Strategies for Maintaining Educational Standards in Medical Oncology Residency Training in the Era of COVID-19: Experience from a Canadian Cancer Centre

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To the Editor:

We are writing in response to the recent paper in the JCE by Chua and colleagues, “Changing the Landscape of Medical Oncology Training at the National University Hospital in the Philippines during the Coronavirus Disease 2019 (COVID-19) Pandemic.”¹ We are writing to share our medical oncology residency training program’s recent, similar challenges and innovative solutions to maintain training requirements throughout the COVID-19 pandemic.

The COVID-19 pandemic has placed tremendous strain on health care systems worldwide. Hospitals have dramatically increased patient volumes, and outpatient clinical care has been significantly reshaped. As described in a recent article by Chua et al.,¹ the transition to a more telemedicine-based clinical practice with significantly reduced in-person clinic visits to prioritize the health and safety of the public has undoubtedly impacted medical oncology residency training. Our cancer centre has experienced similar challenges in resident education due to decreased opportunities for case-based learning, cancellation of educational conferences, and temporary redeployment of trainees to clinical services that are lower yield for subspecialty-specific training.^{1–3} As discussed by Chua et al.,¹ the pandemic has necessitated that the medical education system adapt to ensure the educational needs of residents are being adequately met. Our medical oncology residency training program has engaged in many of the proposed solutions described by Chua et al.¹ to bolster resident education during this unprecedented time. Specifically, our training program is also using online platforms for oncology residents to attend conferences, tumour boards, and academic teaching sessions.

Additionally, we have prioritized the provision of psychological support to trainees including regular virtual group wellness sessions and more frequent trainee wellness check-ins with the program director.

Our medical oncology residency program has also engaged several other novel strategies beyond those previously described by Chua et al.¹ to help maintain educational opportunities for trainees while balancing hospital safety measures. Due to the new physical distancing requirements, fewer teaching faculty are physically present in clinic spaces, and the number of face-to-face visits has largely been replaced by virtual visits. To mitigate this, we employed several unique strategies including virtual clinics with 3-way teleconferencing between the attending physician, resident, and patient. In clinics where cancer patient follow-ups are relatively straight forward, residents review clinical notes, review their management plan with the attending medical oncologist, and engage in a telephone encounter with the patient, often with the attending oncologist listening to call. Additionally, while residents provide on-call coverage for the medical oncology service overnight, they minimize their physical exposure to oncology patients in the emergency department with an unknown COVID-19 status by reviewing cases and collaborating with their emergency medicine and internal medicine colleagues to assist with clinical assessments.

With the recent transition to Competency-Based Medical Education (CBME) in many centres worldwide, clinical assessments of medical oncology resident performance during the pandemic has also undergone several major changes to ensure residents meet training requirements. CBME requires residents to undergo observed, workplace-based assessments in order to achieve milestones and demonstrate competence in entrustable professional activities (EPAs) to advance to the next stage of training. Prior to the pandemic, many oncology residents were assigned to elective rotations that involved different subspecialty clinics and visiting other institutions. Given

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the travel restrictions, and that many subspecialty clinic opportunities have significantly reduced, residents have been reassigned to core outpatient medical oncology rotations. This has allowed residents to achieve their required EPA assessments by maximizing opportunities for direct observation of face-to-face patient visits or supervised telephone calls. Other crucial components of CBME, including competency committee meetings to review trainees' progress and meetings for residents and their academic advisors, have continued to occur regularly through virtual platforms.

Although the ongoing pandemic continues to threaten the ever-changing medical education environment, medical oncology residency programs will continue to adapt as the situation unfolds over time. Our training program's primary goal is to continue to provide residents with high-yield clinical and academic learning experiences during these unprecedented times. Interestingly, although many residency training program directors have previously struggled with using e-learning technology,⁴ the current pandemic may serve as a catalyst for the integration of technology and virtual care in resident education, and these strategies are likely to ultimately become part of the future of medical education.

Availability of Data and Material Not applicable

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.

Code Availability Not applicable

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