

MAINTAINING HOSPITAL EDUCATION ACTIVITIES DURING COVID-19

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PURPOSE

This document was developed by the Toronto Region COVID-19 Hospital Education Table in coordination with the Toronto Academic Health Science Network (TAHSN) to provide ongoing guidance to Toronto Region hospitals and academic institutions on opportunities to maintain educational activities, specifically hospital-based placements, through the various stages of the COVID-19 pandemic. The overarching objective is to safely continue with hospital-based placements and ensure learners have optimal access to program-related training opportunities during the succeeding waves of the pandemic.

BACKGROUND

Learning is a fundamental component of an academic health science centre's tripartite mission of care, learning, and research. As academic and community teaching hospitals, there is a duty to train the next generation of healthcare providers in alignment with societal needs and government mandates to ensure a steady pipeline of new professionals entering the healthcare workforce. It is critical to maintain the health human resource pipeline for learners to experience clinical care and gain the skills and competencies crucial to become healthcare providers and professionals of the future.

At the onset of the pandemic, based on the limited understanding of COVID-19, restricted personal protective equipment (PPE) supply and workforce capacity resulted in the pause of many learner placements and a slowed pipeline of health professional training. Guided by commitments to safety, optimal service delivery, and learning, a plan to reintegrate learners in a phased approach was developed, operationalized, and monitored closely as part of the broader recovery work of hospitals. This plan ensured learners would continue to be safely reintegrated into hospital-based placements and clinical care teams across the system during the remainder of the COVID-19 pandemic in order to provide adequate patient care with an appropriately trained workforce.

Following the first wave of the pandemic, availability of PPE has improved and recently, more learners and hospital staff are receiving COVID-19 vaccinations. Currently, hospitals are planning to operate at full capacity for clinical care by Fall 2021 and academic programs are similarly planning to restore clinical training and placements to pre-pandemic levels. This document has therefore been updated to reflect the harmonized approach to remove unnecessary barriers to clinical placement of learners and uphold the commitment to maintain the pipeline of healthcare professionals during the pandemic.

ASSUMPTIONS

This document relies on the following assumptions:

- All learners referenced in this document are those that require clinical placement in hospitals to graduate.
- All learners have been appropriately oriented and prepared with COVID-19 curricula at their academic institution.
- Hospitals have ensured learners understand their responsibilities as a learner in the clinical environment or member of the care team during this time and are made aware of hospital-specific safety protocols, policies, and procedures.
- COVID-19 vaccination is encouraged and enabled for learners, and rates are expected to be higher than rates in the general population.

N.B. Please note that this document is only providing guidance and/or recommendations to support individual planning for hospitals within the Toronto Region of Ontario Health. This document does not constitute provincial decisions, directions, or guidance.

CONSIDERATIONS

Education recovery activities should be integrated, aligned with broader hospital recovery activities, monitored, and phased to ensure coordinated planning (e.g., clinical activities, research activities, PPE supplies, visitor policies, etc.). Activities may fluctuate, scaling up or down as appropriate.

To continue to restore educational activities, factors such as hospitals' ability to manage operational pressures imposed by the pandemic are considered. Hospitals will continue to monitor factors that include, but are not limited to the following:

- Daily COVID-19 cases, outbreaks, hospitalizations, vaccination rates.
- Government orders (e.g. stay-at-home orders).
- Volume of healthcare workers permitted in the building for appropriate physical distancing measures to be followed.
- % of acute and critical care capacity, patient acuity, and overall workforce capacity and supervisor availability.
- Critical supplies of PPE that includes the current usage rate plus the forecasted additional academic recovery requirements.
- The hospital's overall ability to mitigate a resurgence.

The [TAHSN Academic Recovery Strategy & Guidelines](#), Section One: Organizational Planning for Reintegrating Learners, provides detailed planning considerations for hospitals to consider in preparing for, and monitoring learner reintegration activities. Additionally, *Reintegration to Clinical Environments (RICE) Feasibility Assessment* (see the Guidelines' Appendices C-E) for reintegrating learner activities during the COVID-19 Pandemic, offers a tool for hospitals to leverage to plan and monitor learner activities.

