



## PRINCIPLES FOR VIRTUAL LEARNING OPPORTUNITIES FOR STUDENTS

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### Background

In recent weeks, the COVID-19 pandemic has created an unprecedented desire for virtual solutions, and hospitals have swiftly shifted their practices to include virtual care interfaces for patient interactions, where appropriate, and other virtual activities (e.g. meetings, projects). As Hospitals gain stability in some areas, there may be opportunities for learners enrolled in academic programs to gain experience in alignment with their learning goals through virtual means.

Developed by education leaders across the Toronto Academic Health Science Network (TAHSN) and the University of Toronto, these principles are designed to articulate guidance for hospitals and academic partners to identify and, where possible, provide areas of opportunity for learners currently on placement to support virtual care of patients and families, and/or complete other virtual non-patient care learning (e.g. projects). These principles are aligned with and build on existing academic affiliation agreements between hospitals and academic partners.

### Principles

1. **Commitment:** The Hospital and Academic Partner should ensure internal available capacity for virtual learning in alignment with program learning objectives, and must be endorsed by the Vice President, Education at the Hospital (or delegate) and the Program or Division Lead of the academic program at the School.
2. **Flexibility:** The Hospital and Academic Partners acknowledge that circumstances may shift as the situation unfolds (i.e., redeployment of staff, capacity changes) and that this could impact virtual learning opportunities.
3. **Safety:** The Hospitals are, and must remain committed to keeping staff, learners, patients and our community safe.
4. **Supervision:** The Hospital must ensure appropriate supervision of learners is available to support safe patient care and the health and well-being of Hospital staff. The Hospital and the Academic Partner must ensure appropriate supervision to support learners in achieving clinical competencies and/or relevant learning objectives.
5. **Equity:** The relevant academic Program or Division Lead should ensure that no learners at the same level or year of training within a Program or Division are comparatively advantaged or disadvantaged.
6. **Privacy/Information Security:** All virtual learning opportunities must meet the privacy standards and policies of the hospital and utilize technologies that meet or exceed information technology industry standards.



7. **Technology:** Hospitals should have sufficient technology and technical support to enable learners to engage in virtual learning experiences.
8. **Virtual Care Training & Orientation:** Learners should be provided with an orientation regarding remote care/work etiquette and how to capture consent (and document such) to proceed with a virtual interaction. Learners should also be provided with an orientation to the technology to ensure they use it competently. The Hospital and Academic Partner, as appropriate, should ensure appropriate continuing education is available to health care workers and support staff.
9. **Patient Record Systems:** Learners should have access to appropriate systems to support patient care documentation, such as EMRs, as appropriate.
10. **Escalation Practices:** Learners should agree to escalate any concerns during a virtual care visit and any other virtual learning experience to their clinical supervisor/preceptor as they would in a face to face encounter.
11. **Evaluation:** Hospital supervisors should coordinate with the academic Program or Division Lead to ensure appropriate evaluations are in place for learners, with modifications, where applicable, to align with the virtual training/care environment.



## **Contributors**

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