Pandemic Proofing Education



Eimear McCorry ST5 Adept Clinical Leadership Fellow, Aisling Diamond Deputy Medical Director, Southern Health and Social Care Trust



Introduction

Prior to the pandemic there were already recognised difficulties in the delivery of postgraduate medical education (PGME). Organisations were attempting to balance service delivery, increasing patient demands and time constraints with education and training requirements.

The onset of the COVID pandemic then added yet more difficulties. All formal educational activities were halted and imposition of distancing guidelines could be considered the final blow to traditional postgraduate teaching.

Undoubtedly however an appetite for teaching persisted and the necessity to maintain training despite the climate was recognised. We needed a solution to deliver postgraduate medical education within the Southern Trust.

Aims

We wanted to reinstate a postgraduate medical education programme within the Southern Trust that was:.

Safe	adhering to all distancing guidelines
Accessible	to all, regardless of location within the Trust, or if self-isolating or shielding
Sustainable	throughout any restrictions posed by pandemic but also in the long term

Method

We decided to opt with remote delivery of teaching. A pilot session was planned with preparation and consideration to multiple areas including:



Platform

- multiple virtual platforms explored
- Zoom chosen given familiarity and perceived ease of use



Trainers

 those previously enthusiastic and engaged in the PGME approached

Content



- needed to be clinically relevant and applicable to trainees
- anonymously surveyed to determine learning needs



Participants

- · all junior staff across the Trust invited
- via email, posters and social media

The initial pilot session was received extremely positively and with this we systematically increased the opportunities available expanding to weekly and then multiple times per week.

Results

The pilot session was greeted extremely positively with feedback specifically related to the method of delivery overwhelmingly encouraging with:



liking remote teaching format



viewing remote delivery as safer alternative to traditional teaching sessions

Discussion

We have continued to develop and now have a comprehensive PGME programme with all activities available remotely. There are a minimum of 3 sessions weekly with other additional sessions intermittently. At any one time we can have up to 50 participants availing of a teaching session from all sites across the Trust. We have people join from home, those self-isolating and also interestingly have had junior doctors with delayed start dates that have been joining from across the world.

Clinicians across multiple specialties have been involved as well as the wider multidisciplinary team including nursing staff, psychology and pharmacy.

We have progressed from the initial lecture style teaching to now also include a variety of sessions including OSCE style sessions, simulation, virtual journal club and small group tutorials.

Content remains guided by learning needs and is curriculum based to ensure relevancy. We also integrate learning from SAIs and welcome requests from junior and senior colleagues.

We continue to collect feedback after every teaching session and actively use this to inform future sessions.

For the majority of trainers and trainees this was a new concept requiring adaptability and overcoming barriers. However this innovative approach has been positively embraced and we have created an approach to PGME that is pandemic proof.

We recognise that this is work in progress and continuously seek feedback to shape improvements, ultimately seeking to maximise educational opportunities within the Trust.