RECOMMENDED PRINCIPLES

Participation in any educational endeavour will be determined by competence of the learner and the assessment of risks and benefits to the patient and the learner by the clinical faculty or supervising clinician/preceptor. Learning objectives set out by the academic institution will be considered. The following principles are recommended to ensure a steady pipeline of new healthcare professionals:

- I. All learners should, as much as possible, participate in clinical settings similar to the roles they perform during non-emergency situations (e.g., learning about and assisting with clinical duties).
- II. All learners must be prepared to work or learn in a clinical environment in which COVID-19 remains present.
- III. Both hospitals and academic institutions should plan for and support learner placement numbers according to the most current Infection Prevention and Control (IPAC), Occupational Health and Safety and Public Health recommendations. Such recommendations, including those about vaccinations, will inform appropriate measures to maintain the safety of learners, staff, and patients. Where small group learning is typical, the aim of accommodating group sizes to a minimum of 6 (where appropriate spacing exists) will allow timely human resource planning and student scheduling.
- IV. Hospitals will plan for full capacity of placements and rotations in Fall 2021 and will collaborate with academic institutions to adjust anticipated capacity, while considering the effects of potential future COVID-19 outbreaks as required to maintain safety.
- V. Hospitals and academic institutions will continue to consider and innovate to manage future demands for increased capacity for clinical training beyond pre-pandemic levels if and when such opportunities arise.

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STRATEGIES FOR MAINTAINING THE EDUCATIONAL PIPELINE

Learners on clinical placement are usually integrated members of the care team in academic hospitals, providing supervised clinical care to patients and families. More junior learners require experience in the clinical environment to obtain competencies to participate in clinical care. As the COVID-19 pandemic continues and hospitals look to expand their capacity, opportunities for learners to safely provide valuable contributions to the needs of hospitals, care teams, and patients continue to be offered and may increase. To prevent delays in clinical placements for any learner, hospitals may consider the following strategies during the COVID-19 pandemic:

1. Learners remain at a hospital site and are assigned unit(s) despite increased patient numbers, provided the capacity for adequate learner supervision, PPE, and critical supplies, ability to physically distance, offering of COVID-19 vaccinations, and workforce capacity remains. Hospitals will support N95 respirator-fit testing according to [*Mask Fit Testing for Learners During COVID-19*](#).
2. The learner should be kept in the clinical environment whenever possible, placements supplemented by virtual and remote learning and care experiences should only be used when or if COVID-19 surge is at high levels and with the input of hospital IPAC departments. Please see [*TAHSN Principles for Virtual Learning*](#). Where availability of physical space may present barriers to increase learner group size and number of clinical placements, virtual or remote experiences may be utilized for non-clinical learner events.
3. If a clinical unit is redeployed for different clinical care purpose, (e.g., surgery becomes a medicine ward) the learner could be provided with opportunities to learn similar or complementary skills to those set out by the original placement's learning objectives and continue following a learning trajectory toward gaining important clinical competencies. Please see [*Guidelines Supporting Learners in Redeploying with Preceptors During COVID-19*](#).
4. If a clinical unit is closed or there is insufficient capacity for safe supervision of learners, where appropriate, learners could be reassigned to an alternate hospital unit to assist the hospital in providing essential patient care while gaining alternative or complementary skills to be a health care professional. Capacity for the learner to be adequately trained to participate in the care on the reassigned unit/service should be considered.

REFERENCES

- Ontario Health. [*A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic*](#). 2020.
- TAHSN. [*TAHSN Hospital-Based Academic Recovery Strategy & Guidelines*](#). 2020
- Ontario Health. [*Toronto Region Guidance Document on Ramping up Hospital-based Ambulatory, Procedural and Surgical Activity*](#). 2020.

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