

Thursday, October 21, 2021

Session 3: Pandemic and Progress

Moderator: Laura Brereton

Time Limit: 10-min presentation followed by 5-min Q&A

Time	Pod #	Title	Authors	Presenter
10:00-10:15	3.1	Form and Function: How a Change in the Format of Accreditation had Implications for its Function during COVID19	Carrie Cartmill, David Rojas, Erin Cameron, Cynthia Whitehead	c.cartmill@utoronto.ca
10:15-10:30	3.2	Identifying Skills and Competencies to Provide High-Quality Virtual Psychiatric Care to Trauma Patients	<u>Kanwarpreet Karwal, Samantha Inwood</u> , Robert Paul, Clare Pain, David Rojas	samantha.inwood@mail.utoronto.ca ; kanwarpreet_karwal@hotmail.com
10:30-10:45	3.3	Learning Beyond the Simulation Center Walls: Transitioning an In-Person Simulation for Near-Graduating Medical Students to a Virtual-Only Format	Kinga L. Eliaz, Jacob Prunuske, Tavinder K. Ark, Sondra Zabar, Maureen D. Francis, Adina Kalet	kinga.eliaz@gmail.com
10:45-11:00	3.4	"Weathering COVID-19: Team Dynamics, Structural Modifiers of Distress, and the Limits of Wellness"	Hilarie Stein, Kathleen Sheehan, Susan Abbey, Suze Berkhout	h.stein@mail.utoronto.ca



PODIUM 3.1 -- 10:00-10:15 [10 min presentation followed by 5 min Q&A]

Form and Function: How a change in the format of accreditation had implications for its function during COVID19

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In response to COVID-19, the Committee on Accreditation of Canadian Medical Schools (CACMS) implemented a revised accreditation format for MD programs undergoing accreditation between 2020 and 2021. The revisions to the format included site visits conducted virtually, a two-stage visit schedule, a focused approach for reviewing standards and elements, the addition of a field secretary to the visiting-team, and the replacement of an exit report interview with an email. Our research team conducted a multiple case study to examine the implications of this revised format on stakeholders involved in accreditation at two sites: The Northern Ontario School of Medicine, and the University of Toronto. Forty-six semi-structured interviews were conducted with members of the CACMS Secretariat, visiting-team members, and individuals who were involved in the implementation of accreditation at each of the sites. Interview transcripts were analyzed using qualitative thematic analysis. While the revised accreditation process was intended only to alter the format without otherwise affecting the underlying principles of accreditation, our findings suggest that changes to the format had important consequences within and across sites. We used a sociomateriality lens to analyse ways the revised accreditation format reshaped multiple aspects of the accreditation process. These included the roles and responsibilities of those involved in accreditation, the distribution of power between stakeholders, a loss of context across sites, and changes to the data set used for making accreditation decisions. These findings highlight that the format of an education process has material effects on processes and outcomes and cannot be considered inconsequential.

PODIUM 3.2 -- 10:15-10:30 [10 min presentation followed by 5 min Q&A]

Identifying Skills and Competencies to Provide High-Quality Virtual Psychiatric Care to Trauma Patients

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Background: For over a decade, psychiatrists have provided virtual care (VC) to patients by offering their services at a distance, typically via phone or video conferencing. However, there is a dearth of literature probing the competencies required to deliver VC effectively, and consequently, the training to build said competencies. Although VC was previously a niche form of care, the COVID-19 pandemic posed unique limitations to in-person care requiring many health professionals to provide care virtually. This project aimed to better understand the skills and competencies needed to deliver high-quality virtual psychiatric care, with a focus on treating patients with unresolved trauma.

Methods: We interviewed 13 participants (eight faculty, three fellows, and two 5th year residents) from the Psychiatry program at the University of Toronto. All participants had provided at least five virtual visits within the past six months to patients with unresolved trauma. Using an adaptive expertise lens, interview transcripts were then analyzed through inductive coding and thematic analysis.

Results: Thematic analysis identified psychiatrists' perceptions of VC, considerations for virtually treating patients with significant trauma history, skills and competencies required to deliver VC and its associated training and skill development.

