CBD during the COVID19 Webinar presented on April 9th, 2020

CBD During COVID 19 - Webinar questions answered*

*Please note- this is not an official Royal College policy document. While some of the answers provided in the table reflect guidance offered by the Royal College, other answers have been provided by individual programs and institutions and may be unique to their local policies and strategies.

Question	Answers/Considerations
1. Can we assume that that the time element will not be a big determinant regardless of CBD based or not?	Guiding documents are now available on the Royal College website offering support to programs on how to meet Royal College training requirements in the era of COVID-19. These documents include guidance for Time-based programs, Competency-based programs and Area of Focused Competence (AFC) programs.
2. What is the role of the specialty committees in determining completion of RTEs and STRs? Central RC seems flexible, how do we know SCs will see it the same way?	The Specialty Committee is responsible for the development of national, discipline-specific standards. The delivery of, adherence to and completion of standards is under the purview of each discipline program, in partnership with Royal College accreditation and credentialing.
3. Will we get this information within a document?	Yes! The Royal College recently released guiding documents on how to meet the requirements for time-based, competency-based, and AFC programs in the disrupted training environment.
4. We have heard there will be flexibility in EPA completion. Does this include who can complete the EPAs? For example, if an EPA is supposed to be completed by staff or TTP resident, can a CD resident complete it instead?	Defer to local Faculty of Medicine policies where applicable.
5. Resident question here. CBD has already been described as highly anxiogenic without the whole COVID situation, mostly because of lack of flexibility and rigid expectations on number of completed EPAs. This is exacerbated in the context of the pandemic. Should we continue to rely that heavily on EPA completion rates to infer competence? Or should we do what we can and rely on overall impressions?	Specialty committee recommendations on the number and context variety of observations required to inform decision-making on EPA achievement are intended only as a guide to programs. This was the case even before COVID-19. We know that it is likely that there will be fewer EPA observations at this time – this is OK! As in 'normal' circumstances, decisions on EPA achievement and recommendations on resident progression are made by the program competence committee. Competence committees should consider these observations in the context of the overall picture of a resident's performance, using the specialty committee recommendations on the number of completed EPAs as guidance only. Further, Competence by Design offers clear expectations on the requirements of the discipline, as well as flexibility as to how competencies are facilitated and achieved. Should residents run into barriers in fulfilling the requirements of their program as a result of the COVID-19 pandemic, there is flexibility for program directors to modify a resident's learning plan to meet the requirements. The goal is to provide, whenever

	possible and appropriate, alternative options for residents to achieve the essential competencies needed for independent practice. Most importantly, residents must acquire the established competencies of the discipline before they receive their certification. For more information and guidance, please see the document: Meeting training requirements for Competence by Design programs located on the Royal College website.
6. Are there discussions about the changing the timing of Fall 2020 external reviews?	The Canadian Residency Accreditation Consortium (CanRAC) has communicated that, at this time, preparations for fall 2020 regular accreditation reviews and external reviews are proceeding as scheduled but that the situation continues to be monitored in consultation with impacted stakeholders. As much as possible, flexibility is being offered as to deadlines for all accreditation activities while upholding the rigour of the CanERA accreditation process. CanRAC is also exploring, testing and evaluating alternative approaches and strategies, including the possibility for virtual reviews and meetings. In all cases, surveyors will be given guidance to ensure the current exceptional circumstances are taken into consideration appropriately when evaluating schools and programs against the accreditation standards at future reviews. More information on the impacts of COVID-19 on Postgraduate Accreditation can be found here: Impacts on Postgraduate Accreditation updates from CanERA
7. Should AA be waiting for the CC/RPC meetings to first happen so that any ongoing changes are communicated and can be taken into account when discussing with the resident?	Defer to local faculty of medicine policies/guidelines
8. Can AA do virtual meetings on personal zoom or still require an institutional account?	Defer to local institutional policies
9. Many ideas come from small programs. Have you received suggestions from large programs that are well into CBD, such as those that have 15+ residents per year and are currently in year 2 or 3?	Each individual institution likely has their own policies and strategies. However, a few suggestions from Program Directors or CBME Leads across the country came through the pre-webinar survey: • Minimize physical distancing, virtual engagement is encouraged • Divide teams into smaller group clusters that work together clinically • Have smaller cohorts of residents come in to see patients who can be quickly assessed and managed alone by residents. o Avoid multiple contacts by having staff review resident; eliminate resident supervision by seniors o Keep other residents are at home studying, advancing research projects and helping with admin tasks when possible. o The idea is to have the patients see the right resident in the right place at the right time.”
10. Is anyone considering using oral-exam style assessment in place of clinical observations for high-stakes but low frequency	Each faculty is addressing this differently. If it is absolutely necessary to avoid direct clinical observation, other options may be considered. A few alternatives that were discussed during the webinar or suggested in the pre-webinar survey include: virtual options (i.e. Zoom), phone, or physically distanced oral examinations. The Royal College will soon be launching another survey to further examine the impact

assessments? (For example - resuscitation EPAs). We have used sim for these a lot in the past, but sim is no longer an option.	of COVID-19 on residency education in Canada, with the hope of delving deeper into some of these strategies and adaptations.
11. Any guidance on having residents continue with in-training exams? We normally proctor these and are attempting to limit number of people and expand room size but the residents would prefer to complete online at home. I worry that the "open book" at home version will decrease validity. Any suggestions or ideas to mitigate?	Again, these are dependent on local institution policies or guidelines. **Tip from a Program Director:** If you choose an online option for in-training examinations, residents can be monitored by a proctor via a video set-up. This may not prevent the resident from "looking stuff up", however, spending too much time searching for answers may prevent them from finishing on time when there is a time limit in place. However, if an onsite proctor is necessary to ensure it is a closed book exam, it would be reasonable to bring the residents in for an in-training exam as long as appropriate physical distancing is maintained.
12. Any experience with process for exploring accommodations for residents (i.e. residents who are pregnant, immunocompromised, etc.).	Resident accommodations are typically overseen and managed by the PGME office. If this is not the case, an alternative option would be to defer to the site's workplace safety guidelines which should be in place for all health care workers who are pregnant or immunocompromised.