

Speed Mentoring Part 1: Teaching and learning across the continuum in challenging circumstances

Handout from a virtual AMEE workshop

Wednesday 15 April 2020

This 'Speed mentoring' webinar-based workshop provided opportunities for participants to engage in small group conversations with a group of senior health professions' educators, acting as facilitators and mentors, to help participants address issues and challenges and share stories and solutions. The workshop was conducted using Zoom™ which provides live video, audio and chat connectivity. Importantly for a workshop, it also enables dividing a large group into break-out groups for small group interaction and being able to bring them back together for reporting, as is often done in face-to-face workshops. The mentors and participants came from across the globe, from countries including Indonesia, Malaysia, Sri Lanka, Saudi Arabia, Egypt, Myanmar, Pakistan, UK, Netherlands, Slovakia, Greece, Canada, US, Georgia, Brazil, Portugal and Turkey, and more.

Mentors

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The workshop focused specifically on teaching and learning (as opposed to assessment) and was timed to facilitate conversations relating to the abrupt transition to online learning that the vast majority of educators around the world are facing currently. We anticipated that the COVID-19 pandemic would pose great challenges to teachers and learners in the health professions, however, many participants also identified significant opportunities for personal development and growth and educational innovation during this transition, and reflected that health professions' education will learn several valuable lessons from this crisis.

Challenges

Through the small-group discussions, a number of challenges were identified. Whilst some challenges were being experienced by many, other challenges were more context-dependent,

with many countries (not just low resource settings) facing problems such as non-availability of devices (e.g. laptops) to lower socioeconomic groups of students and teachers, and difficulties with network bandwidths and connections. Below is a summary of the challenges identified:

Learner-related challenges

- Ensuring in-class engagement and interactions
- Nurturing continued engagement with learning activities
- Encouraging participants to adapt to new teaching methods with cultural sensitivities emerging such as requirements to turn on video and audio in online sessions

Technology-related challenges

- Connectivity-related: e.g. internet bandwidth, infrastructure
- Device-related: smart phones more widespread than tablets/computers, devices but were limited in functionality such as having limited apps, and the costs associated with use of mobile data
- User-related: range of platforms available for teaching and learning with initial unfamiliarity
- Need for IT support

Teacher-related challenges

- Adapting learning and teaching activities on the fly
- Lack of confidence and competence
- Teaching clinical skills virtually
- Use of virtual patients
- Assessing impact of teaching
- Assessment of learners
- Academics feeling guilty for not helping clinically
- Teachers get more tired while conducting online teaching and virtual meetings

Institution-related challenges

- Managing uncertainty in a daily-changing external environment
- Organisational infrastructure to support online learning
- Developing effective and frequent communication routes among teachers and learners
- Additional faculty development requirements: training the trainers for new ways of teaching
- Clinical educators overloaded with clinical duties
- Institutions with international students, who had to return home because of the COVID-19 crisis, found it difficult to organize online sessions suitable for all time zones

Hot Tips from Breakout Room Discussions

To help us cope with and adapt to these challenging circumstances, we have identified seven overarching principles (the 7 Cs): Connectivity, Communication, Compassion, Creativity, Collaboration, Cultural context and Complexity. It was recognised that educators needed to maintain their authenticity, mission and vision, whilst taking care of themselves alongside planning and delivering innovative teaching and learning opportunities for their learners. In the small group discussions and reporting back, educators shared a range of ideas, hints and tips

which are listed below.

