

The Richard K. Reznick Wilson Centre VIRTUAL Research Week

October 28 to 30, 2020

https://events.myconferencesuite.com/Virtual_Research_Week/page/PosterPresentations

19 ASYNCHRONOUS Virtual Poster Presentations

Poster presentations will also take place virtually. Presenters are to create and upload their posters as a Powerpoint or PDF slide with a **3 minute recorded audio description** of the work. Posters will be available online before and during the research day activities. As in previous years, Posters will be judged for the best poster award.

Best Poster Award	
Judges	Poster #
Laura Brereton & Mahan Kulasegaram	1 to 5
Paula Rowland & Mark Hanson	6 to 10
Risa Freeman & Sydney McQueen	11 to 15
Ayelet Kuper & Adam Gavarkovs	16 to 19



POSTER #1

Alignment of Regulatory Examinations and Public Health Priorities: Exploring the representation of Cancer in the MCCQE-1

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Background: Medical education should be coordinated with patient and health care system needs. Cancer is a relevant health priority. Unfortunately, oncology education has long been perceived by learners, educators, and physicians as inadequate. The Medical Council of Canada (MCC) is Canada's national standard of assessment of medical graduates. This study aimed to view oncology education with a focus on assessment, by determining the representation of health priorities, including cancer, in the Medical Council of Canada Qualifying Examination – Part 1 (MCCQE 1).

Methods: The MCCQE 1 lists CanMEDS roles for medical graduate competency. The focus of this study was the Medical Expert role and associated clinical objectives. These objectives were categorized for oncologic, cardiovascular, cerebrovascular, and chronic lower respiratory disease. Two coders analyzed data to increase objectivity and reduce bias.

Results: The MCCQE 1 objectives list 190 topics in the Medical Expert role. Oncology content was found in 57 (30%), cardiovascular diseases in 56 (29.5%), cerebrovascular diseases in 21 (11%) and chronic lower respiratory diseases in 7 (3.7%). Within the objectives containing oncology content, frequently mentioned cancers were gastrointestinal (16, 23%), nonspecific indicators of cancer (7, 12%) and genitourinary/musculoskeletal cancers (6, 10.5%). All disease coding had interrater agreement greater than 99%, with Kappa values from 0.73 – 1.00, indicating substantial agreement.

Conclusions: Oncology was highly represented in the MCCQE 1. To understand the mismatch between curricular representation and assessments with perceptions of preparedness for practice, future work should investigate components of medical education beyond knowledge expertise and assessment.

POSTER #2

The Addis Ababa Toxicology Curriculum Project: Educational Needs Assessment for the Toxicology Modules of an Emergency Medicine Training Program

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Background: The Toronto Addis Ababa Academic Collaboration (TAAAC) in Emergency Medicine (EM) is a bi-institutional partnership between the University of Toronto (UofT) and Addis Ababa University (AAU) focused on addressing the need for EM postgraduate training and care in Ethiopia.

Toxicology is a key competency in EM. EM physicians are often the first and sole clinicians to identify and treat patients presenting with a wide range of intoxications. The goal of this project was to conduct an educational needs assessment to inform development of a context-specific toxicology curriculum for the AAU EM training program.

Methods: Our needs assessment consisted of a survey (available electronically and in paper format) and face-to-face interviews conducted with Ethiopian EM faculty (all graduates of the AAU EM residency training program) and current AAU EM residents. The survey was distributed in October 2018 and the interviews conducted in November 2018.

Results & Future Directions: Of the 63 surveys distributed, we received 17 complete responses and completed 11 interviews with AAU EM faculty and residents. Our findings indicate that educational training in toxicology is well-received, however, additional coverage of common local toxicological presentations (i.e. pesticides, caustics, barbiturates) as well as practical issues in ED management of toxicological presentations (i.e. limited resources, lack of antidotes, limited dialysis and laboratory capabilities, and delayed presentations) is needed. The first Toxicology Centre in Addis Ababa has recently opened, led by Dr. Kebede. As a next step, we plan to compare data from this project with patient data from the Toxicology Centre.

POSTER #3

Achieving the ACGME core competencies for surgical trainees in the COVID-19 era: What have we learned and where do we go?

