Ideas for Clinical Teaching
DURING COVID-19

Disruptions related to COVID-19 are likely to continue for quite some time. In response, programs are adopting innovative approaches to support resident learning in the clinical environment. Check out these ideas from your colleagues across Canada on how they are continuing clinical teaching during COVID-19, across a variety of clinical environments (inpatients or outpatient visits), for multiple educational purposes (e.g., direct observation, teaching, coaching and assessment), and for both formal and informal teaching (e.g., academic half days, journal clubs, clinical teaching, etc.). If you'd like to share some of your own or your program's ideas for clinical teaching, please email canmeds@royalcollege.ca.

GENERAL

1. These are uncertain and unnerving times for everyone, so be sure to focus on wellness and monitor for resident burnout. Reassure and support your residents, while emphasizing compassion and collegiality:
   - Acknowledge the extraordinary expectation for them to adapt in this crisis.
   - Host virtual wellness sessions (ideally with a facilitator with expertise in wellness) and talk about tips to stay healthy.
   - Plan virtual "social" sessions to maintain your learning community
   - Check in with residents by phone or video call (instead of by text or social media) – for some it will be much more personal.
   - Encourage self-care routines, such as exercise, time with family, journaling and reflection, and lots of rest.
2. So much uncertainty and loss of control is hard on learners. When possible, create opportunities for residents to make decisions and engage in planning. For example, work with your residents to identify what clinical experiences are less affected and can be kept, and consider your new 'pandemic' workflow and determine what EPAs fit with this workflow. Work with them to co-create alternative learning and assessment strategies. This work will help residents focus on specific EPAs during this time and reduce the uncertainty they're feeling.
3. Regularly reassure residents that you will do all that you can to support their learning and to limit the negative impact on their training in the context of the pandemic.
4. Recognize and plan for an increased need for longitudinal coaching and individualized learning plans. Planning, coaching and feedback can be done virtually where necessary.
5. Look for opportunities for teaching around each case discussed.
6. Share learning resources across disciplines and between programs through virtual meeting platforms. For example, one positive that has come to fruition quickly during COVID19 is the availability of online learning platforms. This can allow much more exchange and sharing across programs and nationally.
7. Plan for "post-pandemic catch up". How will you help and support residents in addressing gaps in training experiences and becoming competent physicians once the pandemic is over?

INPATIENT CARE

1. Identify typical learning opportunities related to the pandemic and map the EPAs that align with those experiences. Ensure residents and observers are aware and take advantage of those learning/teaching opportunities.
2. Consider ways in which all redeployment experiences can be used to attain competencies. Knowing that their work, and risk, is contributing to their learning and development will help with resident well-being.
3. You may choose to have only one person see a patient, but then review ward patients as a team. This approach will limit PPE use and potential exposure, but still allow for learning to occur.
4. If they are well and able to work from home, consider including trainees who are self-isolating as part of the team (e.g., listening in on rounds, entering orders in EMR and writing progress notes).
5. If team rounds are not possible, have a senior resident or the staff review with each junior separately.
6. Be creative - in some cases physical exams will not be needed each day. If the patient needs can be met virtually, embrace this.
7. Consider whether a video call to the patient in their room would be adequate, to support both social distancing and preservation of PPE.
8. Teach and emphasize resource stewardship (e.g. do as few tests and imaging as necessary – save time and PPE!).
9. (For surgeons) Circulate the OR case lists that are still ongoing. Allow 1 or 2 residents to volunteer/take turns to come in for cases where an EPA or other learning opportunities would arise.
10. Provide regular email or virtual communication/supports to residents (i.e., letting them know what procedures they CAN do that are low-risk or non-aerosolizing such as central line).
11. Consider doing handover, multidisciplinary rounds, and other larger group meetings either virtually or somewhere where it is possible to maintain physical distancing.

OUTPATIENT VISITS

1. Move clinics to video visits or if not possible, then phone/conference call. Letting residents take the lead for remote patient visits via telemedicine is a great opportunity for WBL. This can allow for setting learning goals and for coaching. Sitting off to the side of the room, out of the resident's view or webcam's reception, quickly allows the resident and patient to engage as if you weren't there.
2. After the virtual interaction of the resident and patient, let the patient know that you will be back in a few moments. Ask the resident to mute their microphone/hide camera and you can coach them immediately. After this discussion, you and the resident come back online and speak with patient.
3. Ask yourself, does this patient need to have a hands-on physical exam? In many cases they do not and taking a history is not only sufficient, but is more important. (There are obviously exceptions.)
4. Develop a set of questions or strategies to probe for physical exam assessment without actually looking at someone in-person. Look for recent publications of virtual physical exam techniques.

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

ASSESSMENT AND DIRECT OBSERVATION

1. Any clinical experience can meet the educational needs of a resident and contribute to their learning of an EPA. For this reason, be sure to re-evaluate EPA requirements and link EPAs to the evolving pandemic contexts.

2. Ask faculty to take responsibility for initiating EPA observations whenever the opportunity presents itself and instead of expecting residents to initiate. This is important in these extraordinary times when some residents are more likely to feel uncomfortable about distracting their clinical teachers from clinical duties and patient care.

MAINTAINING THE ACADEMIC HALF DAY AND OTHER EDUCATIONAL ACTIVITIES

1. Use novel technologies to enhance academic sessions and see this as an opportunity to rethink your design and delivery. "You are not just transferring sessions to the digital space; you are re-thinking what is necessary and reimagining what is possible" (Hall et al. 2020).
2. Make use of existing resources, to enhance Academic Half Days. For example, the Institute for Healthcare Improvement's Quality Improvement and Patient Safety learning modules are an off-the-shelf resource that can be easily accommodated in an AHD format.
3. If feasible, assign readings to residents more intentionally, then discuss with them to ensure they've read and understood them.
4. Encourage residents to use any free time to study, advance their research projects, help with administrative or QI projects, etc.

TOOLS AND RESOURCES:

1. 10 Tips for Virtual Teaching During COVID-19 (this has a good review of platforms)
2. Training disrupted: Practical tips for supporting competency-based medical education during the COVID-19 pandemic
3. CanMEDS Assessment Tools Guide
4. PIVOT Med Ed: COVID-19 Resources

REFERENCE: Andrew K. Hall, Markku T. Nousiainen, Paolo Campisi, J. Damon Dagnone, Jason R. Frank, Karen I. Kroeker, Stacey Brzezina, Eve Purdy & Anna Oswald (2020) Training disrupted: Practical tips for supporting competency-based medical education during the COVID-19 pandemic, Medical Teacher, DOI: 10.1080/0142159X.2020.1766669

ACKNOWLEDGEMENTS: The Royal College would like to thank the following individuals for their assistance in developing this resource: Linda Snell MD, MHPE, FRCPC, FACP, Warren J. Cheung, MD, MMEd, FRCPC, Denyse Richardson, MD, MEd, FRCPC, Brent Thoma MD, MA, MSc, FRCPC, DRSCPC, and Jason R. Frank, MD, MA (Ed.), FRCPC.

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

CanMEDS