

Remedial Education: New Opportunities in the 21st Century

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Introduction

Public safety concerns during the pandemic caused many professional activities around the globe to be delivered virtually, including remedial education for clinicians. Now that many travel restrictions have been lifted and vaccines are widely available, regulators may grapple with whether to revert back to traditional in-person courses or to continue to approve virtual courses.



Regulators may ask themselves the following questions:

- What guidance is available to regulators to help them feel confident about the quality of remedial instruction they approve for their licensees?
- What features of virtual remedial instruction make it a viable means of accomplishing the educational and disciplinary goals of professional regulation?

Answers to those questions can be found in:

- **Definitions** of different modes of instruction
- Quantitative and qualitative **data** from participants in courses conducted virtually
- **Advantages** of virtual learning discovered through two years of experience



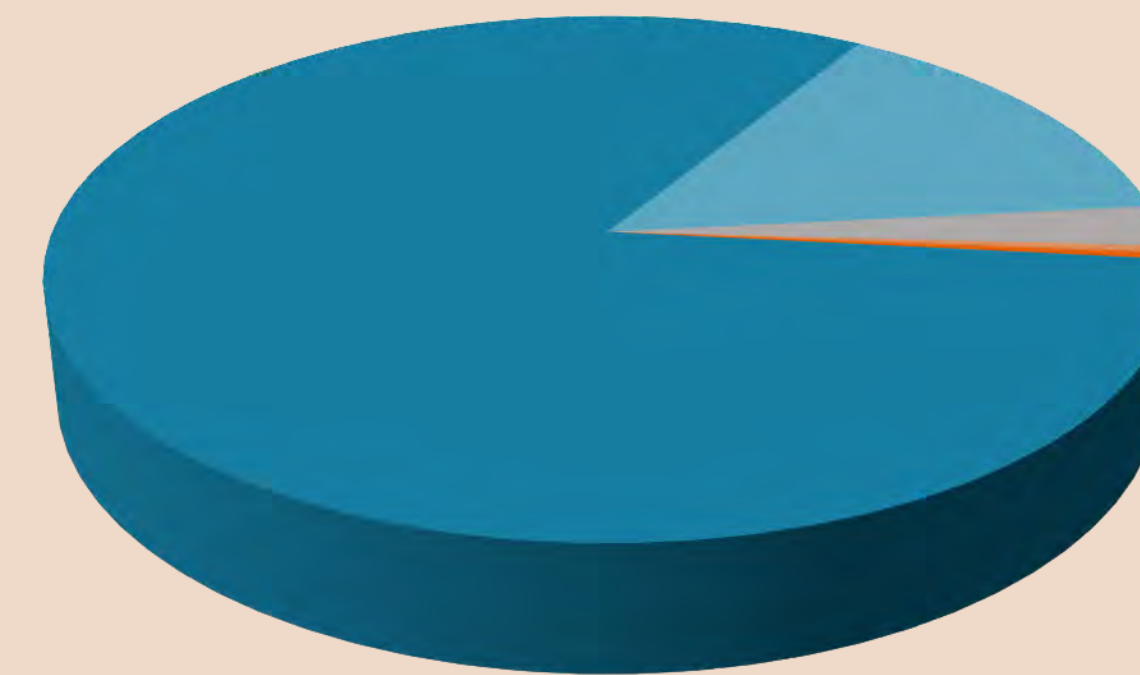
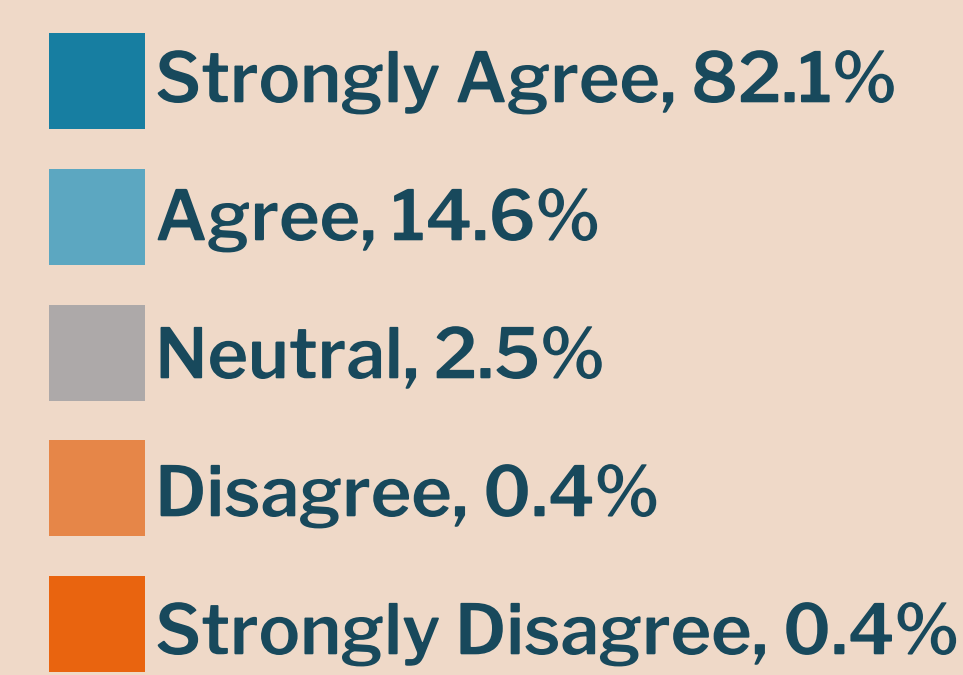
Definitions

