

Principles for Maintenance of the Educational Processes During Times of Crisis

The HUEC terms of reference define joint responsibilities for “the education and training of undergraduate medical students, postgraduate medical trainees and for continuing education of practitioners and clinical teachers”. Based on experience gained during the SARS crisis, HUEC has developed this set of principles to guide decision making for these students and trainees as well as for the other health professionals and graduate students in the Faculty of Medicine who are located in the affiliated hospitals and research institutes.

HUEC:

1. On matters of education, this committee will speak on behalf of the Faculty of Medicine and the fully affiliated hospitals. During events that disrupt normal activities, and at the call of the Chair, a HUEC sub-committee consisting of the VPs Education and the Education Deans will meet and assess the impact of the crisis. The sub-committee will:
 - (a) advise the Dean and the Hospitals in critical decision making during the crisis impacting on the educational responsibilities of the Faculty and the affiliated hospitals;
 - (b) obtain and review directives from appropriate concerned agencies for impact on the educational enterprise, e.g. MOHLTC, Commissioner of Public Safety etc.

Learners:

2. Should not generally be excluded from participating during emergency and crisis situations as an integral part of training is to deal with emergencies and crises. Trainees and students should be involved as much as possible in order to continue their clinical training or educational programs.
3. Participation in any educational endeavour will be allocated according to the competence of the trainee and the assessment of risk of the situation by the clinical faculty or supervising clinician.
 - (a) Entry-level students may need to be restricted from clinical situations but could be mobilized for ancillary functions, e.g. preclerkship students could be utilized for public health calls or assisting with screening.
 - (b) Advanced level students/trainees should, as much as possible, participate in clinical settings similar to the roles they perform during non-emergency situations, e.g. clerkship students could assist with clinical duties.
 - (c) Graduate research students should be allowed to continue their laboratory or hospital-based research as appropriate to the crisis situation.

Teachers and Educational Leaders:

4. As much as feasible, the teaching faculty will continue to fulfill the goals and objectives of their programs and teach around case opportunities that appear.
5. Wherever possible, educational leaders should ensure that new opportunities and new modalities be incorporated into the curriculum around the disaster (including natural disasters, violence, civil disruption etc), e.g. public health approaches to outbreaks of infectious diseases of known or unknown etiology, triage in the face of natural disasters with massive casualties, the epidemiology of massive infection, etc.
6. Teachers and educational leaders should develop effective, expeditious, and efficient mechanisms to support learners through the crisis by ensuring adequate two-way communication, e.g. through email, rounds or other means.
7. When alternate locations for teaching and clinical care are necessary, communication should be facilitated among departments and hospitals to centrally manage and triage need. Opportunities to optimize the use of existing facilities, including the partially affiliated institutions, should be developed. Opportunities for alternate means of curriculum delivery should be pursued, especially the use of distance technologies such as video conferencing.