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Title:

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Date:

2021-02-01

Citation:

Mack, H. G. & Filipe, H. P. (2021). Clinical teaching of CPD during the COVID pandemic. Clinical Teacher, 18 (1), pp.84-86. <https://doi.org/10.1111/tct.13261>.

Persistent Link:

<https://hdl.handle.net/11343/276456>

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Article type : Insights

Clinical teaching of CPD during the COVID pandemic

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/TCT.13261](https://doi.org/10.1111/TCT.13261)

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26 **Pullout points:**

27 Clinical education has been affected by the imperative to limit patient contact to definitive
28 care provision.

29 Practitioners have an obligation to understand the effects of the COVID-19 infection in
30 their area of clinical expertise.

31 Meaningful CPD includes a wide set of skills required in modern high-quality practice that
32 go beyond clinical expertise.

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34 The COVID-19 pandemic has disrupted clinical education worldwide, including continuing
35 professional development (CPD). The response of regulators varies, with many recognizing
36 the difficulty of participating in CPD, e.g. the Medical Board of Australia has an amnesty on
37 CPD requirements and the Nursing and Midwifery Council (United Kingdom) is supporting
38 practitioners with time-extensions. However, healthcare professionals need to continue
39 their ongoing education and, irrespective of regulatory requirements, must honour their
40 professional accountability and meet societal expectations based on their lifelong learning
41 commitment. As experts in CPD, with a particular emphasis on medical practitioners, we
42 anticipate that healthcare professionals' lifelong learning will continue evolving and
43 clinical educators working in CPD will be challenged to develop innovative learning
44 solutions. A similar challenge was faced during the severe acute respiratory syndrome
45 (SARS) epidemic in 2003. Recommendations made at the time included web-based
46 learning, role play and mannequin-based simulated patients¹ and these remain relevant.²

In this article, we recommend ways healthcare professionals and clinical educators may undertake CPD during the COVID-19 pandemic.

Clinical education has been affected by the imperative to limit patient contact to definitive care provision, thus hindering bedside teaching. Educational meetings, whether tutorial style or larger congresses, are not possible and many have been cancelled or adapted and held virtually. The CPD audience includes many practitioners at higher risk of COVID-19 due to age or illness, and many will avoid the few onsite learning opportunities available.

We recommend healthcare professionals continue their education, beginning with planning. Ideally, they review or develop their personal learning plans. Clinical practitioners may choose to undertake structured online tests to understand their current strengths and weaknesses while formulating their plan. Practitioners have an obligation to understand the effects of the COVID-19 infection in their area of clinical expertise, infection control techniques, and to review dormant skills they may be using during redeployment. Practitioners can then consider the vast archive of online clinical material, ranging from recorded lectures to procedure videos, much of it open access or available on 30-day free trials (Box 1). Watching videos and mentally rehearsing the steps can assist learning of new procedures, followed by further simulation training. Many organizations are establishing interactive webinar programs as an alternative to their cancelled conferences, with online video conferencing tools allowing global access across different time zones and thus a wider range of material than previously. Many of these online programs include interaction and collective learning, thus developing a virtual community of practice, strengthening professional identity,³ and fostering self-determined learning and sense of accomplishment.⁴ For those whose professional development is performed largely in teams, most will have moved to an on-line environment using tools such as role play and simulated patients.

Meaningful CPD includes a wide set of skills required in modern high-quality practice that go beyond clinical expertise (e.g. CanMEDS,⁵ Australian competency domains for registered nurses⁶), and healthcare workers can embrace the breadth of the CPD curriculum such as communications skills and patient advocacy. Practitioners also have an opportunity to reflect on their clinical practice and undertake practice audits (e.g. outcomes from cataract surgery) and process reviews (e.g. recording of time-out during cataract surgery). Medical record reviews using standard templates provided by professional societies may also be undertaken as a self-reflection exercise. Time may be allocated to prepare case series of interesting patient outcomes for publication and advance scholarship. In many cases patient loads have decreased and practitioners are working from home, so there may be more flexibility to undertake reflective activities that can be time-consuming and require uninterrupted concentration.

Clinical teachers in academic settings, hospitals and professional societies should consider how to guide their learning communities. This is the opportunity to review curricula and develop online interactive formats that could include social networks as complementary support platforms. The CPD audience are self-directed and hopefully self-determined adult learners who nevertheless benefit from facilitation towards appropriate content. Skillful mentorship more than ever is needed, and CPD clinical educators should embrace this opportunity to develop and enhance their facilitation skills.

This may also be the opportunity to begin a clinical education qualification online, to develop or join a clinical educator community of learning, to undertake self-reflection, or to provide and receive peer mentorship. Educators may also consider developing their scholarship responsibilities by co-writing, publishing and peer reviewing the outcomes of educational initiatives.

The COVID-19 pandemic has significantly changed the delivery of classical CPD activities, and in many jurisdictions CPD became optional for 2020. Adversity brings opportunities to creatively develop new and effective learning methods, and to expand more effectively online material. We present ideas to develop CPD from the perspective of both learners and educators to keep advancing clinical lifelong learning, and honor the social contract of the healthcare profession and society in which the public trusts healthcare professionals' duty to remain current and accountable.

Heather G Mack was chair of the CPD committee of the Royal Australian and New Zealand College of Ophthalmologists 2003-2011 and is currently president of the college. Helena Prior Filipe is current chair of the CPD committee of the International Council of Ophthalmology.

Box 1: Examples of on-line resources for practitioners and clinical educators

Discipline	Resource	Web address
Medical	American Academy Ophthalmology Insights MD WebSurg Pan American Association of Ophthalmology Virtual Campus	www.aao.org insights.md websurg.com/en https://www.campuspao.org/
Nursing	Nursing Education Network Future Learn Skills Platform	nursingeducationnetwork.net futurelearn.com/subjects/healthcare-medicine-courses/nursing skillsplatform.org/health/cpd-courses-for-nurses
Social work	International Federation of Social Workers	ifsw.org

	National Association of Social Workers USA	Careers.socialworkers.org/professionaldev/default.asp
Physiotherapy	Chartered Society of Physiotherapists UK Clinical Edge	csp.org.uk clinicaledge.co
Clinical educators	International Council of Ophthalmology Ausmed Educator Resources Hub AMEE. An International Association for Medical Education Continuing Medical Education Society for Academic Continuing Medical Education International Association of Medical Science Educators	icoph.org/advancing_leadership/ophthalmic_educators.html ausmed.com.au/cpd/hubs/educator-resources https://amee.org/home https://www.sacme.org/CME_Resources <u>http://www.iamse.org/medical-science-educator-toolkits/</u>

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 5. <http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>
 6. Nursing and Midwifery Board of Australia. National competency standards for the registered nurse. [internet]. Melbourne: Nursing and Midwifery Board of Australia [cited 2020 July 27]. Available from: <http://nursingmidwiferyboard.gov.au>