Course Features	In-Person*	Virtual*	Webinar	Online/ On-Demand
Accredited for CME/CE credit	+	+	+	+
Content developed by subject matter experts	+	+	+	+
Real-time presentation of curricular content	+	+	+/-	
Required pre-course assignments	+	+		
1:1 faculty:participant interaction	+	+		
Interactive group discussions and activities	+	+		
Intensive process of self-assessment, introspection	+	+		
Oral presentation of Personalized Protection Plan	+	+		
Participant identity verification	+	+		
Proctors confirm participation expectations met		+		
1:1 pre-course technology training		+		

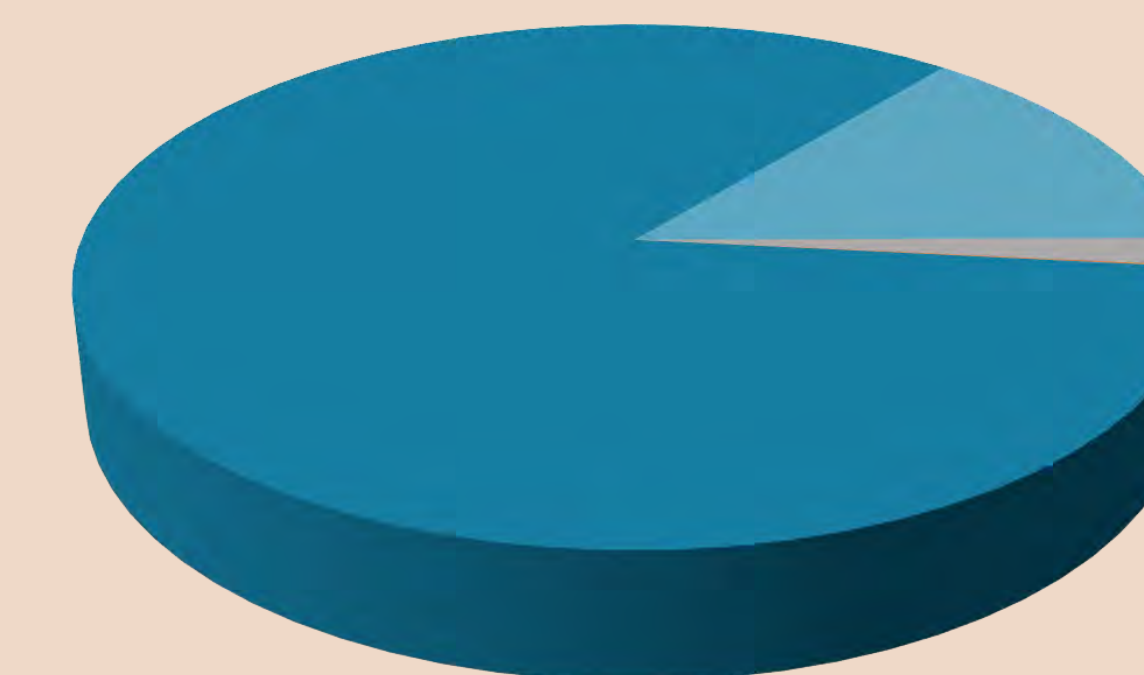
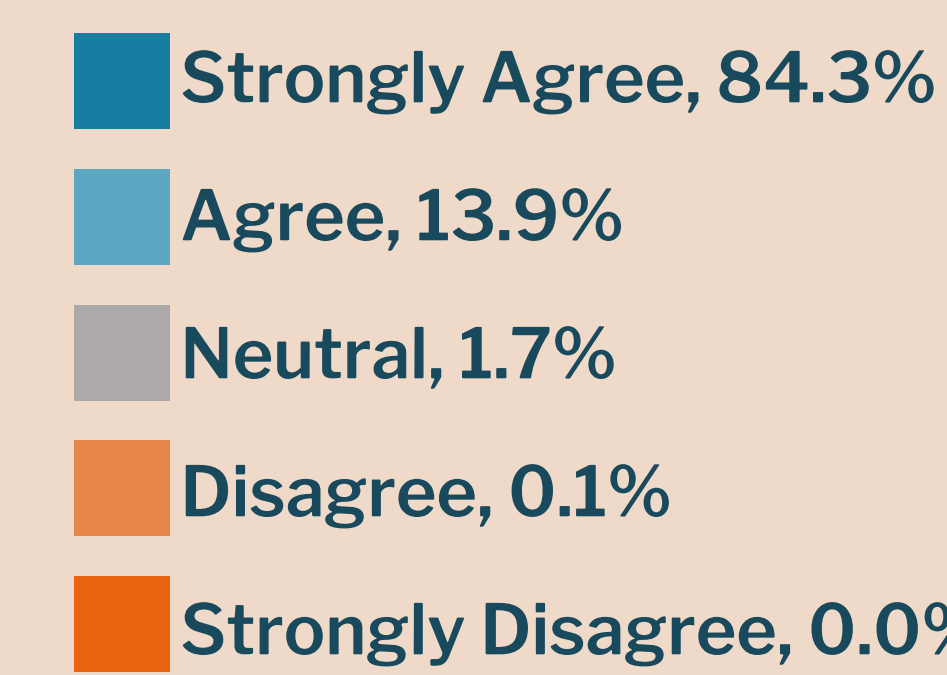
*These features are present in PBI Education courses. Courses offered by other providers may differ.

