

Welcome!

Sharing our teaching experiences together

Welcome Preceptors to our second edition of "The PIQUE"! The Preceptor Informative for **Quality Education**.

This quarterly newsletter will keep you connected to other local and regional preceptors, and inform you of faculty development and other resources and opportunities available through Queen's University.

In this our 2nd issue – we are focusing on teaching in a longitudinal integrated clerkship program and on how COVID-19 has affected the educational experience from a learner's perspective.

We welcome your feedback and hope to create a platform tailored to your needs. Please email our information coordinator Trish Sherwin at pls1@queensu.ca with any of your questions and suggestions for future issues especially comments, stories, vignettes that showcase teaching successes and opportunities for improvements.

We look forward to highlighting you, the skilled clinician-educators of our region, in the near future.

2021 Regional Education Award Recipients

Excellence in Teaching Award

Created to recognize community preceptors who have contributed significantly to advancing teaching and learning at distributed sites.

Dr. Mark Bonta, Internal Medicine,
Collingwood
Dr. Jae-Marie Ferdinand, Pediatrics, Belleville

Education Development Award

Created to reward major administrative contributions to education or innovative curriculum development in community sites.

Dr. Mike Ward, Family Medicine, Bowmanville

Mentorship Award

Created to recognize a role model in supporting, encouraging and promoting educational, professional and personal development to colleagues and learners.

Dr. Tyler Brown, Anesthesia, Peterborough
Dr. Wade Mitchell, Family Medicine,
Collingwood
Dr. Jason Murray, Family Medicine, Kincardine

Team Award

Created to recognize groups, including interprofessional teams, involved in the advancement of medical education in community sites.

Women's Health Care Centre, Peterborough

How the COVID-19 Pandemic is affecting the medical learning environment

The last 18 months or so have brought fear, chaos, confusion, and hardship to many all over the world. But somewhere in all that chaotic mess there arose some shooting stars, some hope, something positive to be shared as well. We have seen communities, even countries, put their differences aside and work together to find solutions and share information. Something similar I have observed in the clinical learning environment here at Lakeridge Health and other regional education sites. Preceptors, residents and clerks have battled through the chaotic fog and got their creativity sparked! Learning and teaching in a time of pandemic has been interesting to say the least. I reached out to our LIC clerks to get their input on how the pandemic has affected their academic journey – looking for both the negative and positive impacts. This is what they had to say.

Q1-What would you say was most negatively impacted in your learning experiences during the last 18 months by the pandemic and how did you overcome the obstacles?

Answer: Many of the LIC clerks felt the frustration of the constant changes to their schedules brought on by the ever changing COVID restrictions and available hospital resources. Most surgeries and many clinics were cancelled off and on as the province rode the pandemic waves trying to hold on.

The loss of away electives was another impact that at first seemed to be a huge loss. As Kelly Salman said, (LIC here in 2020): *“...we spent so much time carefully constructing a list of electives, applying, adding to our student debt in the applications, all to get us a shot at residency. When it all was cancelled, I remember watching the refunds come in with resignation, wondering what would happen. But although I still wish I could have toured the country learning about different programs and communities, I didn’t realize how much more connected I would become to the one I was in. I was able to return to one of my favourite rotations with preceptors I knew. I built upon previous lessons, enhancing relationships, and developing my skills. I realized how well this learning environment, a community centre, served me and I sought out another regional rotation at a small hospital. This was something I hadn’t planned before, and it turned out being one of the highlights of my elective period. Not only that but it has likely shaped the career path I will pursue.”*

Sasha Letourneau (LIC here in 2020) shared her strategy for overcoming these obstacles as maintaining a positive attitude. *“It was very easy to get stuck in a mindset of thinking about all of the opportunities we may have missed out on so staying positive and reminding myself to be grateful to even have clinical time at all was an important part of the journey over these past 18 months.”*

Q2-What would you say was most positively impacted in your learning experiences during the last 18 months by the pandemic and how is this different than normal times?

Answer: The flexibility of staff and preceptors was touted as being exceptional in coordinating the ever changing schedules, finding new opportunities, exploring tele-health and other virtual health care options as well as some non-traditional experiences such as the Back Door Mission with Dr. Vincent Ho and NP Stephanie Skopyk out of the Simcoe Street United Church. This quickly became a favourite of the LICs who asked repeatedly for more time with this opportunity.

