Adapting clinical skills volunteer patient recruitment and retention during COVID-19

Adaptation du recrutement et de la fidélisation des patients volontaires pour l’enseignement des habiletés cliniques pendant la COVID-19

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Article abstract

Implication Statement: Institutions have been faced with the unique challenge of continuing to deliver medical education to students in a COVID-19 environment. Clinical skills teaching must be adapted to the pandemic environment, which begins with retaining Volunteer Patient (VP) engagement to facilitate the development of students’ patient care aptitudes. The number of available VPs has been significantly reduced by the pandemic. We propose actionable solutions to recruit, engage, and retain VPs that can be easily adopted at any site. The SLIM-COVID framework can assist programs in altering curricula to deliver clinical skills with patient involvement in a pandemic environment.
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Implication Statement

Institutions have been faced with the unique challenge of continuing to deliver medical education to students in a COVID-19 environment.1,2 Clinical skills teaching must be adapted to the pandemic environment, which begins with retaining Volunteer Patient (VP) engagement to facilitate the development of students’ patient care aptitudes. The number of available VPs has been significantly reduced by the pandemic. We propose actionable solutions to recruit, engage, and retain VPs that can be easily adopted at any site. The SLIM-COVID framework can assist programs in altering curricula to deliver clinical skills with patient involvement in a pandemic environment.

Énoncé des implications de la recherche

Les établissements d’éducation médicale ont été confrontés au défi unique de continuer à assurer leurs services aux étudiants dans un environnement COVID-19.1,2 L’enseignement des habiletés cliniques doit être adapté au contexte de la pandémie, en premier lieu par le maintien de la participation des patients volontaires (PV) afin de faciliter le développement des aptitudes requises pour les soins aux patients. Le nombre de PV disponibles a considérablement baissé en raison de la pandémie. Nous proposons des solutions concrètes pour recruter, motiver et retenir les PV, ces solutions pouvant être facilement introduites dans tous les types de site. Le cadre SLIM-COVID peut faciliter l’adaptation des programmes d’études pour assurer la participation de patients dans l’enseignement des habiletés cliniques dans le contexte de la pandémie.

Introduction

The pandemic has presented a challenging Volunteer Patient (VP) recruitment climate, as barriers to participation have increased significantly. After initial surveying and screening for COVID-19 risk factors, the Faculty of Medicine at UBC observed their existing database of available VPs reduced by ~90%. The primary concern for VPs was increasing their risk for contracting COVID-19 through exposure to a healthcare environment. VPs conveyed COVID-19 restrictions have removed motivators for participation, including socialization and fulfillment from volunteer work.3 There was a need to adapt the curriculum to allow for the continued participation of VPs. Following University of British Columbia Research Ethics Board approval and participants’ informed consent, a survey of VP interest and concerns was used to inform the creation of the SLIM-COVID solution.
Progressive teaching in a pandemic environment

The dwindling numbers of available VPs is a common problem for many institutions and these suggestions provide solutions relevant teaching sites of all sizes. Implementation of these measures has resulted in the number of VPs available increasing to roughly 75% of the original volunteer base at UBC. A precondition of the SLIM-C framework implementation is presence of a volunteer patient base that can be surveyed to inform the evolution of measures within the framework. Online sessions present a limitation of the proposed method as they do not provide volunteers with a high level of fulfillment. These proposed changes adapt clinical skills teaching sessions to keep VPs, students, and staff safe while providing clinical skills teaching amidst the evolving COVID-19 environment.

Figure 1. Schematic regarding how survey data informed recruitment strategies, which are split into phases depending on the number of volunteers required. DME: Distributed Medical Education.
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References
1. Ferrel M, Ryan J. The Impact of COVID-19 on Medical Education. *Cureus*. 2020;12(3):e7492. https://doi.org/10.7759/cureus.7492.
2. Torda A, Velan G, Perkovic V. The impact of the COVID-19 pandemic on medical education. *Med J Aust*. 2020;14(1). https://doi.org/10.5694/mja2.50705.
3. Tierney S, Mahtani K. Volunteering during the COVID-19 pandemic: what are the potential benefits to people’s well-being. *CEBM Research*. 2020.
4. World Health Organization. Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance [Internet]. Mar 2020. Available from: https://apps.who.int/iris/handle/10665/331498. 19 [Accessed on Aug 20, 2020].
5. Wong RY. Medical education during COVID-19: lessons from a pandemic. *BC Med J*. 2020;62(4):170-171.