Conclusions: Our results outline the unique needs, competencies, and skills required for high-quality virtual psychiatric care. While there is overlap between competencies and skills for VC and in-person care, VC requires a unique skillset. Future training should consider the skills and training methods identified here to better support current and future psychiatrists and prepare them to meet patients' needs post-pandemic.

PODIUM 3.3 -- 10:30-10:45 [10 min presentation followed by 5 min Q&A]

Learning beyond the simulation center walls: Transitioning an in-person simulation for near-graduating medical students to a virtual-only format

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Background: In response to the pandemic, we adapted a 4hr in-person simulation, Night-onCall (NOC), to a fully-virtual format to prepare, assess, and support the transition-to-internship for final-year medical students at three US medical schools. We describe the virtual experience and performance of final-year medical students.

Summary of Work: NOC is an immersive educational experience during which near-graduating medical students play the role of an intern as they complete a series of authentic clinical activities during a simulated “night on call” while assessed by multiple standardized raters from different perspectives. Fundamental NOC activities include: standardized patient (SP) encounters with a standardized nurse (SN), case presentation to a standardized attending, evidence-based medicine activity, patient handoff to a standardized intern. Students encounter 3 patient scenarios: post-operative oliguria (OI), headache with hypertension (Hyp), informed consent (IC) with a family member present. Assessing students’ physical examination skills (PEX) in a virtual environment required a new approach. Students were told to describe their physical exam and SPs were trained to respond accordingly. Virtual NOC was implemented across 2 web-based platforms, Zoom and Webex, and assessments were collected using REDCap and Qualtrics.

Summary of Results: 65 students across 3 institutions participated in virtual NOC 2020. Results are presented as the mean % of items well done. Students demonstrated strong communication skills from the SP perspective across the 3 patient cases: OI 74%, Hyp 83%, IC 73%. In cases where students also interacted with a SN (OI, Hyp), relationship building performance was strong: OI 79%, Hyp 88%. However, students struggled to know what to ask and how to engage the SN during patient encounters: OI 51%, Hyp 60%. Students demonstrated challenges with PEX: OI 50%, Hyp 58%. Virtual NOC performance was similar to the in-person NOC that over 400 graduating medical students have completed.

Discussion and Conclusions: NOC performance, whether in-person or a virtual space, reveals comparable similarities in graduating medical students’ readiness strengths and challenges. Findings suggest an emphasis on interprofessional teamwork and PEX may be warranted. Our work also suggests that the virtual format provides a comparable and appropriately challenging learning experience for final-year medical students.

Take-home Message: Virtual formats can provide comparable learning experiences to in-person formats.

PODIUM 3.4 -- 10:45-11:00 [10 min presentation followed by 5 min Q&A]

Weathering COVID-19: Team Dynamics, Structural Modifiers of Distress, and the Limits of Wellness

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The COVID-19 pandemic has caused an unprecedented and prolonged strain on Canadian healthcare workers (HCW). Even prior to the pandemic, HCWs struggled with increasing workload and decreased sense of self-efficacy. As the pandemic continues, fatigue and burnout have become increasingly prominent issues and there is an urgent need to understand the relationship between pandemic-specific challenges and those issues that predated COVID-19. In this paper, we draw on findings from a qualitative needs assessment and mixed methods evaluation of a mental health support program for HCW undertaken to explore challenges experienced during COVID-19. Twenty-three HCW were interviewed during the first wave of the COVID-19 pandemic (April to July 2020). Interviews were coded thematically and findings were triangulated across additional qualitative data sources. While wellness and mental health support interventions were focused at individual-levels, participants often reported that the COVID-19 pandemic amplified the challenges that teams were facing prior to the pandemic. Members of teams that were cohesive pre-pandemic continued to find ways to support one another and move forward, finding meaning in the challenges facing them. Teams previously facing interpersonal challenge and conflict saw stressors exacerbated. Distress amongst HCW was frequently modified by structural issues, particularly communication practices and institutional resourcing, issues that accentuated a sense of being valued versus being seen as expendable. Taken as a whole, our findings suggest that there are significant limits to the deployment of a wellness or mental health lens for conceptualizing HCW distress in COVID-19, as this lens tends to individualize what are importantly relational, intersubjective, and structural determinants of well-being in the workplace. We conclude by considering how these findings might be understood in relation to mental health and wellness supports utilized within medical education settings.