

## PURPOSE

This document provides guidance to Toronto Region Hospitals related to conducting group placements during the COVID-19 pandemic to inform collaborations with Educational Institutions. The guidance provided in this document is intended to support restarting group placements, where appropriate, while adhering to hospital and provincial directives/policies and ensuring the safety of staff, learners, and our community.

## BACKGROUND

Group placements are fundamental for learners in various professional programs. These placements offer opportunities for learners to gain the skills and competencies they require to collaborate effectively as members of care teams, understand roles and contributions of other healthcare providers, and practice communication skills. Some elements of curricula are being augmented through simulation and virtual learning, however learners require some learning experiences in the Hospitals to complete their programs.

As Hospitals begin to recover activities, including reintegration of learners into hospital-based placements, careful consideration of how group placements are conducted during the COVID-19 pandemic is required. With physical distancing and personal protective equipment (PPE) requirements in place, the way group placements are delivered may need to be altered.

These guidelines are designed to support effective conversations and collaborations between Hospitals and Educational Institutions. Learning objectives for each group placement will be guided by the Educational Institution. Each Hospital will need to consider local capacity when determining if and how group placements may be conducted.

## CONSIDERATIONS

To restart group placements, factors such as the spread of COVID-19 and the ability to implement protective and preventative measures in the Hospitals should be considered:

- A consistent decrease over a period of time in new daily COVID-19 cases and hospitalizations.
- Sufficient acute and critical care capacity, including overall workforce availability.
- Confirmed critical supplies, including PPE which is targeted for a rolling 30-day stock on-hand, that includes the current usage rate plus the forecasted additional academic recovery requirements.
- The organization's overall ability to mitigate a resurgence.

## PRINCIPLES

1. **Safety and Well-being:** The Hospitals are, and must remain, committed to the safety and well-being of patients, health professionals, staff, researchers, learners, and our community.
2. **Collaboration & Partnerships:** Practices for restarting of group placements are grounded in collaboration, a sense of community and togetherness.
3. **Resources & Capacity:** Organizational capacity (e.g., Personal Protective Equipment (PPE), people capacity and supports, physical space, ancillary services, etc.) must be available before the resumption group placements. Restarting group placements should not hinder or impede an organization's ability to mitigate and handle a surge in COVID-19 and provide care.
4. **Flexibility:** Circumstances continue to shift as the pandemic evolves and may require flexibility and new approaches to group placements.

5. **Supervision:** Learners should be appropriately supervised to support valuable and safe learning experiences aligned with academic competencies and or/relevant learning objectives and evaluations. Supervisors/clinical faculty should also be appropriately supported to enable high quality learning, in clinical care/learning environments.

## RECOMMENDED APPROACH

To enable group placements, there are opportunities to modify the way group placements are currently delivered, while ensuring learners can meet their learning objectives and maintaining a safe clinical environment. Group learning should be limited so that the group size can be accommodated using physical distancing or appropriate use of masks within the spaces available for this activity in the clinical environment. Additionally, direct bedside teaching should be limited to activities which are necessary for individual learners to obtain the relevant clinical competency and where direct patient contact is required to complete the learning or skill related to that competency. Please refer to your local Hospital policies for details and restrictions (e.g., numbers of individuals).

The following list suggests alternative ways of delivering group placements to inform discussions with Educational Institutions.

1. **Reduced Group Size:** Group Placement size will be determined by each individual hospital. On average, it is anticipated that group placement sizes may be reduced by approximately 50%, depending on Hospital variables such as capacity, physical space, recovery activities, clinical activities, and PPE. For example, if a group placement consists of 8 learners during regular business, it would be reduced to 4 learners during the COVID-19 pandemic.
2. **Flexible and Extended Schedules:** Schedules could be shifted to include off-peak hour shifts, such as evenings, nights and weekends (7-day schedule).
3. **Offering Virtual Learning and Debriefs:** Group debriefs and learning sessions could be offered via online options (such as Microsoft Teams).
4. **Blocked Time:** Intensive experiences over a shorter period of time could be offered to allow for the next rotation to enter and complete/demonstrate core competencies (with augmentations such as simulation, virtual clinical care, etc.).
5. **Alternative Units/Locations:** Alternate units/locations could be explored should a Hospital not be able to accommodate specific unit requests (e.g., due to capacity, outbreaks, etc.).

## REFERENCES

- Toronto Academic Health Science Network. *Academic Recovery Strategy & Guidelines*. 2020
- Toronto COVID-19 Hospital Education Table. *Guidelines for Delivering Educational Activities in Hospitals*. 2020