient safety and engagement (e.g. when might a phone call to the patient in their room be an appropriate alternative to a face-to-face interaction, and how could it best be done?)
3. Talk to residents about strategies that they can use to read and respond to patients' non-verbal behaviours when moving clinics to phone/conference call or video visits.
4. Support residents to facilitate discussions with patients and their families in a way that is respectful and that may need to happen through the use of technology.



COLLABORATOR

1. Identify COVID-19 related care scenarios and professional interactions that commonly lead to differences/conflict and debrief those situations with residents with a goal to promote understanding, manage differences and resolve conflicts.
2. Consider doing patient handovers virtually or somewhere where it's possible to maintain physical distancing.
3. Review, curate, and share COVID-19 related resources, such as apps and websites with your colleagues in the health care professions.
4. After honing your own COVID-19 related skills (e.g., use of PPE), hold a virtual simulation session for other colleagues in the health care professions.
5. Collaborate with other clinicians and educators to develop short educational materials about COVID-19 or strategies to deal with the pandemic.
6. Share learning resources across disciplines and between programs through virtual meeting platforms.



LEADER

1. Develop or join a QI project in an area related to COVID-19.
2. Write about impact/crisis management, health system response for residents during the COVID-19 crisis and disseminate it.
3. Develop a “Welcome to the Program” orientation video for all residents (particularly incoming PGY1s) and medical students to reduce anxiety/stress before they start your service in the context of a pandemic. This could address what has been happening due to the COVID-19 crisis and how things are being handled, and orient them to the basics of where to go and what to expect during their first few days.
4. (For the PGY2s) Pick up a formal Peer Mentorship role for PGY1s (with residency office support) who could use some guidance re: planning electives, studying, etc.
5. (For the PGY3s) Pick up a formal Peer Mentorship role for the PGY2s (with residency office support) who may need some support as they are trying to fill in their empty external elective spots and to prepare for CaRMS.
6. Take advantage of the downtime on clinical responsibilities to work on quality management projects in your service (e.g. creating and reviewing SOPs).
7. Teach and emphasize resource stewardship (e.g. do as few tests and imaging studies as possible – save time and PPE!).
8. Start planning for when clinical services resume (e.g., How are residents going to be involved with the clinical service and deal with the backlog? Should residents' schedules be changed so they can focus on the clinical experiences?).



HEALTH ADVOCATE

1. Advocate for underserved populations in your clinical practice, who may be more adversely affected by COVID-19.
2. Review educational materials related to underserved populations, who may be more adversely affected by COVID-19.
3. Work with patients and their families to increase opportunities to follow good and safe practices related to COVID-19.



SCHOLAR

1. Review, critically appraise and share with colleagues literature related to COVID-19 as it relates to your discipline.
2. Teach residents through virtual educational activities such as for academic half day, journal club, teaching, etc.
3. Encourage senior residents to use, design and facilitate virtual educational activities for teaching of more junior learners.
4. Encourage residents to develop short virtual modules key clinical topics relevant to the learning needs of medical students or junior residents that would replace their 'mini-teaching face to face sessions.
5. Ask residents to develop short educational videos or podcasts (e.g., how to promote patient safety and address human and systems factors related to COVID-19; PPE best practices in your environment).
6. Encourage residents to use any free time to study, advance their research projects, help with administrative or QI projects, etc.



PROFESSIONAL

1. Encourage residents to provide reassurance and support to others, and emphasize compassion and collegiality.
2. Offer regular email or virtual communication/supports to residents (i.e., letting them know what procedures they CAN do).
3. Develop and implement new strategies for a program to promote resident and physician physical and emotional wellness during a pandemic (or other major medical crisis).
4. If residents are not dealing with COVID-19 patients, encourage them to talk to healthcare professionals with direct COVID-19 patient contact to learn from their experiences, get answers to questions, and ease concerns and anxieties.
5. Organize virtual wellness sessions (ideally with a facilitator with expertise in wellness) and use this time to talk to your residents about tips to stay healthy.
6. Plan virtual "social" sessions to maintain your community of learners.
7. Reassure residents that you'll do all that you can to support their learning and to limit negative impact in the context of the pandemic.
8. Reflect on the impact of the pandemic in the medical profession, healthcare system, and society in general and promote/participate in discussions within your community of practice and in public spaces.