Data: Quantitative Virtual courses held April 2020-March 2022, n = 1027

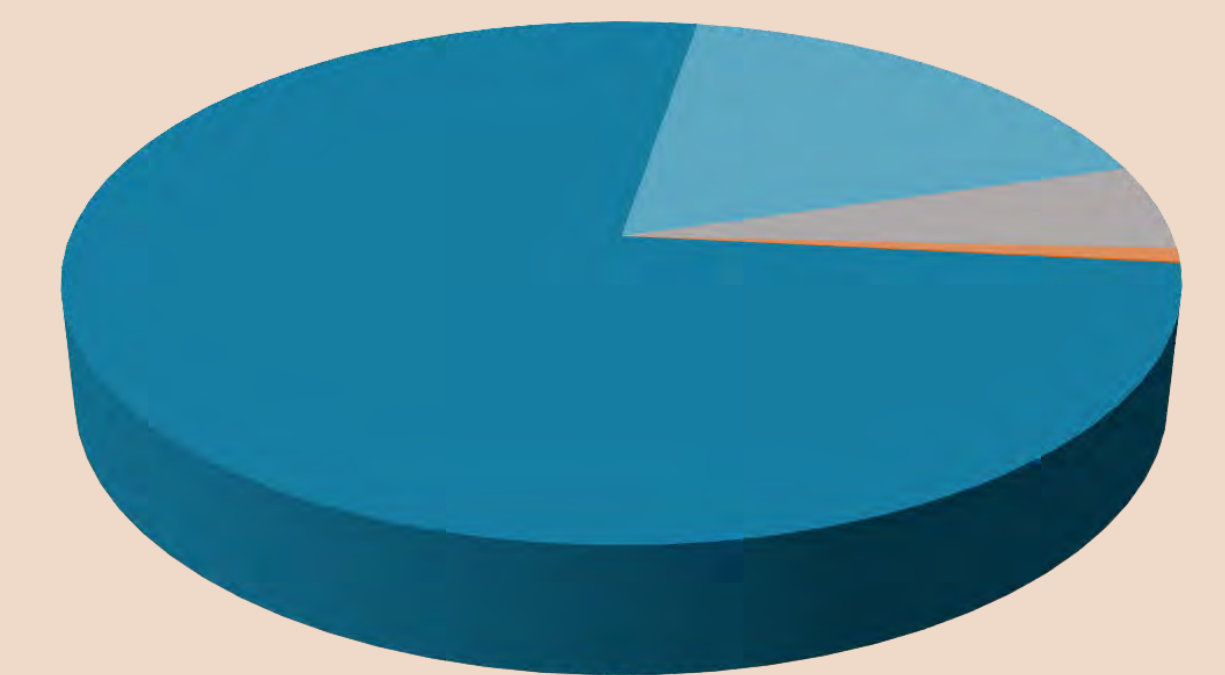
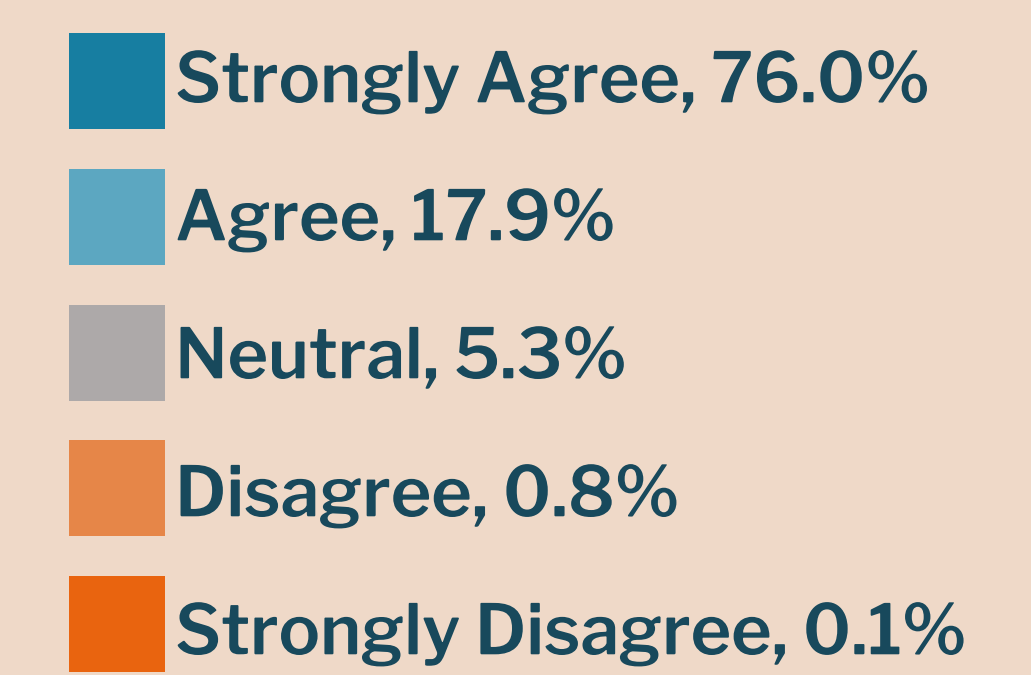
My privacy and confidentiality were respected and maintained.



I was able to participate in collaborative, open, and honest discussions with the faculty and other participants.



I believe this course, facilitated live-virtually, was as effective as it would have been if facilitated in person.



