



**Adapting clinical skills volunteer patient recruitment and retention during COVID-19**  
**Adaptation du recrutement et de la fidélisation des patients volontaires pour l'enseignement des habiletés cliniques pendant la COVID-19**

Alasdair Nazerali-Maitland, Reed Holden, Amanda Jones, Jenni Uitto Cardoso, Kelly Levido and Christina Douglas

Volume 12, Number 3, 2021

URI: <https://id.erudit.org/iderudit/1080238ar>  
DOI: <https://doi.org/10.36834/cmej.71172>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Nazerali-Maitland, A., Holden, R., Jones, A., Uitto Cardoso, J., Levido, K. & Douglas, C. (2021). Adapting clinical skills volunteer patient recruitment and retention during COVID-19. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 12(3), 166–168.  
<https://doi.org/10.36834/cmej.71172>

Article abstract

Implication Statement: Institutions have been faced with the unique challenge of continuing to deliver medical education to students in a COVID-19 environment.<sup>1,2</sup> Clinical skills teaching must be adapted to the pandemic environment, which begins with retaining Volunteer Patient (VP) engagement to facilitate the development of students' patient care aptitudes. The number of available VPs has been significantly reduced by the pandemic. We propose actionable solutions to recruit, engage, and retain VPs that can be easily adopted at any site. The SLIM-COVID framework can assist programs in altering curricula to deliver clinical skills with patient involvement in a pandemic environment.



## Adapting clinical skills volunteer patient recruitment and retention during COVID-19

### Adaptation du recrutement et de la fidélisation des patients volontaires pour l'enseignement des habiletés cliniques pendant la COVID-19

Alasdair Nazerali-Maitland,<sup>1</sup> Reed Holden,<sup>2</sup> Amanda Jones,<sup>3</sup> Jenni Uitto Cardoso,<sup>3</sup> Kelly Levido,<sup>3</sup> Christina Douglas<sup>3</sup>

<sup>1</sup>Division of Critical Care, Faculty of Medicine, University of British Columbia, British Columbia, Canada; <sup>2</sup>Faculty of Medicine, University of British Columbia, British Columbia, Canada; <sup>3</sup>Vancouver Fraser Medical Program, Faculty of Medicine, University of British Columbia, British Columbia, Canada;

Correspondence to: Alasdair Nazerali-Maitland, Room 2137, Diamond Healthcare Centre, 2775 Laurel Street, Vancouver BC. V5Z 1M9 ; phone: 604-875-4111 Extension – 68790; email: [alasdair.nazerali-maitland@ubc.ca](mailto:alasdair.nazerali-maitland@ubc.ca)

Published ahead of issue: March 17, 2021; published: June 30, 2021. CMEJ 2021, 12(3) Available at <http://www.cmej.ca>

© 2021 Nazerali-Maitland, Holden, Jones, Uitto Cardoso, Levido, Douglas; licensee Synergies Partners

<https://doi.org/10.36834/cmej.71172>. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License.

<https://creativecommons.org/licenses/by-nc-nd/4.0> which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

### Implication Statement

Institutions have been faced with the unique challenge of continuing to deliver medical education to students in a COVID-19 environment.<sup>1,2</sup> Clinical skills teaching must be adapted to the pandemic environment, which begins with retaining Volunteer Patient (VP) engagement to facilitate the development of students' patient care aptitudes. The number of available VPs has been significantly reduced by the pandemic. We propose actionable solutions to recruit, engage, and retain VPs that can be easily adopted at any site. The **SLIM-COVID** framework can assist programs in altering curricula to deliver clinical skills with patient involvement in a pandemic environment.

### Énoncé des implications de la recherche

Les établissements d'éducation médicale ont été confrontés au défi unique de continuer à assurer leurs services aux étudiants dans un environnement COVID-19.<sup>1,2</sup> L'enseignement des habiletés cliniques doit être adapté au contexte de la pandémie, en premier lieu par le maintien de la participation des patients volontaires (PV) afin de faciliter le développement des aptitudes requises pour les soins aux patients. Le nombre de PV disponibles a considérablement baissé en raison de la pandémie. Nous proposons des solutions concrètes pour recruter, motiver et retenir les PV, ces solutions pouvant être facilement introduites dans tous les types de site. Le cadre SLIM-COVID peut faciliter l'adaptation des programmes d'études pour assurer la participation de patients dans l'enseignement des habiletés cliniques dans le contexte de la pandémie.

### Introduction

The pandemic has presented a challenging Volunteer Patient (VP) recruitment climate, as barriers to participation have increased significantly. After initial surveying and screening for COVID-19 risk factors, the Faculty of Medicine at UBC observed their existing database of available VPs reduced by ~90%. The primary concern for VPs was increasing their risk for contracting

COVID-19 through exposure to a healthcare environment. VPs conveyed COVID-19 restrictions have removed motivators for participation, including socialization and fulfillment from volunteer work.<sup>3</sup> There was a need to adapt the curriculum to allow for the continued participation of VPs. Following University of British Columbia Research Ethics Board approval and participants' informed consent, a survey of VP interest and concerns was used to inform the creation of the **SLIM-COVID** solution.