One clerk shared their experience and outlook that truly captures a vivid picture of going that extra mile. Doing the extra they could to provide comfort and humanity to those suffering most. *“I gained an appreciation both for the importance of friends and families in patients care, and in the role of the clerk involving them. One of my first rotations back was Palliative Care. Because of the restrictions, many patients were literally not terminal enough to warrant a visit. Or they had to pick which loved ones would see them before the end. As a clerk, I had something many of my preceptors did not – time. I was able to prioritize keeping families connected, and I was emboldened to do so. It’s an odd feeling to be a medical student in a pandemic; like being benched during the most important game of your life. This experience helped reframe my role as uniquely meaningful and heightened my commitment to patient-centred care.”*

Q3-What was the most unique or creative learning experience you felt only came about due to the effects of the pandemic on the clinical teaching/learning environment?

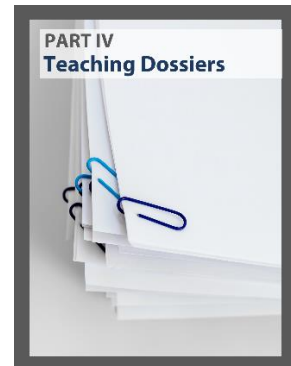
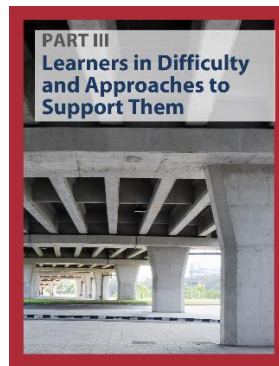
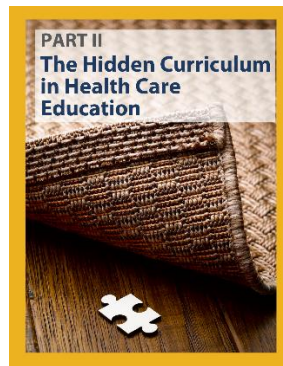
Answer: The Back Door Mission, definitely a clerk favourite, was a learning opportunity borne out of the pandemic. This clinic is supported by so many different organizations pulling together to provide a much needed service to a very underserved and at risk population. Vincent So (LIC from 2021) found another experience that is unique to during these chaotic times of COVID pandemic. *“Because of limited caseloads due to COVID, this provided me with additional opportunities to interact with various staff. For example, if the one surgeon only had 2 hours of OR booked, I was often able to stay for additional cases with the next surgeon and see multiple specialties or types of procedures in one day. This may not have been possible in the past, as similar cases are usually booked back-to-back.”*

Faculty Development

[Using this link you can access the Queen's University Faculty Development resources online in a snap...or a click!](#) From teaching & learning resources, to continuing professional development programs with a little something for all clinical departments. This is open to all Queen's faculty – and you as preceptors are a part of our faculty. Everyone involved in the teaching of clerks requires an academic appointment from one of the Ontario medical schools. We recognize that preceptors may take learners from multiple institutions and you only require an appointment from one of them. If you are interested in teaching clerks and require an academic appointment please contact Trish Sherwin at psherwin@lh.ca and she can help you with the process – quick and easy!

A Guide for Teaching in Clinical Settings

Check it Out! All Queen's past webinars including: Humanizing Remote Teaching, Optimizing Virtual Clinical Teaching During a Pandemic, Preparing a Teaching Dossier & more! Access the videos for free [here](#) or click on each of the pictures below for the link to the teaching resources directly!



Frequently Asked Questions

1. How much supervision is required when teaching medical clerks in a clinical setting?

To answer this question we have pulled this excerpt from a CPSO Statement on Supervision and education of Medical Students:

5. The MRP and/or supervisor **must** provide appropriate supervision. This includes:
 - a. determining the medical student's willingness and competency or capacity to participate in the clinical care of patients, as a learning experience;
 - b. closely observing interactions between the medical student and the patient to assess:
 - i. the medical student's performance, capabilities and educational needs;
 - ii. whether the medical student has the requisite competence (knowledge, skill and judgment) to safely participate in a patient's care without compromising that care; and

- iii. whether the medical student demonstrates the necessary competencies and expertise to interact with patients without the supervisor being present in the room;
 - c. meeting at appropriate intervals with the medical student to discuss their assessments;
 - d. ensuring that the medical student only engages in acts based on previously agreed-upon arrangements with the MRP;
 - e. reviewing, providing feedback and countersigning documentation by a medical student of a patient's history, physical examination, diagnosis, and progress notes as soon as possible;
 - f. managing and documenting patient care, regardless of the level of involvement of medical students; and
 - g. counter-signing all orders concerning investigation or treatment of a patient, written under the supervision or direction of a physician.⁶
6. The MRP and the supervisor, if different, **must** ensure that there is clear communication between them in order to ensure the best possible care for the patient.

