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CME During COVID-19

A landscape scale crisis has been defined as "an unexpected event or sequence of events of enormous scale and overwhelming speed, resulting in a high degree of uncertainty, that gave rise to disorientation, a feeling of lost control and strong emotional disturbance."¹ If ever in our collective lifetime we have encountered a crisis to fit that definition, COVID-19 would be it. The events related to COVID-19 this year have placed extraordinary demands on departments, healthcare providers, support staff, and the whole healthcare system. The CME Office is no exception. The work environment changed dramatically during these unprecedented conditions. Over the past several months, the planning and delivery of Continuing Medical Education (CME) to physicians and other healthcare providers was tested as it has never been before.

An important goal of Carilion Clinic's CME Program is to provide innovative formats for education and service in order to increase knowledge and competence and enhance performance. Despite the huge challenges encountered by COVID-19, we experienced only a very short-lived decline in CME before a new robust growth evolved, reminding us that there is no rest for the weary!

Our Carilion Clinic values were surpassed during this crisis.

- Collaboration Departments worked together to sustain the delivery of CME. The Technology Service Center worked with the CME Office as well as with our departmental Educational Partners (staff members within each department who dedicate part of their job role to CME management) to develop new strategies to broadcast CME activities.
- Commitment The CME staff worked closely with Physician Champions (physicians within each department who are responsible for overseeing their departmental CME activities) and Educational Partners to explore innovative solutions to meet the needs of physicians and other healthcare providers. Many activities were moved to virtual platforms and multiple-hour activities requiring hands-on participation were offered several times a day in multiple locations to reduce class size in compliance with social distancing protocols.
- Curiosity & Courage 2020 presented a learning curve for everyone. The CME Office and other departments researched and adapted effective formats to disseminate CME and maintain health and safety requirements established by the Virginia Department of Labor & Industry.
- Compassion –Individuals involved in the process of CME stepped up to overcome new challenges, maintain operations, and create solutions allowing individuals to adapt to work environment changes. It was also impressive to see how patient, understanding, and compassionate members of our educational community were with one another as we all learned, implemented, and adjusted (sometimes less than perfectly!).

The future of CME will undoubtedly be forever changed. Many of the innovations we have implemented will be enduring. For example, in the early days of COVID-19, the Department of Orthopedics modified what was previously a set of 6 weekly case-based RSS (Regularly Scheduled Series) sessions into independent "pods" (hour-long sessions) for a one-day multiple hour event (Major Conference). This approach provided the opportunity for providers to secure 6 hours of *AMA PRA Category 1 Credits*™ in one day. This modification was critical during a time when attending multiple in-person sessions became a non-option. While this solution was identified to address an immediate concern, the model may be a sustainable and efficient delivery option for some CME activities.

In routine emergencies it is typical to rely on a command-and-control structure to manage operations well by carrying out a scripted response.¹ In crises characterized by uncertainty, problems that are unfamiliar and poorly understood can introduce unique challenges. "Business as usual" in CME has been transformed. Understanding the drivers of productivity in this new environment and designing appropriate, sustainable working models for today **and tomorrow** will be the driving force to continue to achieve Carilion Clinic's CME program goals.

These are stressful times for many. Not only the stress of the virus, but mandates in the work environment can change daily. The stress can be overwhelming to many. It is not selfish to take some time for yourself to recharge; it is rational and ultimately good stewardship of the one contribution you can give – your best self. Looking back, there were so many innovations coming out of this landscape scale crisis: more collaboration, more information sharing, and more planning together which guided us in our day to day achievements despite COVID-19.

The CME Office is always available to help and guide you through the CME process for approval of AMA PRA Category 1 Credit™.

Linda Wells, CHCP

1 D'Auria, G., & De Smet, A. (2020). Leadership in a crisis: Responding to the coronavirus outbreak and future challenges. Psychology, 22(2), 273-87. https://www.mckinsey.com/~/media/McKinsey/Business%20Functions/Organization/Our%20Insights/Leadership%20in%20a%20crisis%20Responding%20to%20the%20coronavirus%20outbreak%20and%20future%20challenges/Leadership in-a-crisis-Responding-to-the-coronavirus-outbreak-and-future-challenges-v3.pdf.

Accessed Nov. 2020.

"The pessimist complains about the wind. The optimist expects it to change. The leader adjusts the sails."

- John Maxwell

Dean's Corner

The pandemics of COVID-19 and violence against persons of color have drawn attention to the intersection of racial and health inequities, both components of **Health**

Systems Science (HSS) and featured at the virtual "Learn Serve Lead" annual meeting of the American Association of Medical Colleges (AAMC) held in mid-November.

The AAMC meeting featured authors, scholars, and organizational leaders, including deans and health system leaders. Included in the meeting were interviews and panel discussions raising awareness of issues that impede the achievement of health equity. In addition, multiple sessions focused on improving racial and gender equity in academic health centers where we serve our society through patient care, education, and research. Ideas were shared to help people, programs, and organizations make positive steps forward.

In one session, AAMC leadership presented the framework it is using to define the stages of transformation from a monocultural to a multicultural, then anti-racist, and finally anti-racist multicultural organization. There are six distinct stages described starting with intentional exclusion followed by a passive tolerance of a limited number of token people who adhere to norms of the dominant culture. The middle stages include compliance-oriented organizations engaged in symbolic change followed by affirming-institutions engaged in identity change. The most evolved institutions are transforming themselves through structural change and are poised to become "fully inclusive, anti-racist, multicultural organizations" as part of a transformed society. Advancement through the continuum is fueled by a transition in attitudes in which racial and cultural differences are seen first as deficits, then as tolerated differences, and finally as assets.

The InclusiveVTCSOM task force will provide important guidance to us by identifying areas of intentional focus that will move us forward on the continuum. I am heartened by what I am hearing from the many conversations underway on the task force committees. There is a genuine desire to be inclusive of racial and cultural differences and an understanding that achieving our greatest potential relies on leveraging the rich diversity, lived experiences, and identities in our VTCSOM community. I believe we are poised to move forward on the continuum from an affirming to a transforming organization.

Lee A. Learman, MD, PhD Dean and Professor Virginia Tech Carilion School of Medicine



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