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The COVID-19 pandemic has significantly changed the practice of medicine with a shift to virtual clinical encounters, alternative management of surgical diseases due to restrictions on elective operations, and physician redeployment to other medical services requiring coverage. These changes may limit opportunities for trainees to gain surgical expertise with the potential to drastically impact post-graduate surgical education. However, the pandemic has also created a number of opportunities to navigate these challenges and enhance how surgical education is delivered. This article will highlight some considerations in adapting post-graduate surgical training to achieve the ACGME core competencies in the COVID-19 era.

POSTER #4

Virtual Continuing Health Professional Education: A Scoping Review

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Purpose: Virtual learning strategies have become a powerful tool to deliver continuing medical education (CME) to health professionals. However, there is a gap in the literature regarding how virtual CME can mitigate disparities faced by health professionals. Therefore, this scoping review aims to synthesize the advantages and disadvantages of virtual CME and to establish the impact of this approach on inequities that health professionals face regarding gender, race, location, and profession.

Methods: This scoping review was conducted according to the Joanna Briggs Institute protocol. A comprehensive literature search for papers published in any language from 1991 to June 2020 was performed in 6 databases in consultation with an information specialist. Three investigators independently screened the publications for eligibility, and an independent investigator resolved any conflicts. Demographic data, including healthcare specialty, modality of virtual education, countries of intervention, reported advantages and disadvantages, and location, gender, and race of participants, were extracted from included publications and summarized in a tabular form.

Results: The literature search yielded 31,485 studies, of which 9,723 duplicates were removed. 21,762 articles underwent title and abstract screening and 12,205 were excluded. Full-text screening is ongoing. The most commonly reported advantages and disadvantages of this intervention will be reported. From an equity perspective, our findings with respect to gender, location, race, and profession will be summarized.

Conclusions: Virtual CME has been pushed to the forefront due to the COVID-19 pandemic. A finalized abstract with full data analysis and conclusions will be completed for presentation prior to the conference.

POSTER #5

Physiotherapists' Perspectives on Professional Practice Leadership Models: Key Features to Enhance Physiotherapy Practice

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Purpose: To explore professional practice leadership models (PPLMs) within the Toronto Academic Health Science Network (TAHSN) by outlining current TAHSN PPLMs, identifying elements of PPLMs from physiotherapists' perspectives, and determining key features of PPLMs that enhance physiotherapy (PT) practice.

Methods: This qualitative, cross-sectional study used semi-structured focus groups to explore PT clinicians' knowledge about their facility's PPLM, physiotherapists' role within the PPLM, the impact of leaders on PT practice, the impact of the PPLM on job satisfaction, and the development of an ideal PPLM. Transcripts were coded using qualitative software and data analysis followed an inductive approach to develop themes.

Results: We conducted eight focus groups, representing six TAHSN facilities (four organizations). Five key features of PPLMs emerged from physiotherapists' perspectives: 1) support networks to navigate practice issues; 2) organizational structures that foster collaboration and PT community; 3) professional development opportunities for continuing education, mentorship, and career advancement; 4) the influence of the leader in professional practice; and, 5) the balance of workload and accountabilities of the leader in professional practice. Each key feature encompassed a group of interrelated elements, defined as components of PPLMs that influenced PT practice.

Conclusion: Our study is the first to explore elements and key features of TAHSN PPLMs as they relate to PT. From physiotherapists' perspectives, we derived five recommendations to enhance PPLMs with respect to the PT profession. Findings can be used to inform and optimize PPLMs, such that publicly funded healthcare facilities can evolve alongside the continuously changing healthcare landscape.

POSTER #6

Performance, Success, and Challenges—Experiences of IMG residents in the Department of Psychiatry

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Purpose: International medical graduates (IMGs) represent 25% of the Canadian physician workforce. They bring unique cultural and linguistic skills to our academic and healthcare settings. Unfortunately many IMGs experience discrimination during their training including perceptions that IMGs do not perform as well as Canadian Medical Graduate (CMGs). The following study is the first phase of a mixed-methods study. In this first phase, we aimed to compare IMG and CMG psychiatry residents' exam performance given these perceptions related to IMG performance.

Methods: A convenience sample of IMG (n= 120) and CMG (n=986) residents' scores on the Coordinators of Psychiatric Education exam (COPE) from 2011 – 2018 was collected, compared and analyzed. Residents were included in the study if they had COPE exam scores between 2011-2018. Exam scores for any non-CaRMS matched IMG psychiatry resident in our program were excluded. Descriptive statistical analysis was applied to aggregated exam data results between the two groups.