Advantages

Accomplishment of educational, disciplinary, and regulatory goals

- Virtual learning platforms meet all the requirements of the **high-touch** educational philosophy that is crucial to impactful, intensive remedial interventions.
- **Rapid access** to virtual courses prioritizes patient safety, as swift remediation accelerates practice change, reduces the risk of additional wrongdoing before the course is taken, and hastens the return to practice.
- Virtual courses are **geographically accessible** to regulators and licensees from distant jurisdictions, countries outside North America, or from areas where access to efficient public transportation is limited.
- **Accountability measures**, such as proctoring and identity verification, ensure active and honest participation.

Surprising advantages

- **Safety** for licensees during the pandemic and during future natural disasters or public health/safety emergencies, which keeps them healthy to return to patient care.
- A **trauma-informed** approach to education. Participants with a history of trauma are less likely to be re-traumatized when they are in a familiar, secure environment they can control.
- **Accessible and inclusive** mode of education for participants with physical disabilities, financial hardship, immune compromise, or scheduling limitations (e.g., single parents, primary caregivers to sick or elderly individuals, etc.).
- **Emotional security** is improved by eliminating travel stressors, securing privacy, and allowing for downtime during course breaks, all of which facilitate more honest and accountable course participation as well as an atmosphere supportive of clinician health, recovery, and return to practice.

Data: Qualitative Virtual courses held April 2020-March 2022, n = 1027

531 of 1027 participants provided optional narrative responses on evaluations.

There were enough positive narrative responses to allow for thematic analysis. Common themes emerged that provided meaningful feedback regarding various qualities of a virtual learning experience, as shown below. Although there were insufficient negative comments to allow for thematic analysis, some example appear below.

Positive response examples:

Privacy and confidentiality

- *Honestly, I think the course is MORE effective virtually than live. There is a significantly increased sense of privacy and confidentiality.*
- *I think the virtual format allowed people to open up more quickly than being in a room facing each other.*

Barrier Reduction

- *I appreciate that the course was virtual. I think it was as good as it would have been live and the barriers to taking the course were lessened greatly by having this format. I am a single mother and travel to a course would have been very difficult for me.*
- *Actually, I think that the ability to participate via Zoom was beneficial in that I avoided travel and time away from the practice.*

Technical characteristics

- *I had never used zoom before. The format of seeing the participants and interacting, made the experience much better.*
- *Effective course, as sound as a live one if not better due to clarity of streaming and engagement.*

Emotionality, indicating intensiveness of course

- *I believe this course was actually more effective via zoom than [it] would have been in person. If any disciplinary action is involved- it is a humiliating, and emotionally draining embarrassing situation to be in. I think it was easier to share from home... I was emotionally drained at the end of the 2 days*

National and international audiences

- *Probably more effective online, since in-person learning might result in some of the participants knowing each other, whereas online we were spread throughout the US and Canada.*

Comfort

- *I think the participants' ability to openly and honestly share and discuss is greatly improved through a virtual platform as there is the inherent sense of comfort that comes from being in your environment.*
- *The virtual course actually was more comfortable while everyone was sharing difficult and very personal experiences.*
- *[It] gave us a familiar home or work environment to retreat [to and] share from.*

Negative response examples:

- *I am just tired of being tied to a computer all day.... I also like the feel of being "in a classroom."*
- *I wish I could have had some limited chat with other participants inside the Zoom. I would have preferred to attend this course in person after experiencing it online.*

Conclusions

Virtual activities have become a new norm since the onset of the pandemic in 2019. After more than two years of experience delivering remedial education through a virtual platform, participant data indicate that, as a viable means of accomplishing educational and disciplinary goals, the virtual experience compares favorably with traditional in-person instruction.

But we discovered additional advantages of the virtual classroom. It opens up opportunities for new audiences and more geographically diverse course participants, and can accommodate personal needs safely. Moreover, as healthcare professionals learn to incorporate principles of trauma-informed care, inclusivity, and accessibility into their clinical work, we discovered that virtual learning environments extend these sensitivities to course participants as well. Such features facilitate healthcare professional health and recovery, recommitment to professional ideals, and return to safe practice.

Acknowledgments

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