The supervising physician should initially be present for interactions between the medical student and the patient to assess the level of supervision required. The level of independence can increase after becoming familiar with the medical student and watching their progress in the clinical setting. A reminder that medical students should not be providing telephone or verbal orders as they cannot be implemented by the receiving nurse or other health care professional. All written orders from a medical student must be countersigned or approved by telephone by a licensed physician. We are often able to place medical students and residents together in clinical settings for 'layered learning' where residents can work alongside medical students to teach and supervise as is appropriate.

2. How are the learners' assessments and/or evaluations triggered?

The learners will trigger the assessments/evaluations at different times depending on the rotations. Generally if they are with one preceptor for one shift (in clinic or call etc) they will trigger an evaluation for that experience. If they are with the same preceptor for a length of time the preceptor may receive a mid rotation and end of rotation evaluation. If one preceptor is designated as the lead for the entire rotation they would gather input from all preceptors they worked with and send in the evaluation as a group from the one lead preceptor. Once the evaluation is triggered you will receive an email with a link to the evaluation form in Queen's Elentra program.

These evaluations are extremely important to the learner's portfolio and are used in multiple ways throughout their academic journey.

Articles of Interest

This issue we have 2 articles to share with you:

1. [“Longitudinal integrated clerkship” – Judith Nicky Hudson, Ann N. Poncelet, Kath M. Weston, John A. Bushnell & Elizabeth A Farmer \(2017\)](#)

Citation-Hudson JN, Poncelet AN, Weston KM, Bushnell JA, A Farmer E. Longitudinal integrated clerkships. Medical Teacher. 2017 Jan 2;39(1):7–13. Available from: http://resolver.scholarsportal.info.proxy.queensu.ca/resolve/0142159x/v39i0001/7_lic.xml

ABSTRACT: There is increased interest in longitudinal integrated clerkships (LICs) due to mounting evidence of positive outcomes for students, patients and supervising clinicians. Emphasizing continuity as the organizing principle of an LIC, this article reviews evidence and presents perspectives of LIC participants concerning continuity of care, supervision and curriculum, and continuity with peers and systems of care. It also offers advice on implementing or evaluating existing LIC programs. AND

2. [“Teaching in Longitudinal integrated clerkships: the seven ‘C’s” – Joshua Bernstein, Sarah Wood, Robyn Latessa and David A. Hirsh \(2018\).](#)

Citation-Bernstein J, Wood S, Latessa R, Hirsh DA. Teaching in longitudinal integrated clerkships: the seven ‘C’s. The Clinical Teacher. 2019 Apr 1;16(2):101–7. Available from:http://resolver.scholarsportal.info.proxy.queensu.ca/resolve/17434971/v16i0002/101_tilicts.xml

Editor’s note: I have been interested in the concept of longitudinal integrated clerkships (LICs) for some years. While there have been several models described and evaluated in the literature, the main commonality of LICs is continuity: continuity for students, patients, supervisors (preceptors) and community. This continuity has been shown to foster a sense of belonging and a feeling that learners have a legitimate place in the health care team. During LICs, trust builds over time and there is less disruption to learning as students are not moved from place to place every 4–8 weeks, requiring time for orientation after each move. The authors of this Toolbox have wide experience of LICs in the USA but are also familiar with LICs in other countries. They highlight the seven ‘C’s of learning and teaching, summarised in a handy box: continuity, connection, communication, coaching, commitment, care, and community. While this article focuses on LICs for medical students, particularly in rural areas there may be students from other health professions co-located. This gives opportunities for inter-professional learning – both formal and serendipitous. The Toolbox contains many practical ideas for optimal patient-centred LICs and acknowledges the tremendous contributions of patients and clinicians to student learning.

Both of these articles we felt would be of benefit to you with the Longitudinal Integrated Clerkship Program we host with Queen’s University medical learners. In the 2020-2021 academic year (September to August) we have 6 LIC clerks with us that were highlighted in the 1st issue of the PIQUE in April. In the next academic year 2021-2022 the program is growing to 8 LIC clerks with their time to be split as approximately 4 months in Bowmanville with the Family Medicine group and LHB, and the other approx. 4 months in LHO and LHAP.



Thank you for reading this 2nd edition of The PIQUE!

If you have an article you would like to share with other preceptors,
please send it to Trish Sherwin our information coordinator at
pls1@queensu.ca or psherwin@lh.ca

