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

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Résumé de l'article

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. 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. 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.⁴

**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.⁵ (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.⁶ 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.

![RECRUITMENT STRATEGIES](image)

**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.
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