

PURPOSE

The purpose of this document is to provide guidance to Toronto Region hospitals and educational institutions on areas of opportunity to maintain educational activities, specifically hospital-based placements, during the COVID-19 pandemic. The overarching objective is to safely continue with hospital-based placements during the second wave and/or future surges.

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, ensuring a steady pipeline of new professionals entering the workforce to care for our patients and community. It is critical to maintain the health human resource pipeline for learners to experience clinical care, gaining the skills and competencies to become healthcare providers and professionals of the future.

At the onset of the pandemic, based on our limited understanding of COVID-19, restricted personal protective equipment (PPE) supply and workforce capacity, many learner placements were paused, resulting in a slowed pipeline of health professional training. Guided by commitments to safety, optimal service delivery and learning, a planning process to reintegrate learners in a phased approach was developed. This is now being operationalized and is monitored closely as part of the broader recovery work of the hospital.

There is a need for learners to 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.

CONSIDERATIONS

Education recovery activities should be integrated and aligned with broader hospital recovery activities, monitoring 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 restart, continue and monitor educational activities, factors such as the spread of COVID-19 and the ability to implement protective and preventative measures in the hospitals need to be considered. Hospitals should monitor triggers that include:

- Daily COVID-19 cases, outbreaks and hospitalizations.
- % of acute and critical care capacity, patient acuity, and overall workforce capacity and supervisor availability.
- 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 hospitals ability to maintain physical distancing requirements, dependent on the volume of individuals in the building.
- The hospital's overall ability to mitigate a resurgence.

The [TAHSN Academic Recovery Strategy & Guidelines](#), Section 2: Organizational Planning for Reintegrating Learners, provides detailed planning considerations for hospitals to consider in preparing for, and monitoring learner reintegration activities. Additionally, *appendix A - Reintegration to Clinical Environments (RICE) Feasibility Assessment* for reintegrating learner activities during the COVID-19 Pandemic, offers a tool for hospitals to leverage to plan and monitor learner activities.

ASSUMPTION

For the purposes of this document, it is assumed that all learners have been appropriately prepared for the new realities of placements through COVID Curricula at their Educational Institution. Additionally, it is assumed that hospitals have ensured learners have been made aware of hospital-specific safety protocols, policies and procedures, and that they understand their responsibilities as a learner and member of the care team during this time.

1. 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 learning institution will be taken into account.

- (a) Entry-level learners* may need to be restricted from clinical situations or educational activities in the Hospital.
- (b) Advanced level learners* should, as much as possible, participate in clinical settings similar to the roles they perform during non-emergency situations, e.g., assisting with clinical duties.
- (c) Advanced level learners* must be prepared to work in a clinical environment in which COVID-19 remains present.

*The level of learner is defined by the education program and related to their previous clinical experience and competence.

2. STRATEGIES FOR MAINTAINING HEALTH PROFESSIONAL PIPELINE

Learners on clinical placement are usually integrated members of the care team in academic hospitals, providing supervised clinical care to patients and families. As the COVID-19 pandemic continues, there will be opportunities for learners to safely provide valuable contributions to the needs of hospitals, care teams and patients. In order to prevent complete interruption in learning and guided by commitments to safety, below are recommended approaches for learners, should placement activities need to be adjusted due to COVID-19 responses (e.g., surge in cases, unit or campus outbreak).

All adjustments to placements should be completed in collaboration with the educational institution to ensure alignment between potential opportunities for learners and the learning objectives of the program.

Strategies

- (a) Learners remain at a hospital site and assigned unit(s) despite increased patient numbers provided the capacity for adequate learner supervision, PPE and critical supplies, ability to physically distance, and workforce capacity remains.
- (b) Placements may be supplemented by virtual and remote learning and care experiences (e.g., virtual care, project work, etc.). Please see [TAHSN Principles for Virtual Learning](#).
- (c) 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 on a learning trajectory toward gaining important clinical competencies.
- (d) 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.

Supporting Strategies

As we move through a second wave of COVID-19, and prepare for potential future waves, it is suggested that educational institutions begin to consider supporting strategies to maintaining hospital-based placements and system capacity including:

- (a) Modifying learner cohorts
- (b) Understanding priority placements for each program (e.g., those required for graduation or program progression)
- (c) Alternative placement delivery (e.g., simulation)

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

Prepared and Approved By:

TAHSN Education Table

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.

APPENDIX A - Reintegration to Clinical Environments (RICE) Feasibility Assessment for reintegrating learner activities during the COVID-19 Pandemic

Feasibility Assessment				
Complete the Feasibility Assessment to ensure key criteria are considered before moving forward with planning for reintegration of learners. Where barriers exist, they are discussed, and risks are mitigated before moving forward. Continue to complete the Feasibility Assessment on a frequent basis to monitor key criteria.				
	Criteria Met	Discussion Required		
1. Do Executives endorse reintegration of learners into organizational activities?				
2. Have the organization and academic institution agreed to proceed with reintegration of learners into placements?				
3. Do all learners and organizations (hospital & academic institutions) have coverage should the learner contract COVID-19 (e.g., liability)?				
4. Do you have a plan developed for rapid ramp-down of learner activity, should future circumstances warrant (e.g., increasing rate of COVID-19 rates, depleted supply of PPE)?				
5. *Do clinical/operational/discipline-specific leaders endorse reintegration of learners into specific clinical/work areas?				
6. *Does your organization have a stable supply of PPE to allocate to learners as well as to respond to any future pandemic wave (e.g., rolling 30-day target of stock on-hand)?				
7. *Does your organization have adequate capacity of human health resources (e.g. supervisors, preceptors) to allocate to learners as well as to respond to any future pandemic wave?				
8. *Have enough patient/client service activities recovered to provide a valuable learning experience for learners?				
9. *Does your organization have adequate technological infrastructure and resources to allocate to learners as well as to respond to any future pandemic wave?				
<p>Your responses to the feasibility assessment will lead to one of the following actions:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. If you marked “Criteria Met” for all the items in the Feasibility Assessment:</p> <ul style="list-style-type: none"> • You are ready to continue planning for next phase of learner reintegration • Proceed to Table 2 to complete the RICE Planning Tool • Continue to complete the items marked with an asterisk* on a bi-weekly basis (and others as appropriate for local context) </td> <td style="width: 50%; vertical-align: top;"> <p>b. If you marked “Discussion Required” for any item in the Feasibility Assessment:</p> <ul style="list-style-type: none"> • Where barriers exist, they are discussed, and risks are mitigated before moving forward with further planning • Proceed to Table 3 to review the next steps in collaboration with members in your organization and academic institution leadership </td> </tr> </table>			<p>a. If you marked “Criteria Met” for all the items in the Feasibility Assessment:</p> <ul style="list-style-type: none"> • You are ready to continue planning for next phase of learner reintegration • Proceed to Table 2 to complete the RICE Planning Tool • Continue to complete the items marked with an asterisk* on a bi-weekly basis (and others as appropriate for local context) 	<p>b. If you marked “Discussion Required” for any item in the Feasibility Assessment:</p> <ul style="list-style-type: none"> • Where barriers exist, they are discussed, and risks are mitigated before moving forward with further planning • Proceed to Table 3 to review the next steps in collaboration with members in your organization and academic institution leadership
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See [TAHSN Hospital-Based Academic Recovery Strategy & Guidelines](#) for full tool set.