## A five-step solution: SLIM-COVID curriculum development

### S - Survey - Existing VPs

Initial surveying of existing VPs by email provided information that allowed for the creation of pragmatic solutions to address VP needs through modifying session format, number, and type of volunteers required. This assisted the implementation of the following steps.

### L - Limit – In person sessions

Physical exams usually spanning multiple weeks were compiled into one session, allowing lecture-based teaching to be performed in earlier sessions and volunteers to be present for only the last session, decreasing VPs needed to attend sessions. To maximize VPs’ time, start times have also been staggered to allow volunteers to participate in more than one session on these days.

### I - Implement - Screening and PPE

For in-person sessions, screening for COVID-19 symptoms and the provision of personal protective equipment (PPE) was implemented to increase VPs’ comfort during the sessions, with the goal of creating an even greater sense of safety at sessions than in their daily activities. These actions were informed by survey results.<sup>4</sup>

### M - Motivate - VP certificate program

The creation of a VP certificate program is an endeavour to increase the motivation and interest of young volunteers. The VP Certificate program was marketed to both pre-medicine and high school students in the area. This program offers dual benefits of exposing young minds interested in pursuing a career in medicine to the learning environment, and increasing the number of VPs available.

### C - Create - Virtual participation avenues & recruitment plans

For sessions that can run online, virtual participation for VPs and students has been integrated through Zoom (Zoom Video Communications, Inc, San Jose, California). A three-stage VP recruitment approach was created, emphasizing higher yield recruitment methods earlier on in phase 1, with a plan to include flexible new strategies every month if VP numbers remain low.<sup>5</sup> (Figure 1)

## Progressive teaching in a pandemic environment

The dwindling numbers of available VPs is a common problem for many institutions and these suggestions provide solutions relevant teaching sites of all sizes. Implementation of these measures has resulted in the number of VPs available increasing to roughly 75% of the original volunteer base at UBC. A precondition of the SLIM-C framework implementation is presence of a volunteer patient base that can be surveyed to inform the evolution of measures within the framework. Online sessions present a limitation of the proposed method as they do not provide volunteers with a high level of fulfillment.<sup>3</sup> These proposed changes adapt clinical skills teaching sessions to keep VPs, students, and staff safe while providing clinical skills teaching amidst the evolving COVID-19 environment.

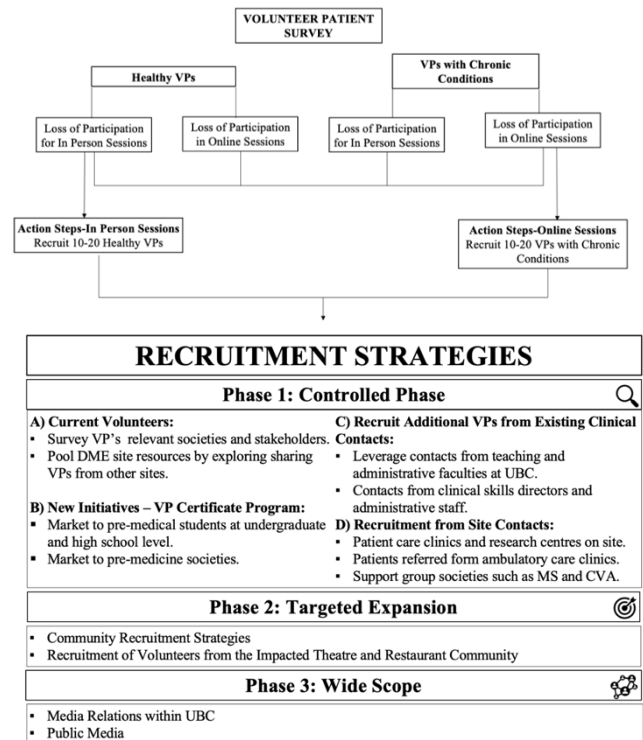


Figure 1. Schematic regarding how survey data informed recruitment strategies, which are split into phases depending on the number of volunteers required. DME: Distributed Medical Education.

**Conflicts of Interest:** No disclosures or conflicts of interest for any of the authors to be reported.

**Funding:** No sources of funding to report

**Authorship:** All authors credited with authorship of this manuscript made substantial contributions to the conception or design of the work or the acquisition, analysis for the work, drafted the working and/or revised it critically for important intellectual content, had final approval of the version to be published, and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

## References

1. Ferrel M, Ryan J. The Impact of COVID-19 on Medical Education. *Cureus*. 2020;12(3):e7492. <https://doi.org/10.7759/cureus.7492> .
2. Torda A, Velan G, Perkovic V. The impact of the COVID-19 pandemic on medical education. *Med J Aust*. 2020;14(1). <https://doi.org/10.5694/mja2.50705> .
3. Tierney S, Mahtani K. Volunteering during the COVID-19 pandemic: what are the potential benefits to people's well-being. *CEBM Research*. 2020.
4. World Health Organization. *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance* [Internet]. Mar 2020. Available from: <https://apps.who.int/iris/handle/10665/331498>. 19 [Accessed on Aug 20, 2020].
5. Wong RY. Medical education during COVID-19: lessons from a pandemic. *BC Med J*. 2020;62(4):170-171.