Online teaching & learning

- In countries or institutions not previously using online learning, adoption was a necessity and thus promoted change, and possibly innovation
- Online learning in low resource settings can be difficult, encourage institutions to subscribe to inexpensive platforms such as Skype, Zoom, Moodle, Go to meeting, Adobe connect etc. Many have both free and paid options
- Select the appropriate online methodology to match requirements, and not the other way around: synchronous (live, real time), asynchronous (recorded and heard or watched later) or a hybrid. Some synchronous sessions may be needed to maximally engage a group who will be working together for some time
- Online teaching provides opportunities for building in more interaction among teachers and learners; for example, through providing pre-reading instead of lectures, followed by case problem-solving and discussions
- Online teaching and learning activities have the major advantage of going beyond the walls of your own institution
- Even individuals who were already familiar with online learning can continuously improve and, in this new context, discovered more skills and tool features

Educational methods/approaches

- Think about what you can *stop* doing as well as what you need to *start* doing: adapting learning to online formats takes time
- Before you ‘teach’ online prepare, prepare, prepare – and have back up should technology fail!
- Decrease the amount of didactic instruction and increase case-based teaching etc.
- Flipped classroom, cases, pre-reading, and collaborative activities (wikis, blogs) can help keep learners engaged
- Need to learn creative ways to do clinical skills teaching
- Online simulation with a simulated or virtual patient can help keep clinical skills honed
- Interactive whiteboard
- Use simulation in an interactive way, e.g. games
- Zoom, BlackBoard, Moodle etc. can be successfully used for PBL/TBL/CBL (problem based, team based and case-based learning) sessions with preparation and practice
- It is helpful to have one person to manage technology and one person to lead the session; therefore, increased resource is needed to assure online learning is smooth
- Call to specific students for answers or interaction, as the silence can be deafening sometimes
- Organize specific challenge-related rotations (e.g. COVID rotations). Ask departments if they need students who can create online information resources for patients and their families (as long as they’re accurate)
- Design activities related to knowledge and skills acquisition related to the specific challenging situation (e.g. COVID crisis)
- Be prepared for ‘failure’, a great opportunity to learn and improve

Learners

- Many learners are very adept with digital technology, involve them and use their expertise, co-creating teaching and learning
- However, don't assume all learners are fully adept in using various platforms or resources and always direct them to 'how to use' help and guidance
- A survey of learners to assess their access to digital learning can help educators plan teaching/learning appropriately
- Encourage learners to express emotions and ask for support if they are struggling, this might be better done offline and individually
- Make sure you are aware of the various support channels available to students so you can direct them when needed
- Work to create a safe space/environment for learners during the online sessions by checking everyone in, using names, facilitating contributions and building time in for questions

Faculty development

- In the early stages of moving online, time was needed to adapt and adjust to new tools – now educators feel more settled
- Educators need a mentoring community, more so in challenging situations
- Faculty need to be trained in e-learning methods
- We cannot *just* convert lectures and use lecturing strategies for virtual teaching and learning
- Reflective practice and support are needed for educators, especially when they are implementing new educational methods
- A lot of self-learning is occurring amongst teachers
- Formal, timely faculty development becomes relevant more than ever, to support educators choose and use the most appropriate tools and formats to achieve learning outcomes

Mentors and role-models

- Health professionals new to education felt that it was very motivating to see teachers and mentors showing willingness to continue learning, and openly saying how they had to adapt and struggle in spite of years of teaching experience
- Role-model behaviours we would like our learners to feel comfortable with e.g. discussing our challenges with technology, identifying when we are unsure or uncertain, asking others in the group for help, offering help without being asked when we see someone hesitating or struggling
- It can be inspiring to see leaders adapting and observing the way they act in public with each other
- Use the technology to bridge distance and time with your mentees and mentors, especially in difficult circumstances
- Find support from your peers - this could be a good opportunity to start a peer-to-peer mentoring model

Community of teachers and learners

- Feeling connected and sharing experiences among an international group of educators

is rewarding and possible to do online

- Opportunity to create a cohesively engaged community of learning without walls and beyond borders. The community is more than a sum of its elements, as each of them connect with other communities bringing further experience
- Reaching out to others – regrouping as a community from personal (family) to professional
- Attending to the well-being of self, learners, teachers, community is important in difficult circumstances
- Connectivity helps to build resilience and sparks creativity
- Social media such as Twitter can increase community engagement
- Such communities can identify scholarly opportunities to collaborate for disseminating innovations and evaluating outcomes

Useful Learning and Teaching Resources

Many resources are being produced at pace by institutions and organisations around the world in response to this rapid educational adaptation, including journal articles, webinars, blogs, and Twitter hashtags such as #MedEd #MedTwitter and #HMICommunity #mededchat (@Alliance4ClinEd)

AMEE is running its webinar series with a focus on supporting educators in responding to the challenges and opportunities of this massive online shift, including the ‘Watch Back’, freely available publicly during the crisis at <https://amee.org/covid-19#webinars>.

