

Rapid Adaptation to Remote Didactics and Learning in GME

Grace Hickam MD¹, Sally A Santen, MD, PHD², Stephen John Cico MD, Med³, David Manthey MD⁴, Margaret Wolff, MD⁵, Joel Moll, MD⁶, Alexandra Lambert, MD⁷, Jaime Jordan, MD⁸, Mary R C Haas MD⁹

¹Medical Education Fellow, Department of Emergency Medicine, Virginia Commonwealth University

²Senior Associate Dean Evaluation, Assessment and Scholarship, Department of Emergency Medicine, Virginia Commonwealth University

³Assistant Dean for Graduate Medical Education, Department of Emergency Medicine, Indiana University

⁴Professor, Department of Emergency Medicine, Wake Forest University School of Medicine

⁵Program Director, Medical Education Fellowship, University of Michigan

⁶Chief Resident, Department of Emergency Medicine, Virginia Commonwealth University

⁷Program Director, Emergency Medicine Residency Program, Virginia Commonwealth University

⁸Associate Program Director, Emergency Medicine Residency Program, Ronald Reagan UCLA Medical Center

⁹Assistant Program Director, Emergency Medicine Residency Program, University of Michigan

Contact information: Grace Hickam, MD / Grace.hickam@vcuhealth.org / 623.570.6721

DR. GRACE HICKAM (Orcid ID : 0000-0002-6247-4530)

DR. SALLY SANTEN (Orcid ID : 0000-0002-8327-8002)

DR. MARGARET WOLFF (Orcid ID : 0000-0002-3637-2653)

DR. JAIME JORDAN (Orcid ID : 0000-0002-6573-7041)

DR. MARY R C HAAS (Orcid ID : 0000-0002-9506-5928)

Article type : Educational Download

Rapid Adaptation to Remote Didactics and Learning in GME

Grace Hickam MD, Sally A Santen, MD, PHD, Stephen John Cico MD, MEd, David Manthey MD, Margaret Wolff, MD, Joel Moll, MD, Alexandra Lambert, MD, Jaime Jordan, MD, Mary R C Haas MD

Introduction

Weekly didactic conference in emergency medicine education has traditionally united residents and faculty for learning and fostered community within the residency program. The global pandemic Coronavirus Disease-19 (COVID-19) has fueled a rapid transition to remote learning that has disrupted the typical in-person format. To maintain ACGME¹ educational experiences and requirements for residents in a safe manner, many residencies have moved to videoconferencing platforms such as Zoom™, Teams™, and WebEX.™

Given the importance of didactic conference as a ritual, educational experience and community-building activity, most residency programs have worked to maintain an active and robust didactic conference despite the many logistical challenges.² Engaging residency program members in the transition to remote learning and utilizing opportunities for innovation can help to maintain normalcy and combat isolation resulting from the loss of weekly in-person contact.

Herein, we propose practical tips for optimizing remote learning for weekly emergency medicine residency didactics.

Table 1.

Rapid Adaptation Strategies and Considerations

Adaptation Strategy	Considerations
1. Engage the whole educational team	<ul style="list-style-type: none">• Establish a diverse team of faculty and trainees who can be in contact frequently to guide the transition from in-person to remote didactics• Empowering the entire educational team to feel ownership will enhance sustainability and prevent isolation³• Team goals include identifying needs and employing creative mechanisms to foster active learning• Communicate changes and expectations with faculty and trainees at regular intervals
2. Identify video conferencing champions	<ul style="list-style-type: none">• Champions need to be facile with the different features available on the video conference platform used and understand how to navigate them to optimize educational sessions• Examples include managing who is sharing their camera (presenters vs. learners), muting all audience members on arrival to prevent distraction, organizing break out rooms, and using the appropriate settings to host panel discussions or webinars
3. Designate moderators	<ul style="list-style-type: none">• Having 2 moderators allows conference to continue smoothly if one needs to take a break or troubleshoot a technical error• Make moderating fun—consider playing “walk up” music for speakers during transitions• Moderators can also offload presenters from monitoring the chat and can summarize questions or comments to them.
4. Build in breaks	<ul style="list-style-type: none">• Breaks allow learners to briefly pause without fear of missing content• Breaks reduce digital fatigue and optimize attention³• Breaks also facilitate time for social interaction among participants
5. Perform technology checks and education for speakers	<ul style="list-style-type: none">• “Tech checks” offer an opportunity for speakers to troubleshoot and familiarize themselves with basic features of the platform• Consider job aids or short videos on basic function for virtual platforms

	<ul style="list-style-type: none"> • Anticipate technical difficulties, remain flexible and have a backup plan
6. Perform continuous quality improvement	<ul style="list-style-type: none"> • Debrief sessions to identify lessons learned for future conferences • Continue to evolve and seek out literature and colleagues for improvement ideas
7. Leverage community of practice	<ul style="list-style-type: none"> • Engage in a community of practice⁴ of other educators in order to crowdsource strategies and innovative ideas. • Recruit alumni to present didactics or run educational sessions • Utilize the remote format as a means to feature national leaders and experts on topics without the requirement for travel
8. Allow participants to comment and ask questions in real time	<ul style="list-style-type: none"> • Utilize chat features that are built into the video conferencing platform • Consider other platforms i.e. Slack, Twitter, etc., that offer enhanced functionality and can more easily archive conversation⁵ • Promote engagement in real time such as integrating polls/questions and small group breakout sessions • Empower designated moderators to answer questions or pose questions in the chat to the speaker
9. Communicate video etiquette standards	<ul style="list-style-type: none"> • Create a shared understanding of appropriate etiquette for remote didactics • For example, communicate expectations to the audience according to the session type and audience size for whether or not they should share their video and/or mute themselves.
10. Employ a mechanism for taking attendance.	<ul style="list-style-type: none"> • Consider third party attendance options such as QR codes that can directly connect the attendee to their resident site for conference hour tracking (i.e. New Innovations™) • Attendees may send chat messages in the video software to a designated person tracking attendance (chat features are usually able to be saved by the host creating a record of attendance) • Integrate a signed honor system acknowledging attendance

References

1. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Emergency Medicine. Available at: <https://>

www.acgme.org/Portals/0/PFAssets/ProgramRequirements/

110_EmergencyMedicine_2019_TCC.pdf?ver=2019-06-11-153018-223. Accessed July 29, 2020.

2. Gottlieb, M, Laundry, A, Egan DJ, Shappell, E, Bailitz, J, Horowitz, R, Fix, M. Rethinking Residency Conferences in the Era of COVID 19. *AEM Education and Training*, 2020; 4: 313-317.
3. Barker A. Faculty development for teaching online: educational and technological issues. *J Contin Educ Nurs*. 2003;34(6):273-278.
4. Graven, M., Lerman, S. (2003), Wenger, E. (1998). Communities of practice: Learning, meaning and identity. *Journal of Mathematics Teacher Education*. 6(2):185-194 (2003). <https://doi.org/10.1023/A:1023947624004>
5. Rose C, Mott S, Alvarez A, Lin M. Physically distant, educationally connected: Interactive conferencing in the era of COVID-19. *Med Educ*. 2020;54(8):758-759. doi:10.1111/medu.14192