MedEdPublish is also publishing a range of interesting articles relating to the crisis, see MedEdPublish at website@mededpublish.org and there is also a MedEdWorld Special Interest Group sharing ideas and challenges arising from COVID-19, see <https://www.mededworld.org/Home.aspx>.

Here are some additional resources suggested by mentors and participants. This is not an exhaustive list but have been recommended as of interest and use. Please feel free to share these with colleagues.

The Faculty Lounge from Harvard Business Publishing. Individuals can subscribe and receive weekly emails with links to resources. You can also ask the experts questions.

<http://academic.hbsp.harvard.edu/thefacultylounge3-24-20?cid=email%7Celoqua%7Cthe%20faculty%20lounge%204-14-20%7C219861%7Cfaculty-lounge-newsletter%7Cnewsletter-subscribers%7Cedu-prem-registration%7C202004071762>

Also, from Harvard

<https://teachremotely.harvard.edu/best-practices>

Seeking Human Connections When All We’ve Got Are Virtual Ones: Strategies for Advising Students During Disruptive Times

<https://hbsp.harvard.edu/inspiring-minds/seeking-human-connections-when-all-weve-got-are->

[virtual-ones](#)

Co-constructing a caring community online

<https://docs.google.com/document/d/1SkSvGkUgs4gvhYrUpd-xBHM7QeeP-2olWry1SWgIJN8/edit>

Faculty development resources from Dr Alice Fornari, Associate Dean, Educational Skills Development, Zucker School of Medicine at Hofstra/Northwell
Specifically, these two infographics are very relevant: *Lifelong Learning and Growth Mindset* and *Mastering Adaptive Teaching in the Midst of Covid-19*

<https://medicine.hofstra.edu/faculty/facdev/clinical-resources.html>

Blog on How to keep students motivated during crisis times by Dr. Rashmi Kusrkar, Research Programme Leader, Amsterdam UMC, The Netherlands

<https://www.researchinstitutelearn.nl/en/pupils/how-to-keep-university-students-motivated-to-engage-in-online-learning-in-a-time-of-crisis/>

The European Board of Medical Assessors (EBMA) provides assessment products for medical schools, students and early residents

<https://www.ebma.eu/products/>

Some selected articles:

- Eunice Y. Huang, Samantha Knight, Camila Roginski Guetter, Catherine Hambleton Davis , Mecker Moller Eliza Slama , Marie Crandall. Telemedicine and telementoring in the surgical specialties: A narrative review. *The American Journal of Surgery* 218 (2019) 760e766
- Liang ZC, Ooi SBS, Wang W. Pandemics and Their Impact on Medical Training: Lessons from Singapore [published online ahead of print, 2020 Apr 17]. *Acad Med.* 2020;10.1097/ACM.0000000000003441. doi:10.1097/ACM.0000000000003441
- L. Panait, A. Rafiq, V. Tomulescu, C. Boanca, Popescu, A. C. Carbonell, R. C. Merrell. Telementoring versus on-site mentoring in virtual reality-based surgical training. *Surg Endosc* (2006) 20:113–118 DOI: 10.1007/s00464-005-0113-x
- Carl H. Snyderman, Paul A. Gardner, Bostjan Lanisnik, Janez Ravnik, Surgical. Telementoring: A New Model for Surgical Training. *American Laryngological, Rhinological and Otological Society, Inc. Laryngoscope*, 126:1334–1338, 2016