Results: Aggregated COPE exam data from 2011-2018 showed that both IMG and CMG residents generally improve their exam performance as they progress through training. In addition, descriptive statistics of exam data from 2011-2018 demonstrate that there is not a significant difference in COPE performance between CaRMS-matched IMG and CMG residents.

Conclusions: This phase of the study suggests that there is no significant difference between CMGs' and IMGs' COPE exam performances. However, despite equal performance on exams, their experience of being a resident is different from CMGs according to the literature. This result indicates that there are likely additional factors that need to be understood about IMG resident experiences. Using qualitative methodology, we will aim to explore IMG trainee experiences in Phase 2 of this study.

POSTER #7

Interpretations of Success: The Impact of the Education Development Fund (EDF)

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Background: Local education grants can promote scholarship and provide faculty with opportunities for curricular and program development, and evaluation. The Education Development Fund (EDF) is a peer-reviewed grant that provides funding for smaller local projects within the Faculty of Medicine. Over the past 15 years, the grant has evolved and has had various iterations however its impact has not been well documented. As part of a multi-modal evaluation we examined the self-reported outcomes of grant recipients.

Methods: We created a 22-item survey which was administered electronically via Qualtrics. Successful EDF principal investigators funded between 2006 - 2017 (n=89) were surveyed. This group represented a cross-section of the EDF calls and a relatively heterogeneous group of faculty members. The survey was released in the Winter of 2020 and queried the perceived impact of the grant, personal career progress, dissemination, and factors that support project completion. Descriptive statistics were produced.

Results: There was a 42% response rate (n=39). Overall respondents perceived that the EDF had a positive impact on their academic role, career, project and the broader education system. EDF recipients reported a wide variety of dissemination. Eighteen respondents reported at least one peer-reviewed publication and on average, respondents reported one further local or national peer-reviewed grant.

Impact of Findings: The EDF demonstrated wide impact on the person, project and system of education as perceived by recipients. Future phases of our project will further examine conditions and barriers for dissemination via qualitative methods.

POSTER #8

Development and Evaluation of an Information Resource for Volunteer Inpatients Participating in MD Student Clinical Skills Training

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Background: Although volunteer inpatients (VIPs) regularly participate in clinical skills training with junior medical students (JMS) at the University of Toronto, no standard recruitment method currently exists. A recent study exploring JMS-VIP clinical encounters showed that a key area for improvement was the VIP recruitment process (Elfassy et al., 2020). Patients reported a lack of adequate information provision regarding the volunteer process and role expectations. Our objective was to develop and evaluate a patient information guide to improve the VIP understanding of the experience.

Methods: The guide will be designed using a developmental evaluation approach based on the literature (Patton, 2010) and guidelines by Doak et al. (1996) for creating reader-appropriate materials. The guide will then be circulated to various stakeholders (e.g. medical students, clinical skills tutors, medical educators, patient educators, patient advocates, family members), who will evaluate it via an on-line questionnaire for style, content, plain language, impact, and overall impression. Finally, in the evaluative research phase, the latest version of the guide will be evaluated by VIPs following participation in a clinical skills session with JMS. They will complete a hard copy questionnaire assessing participant demographics and the guide for its content, style, and impact. The guide will undergo improvement accordingly.

Results & Conclusions: A preliminary draft of the guide is complete. Future directions include circulating the resource to the diverse aforementioned stakeholders for feedback. The study ultimately aims to offer the clinical skills curriculum a systematically evaluated resource to enhance the safety, security, and comfort of VIPs.

POSTER #9

Patient Experiences with a Remote Monitoring Pathway for COVID-19

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Background: In response to the COVID-19 outbreak, Michael Garron Hospital developed the CovidCare remote monitoring pathway to provide timely clinical evaluation and management for patients suspected/diagnosed with COVID-19. Remote monitoring is increasingly used, but limited data exist on patients' experiences with these pathways for managing COVID-19.

Objectives: This study aims to describe patients' experiences with CovidCare, specifically two patient populations: those with medium-/high-level alerts that A) did not return to the emergency department (ED) and were successfully managed at home, and B) those who returned to ED but were not admitted.

Methods: Semi-structured phone interviews were conducted, transcribed, and analysed using grounded theory.

Results: Across 35 interviews (response rate of 66%), three main themes were identified: the program provided emotional support (a sense of security, reduced feelings of depression and loneliness, decreased fear and anxiety); was informative (taught patients COVID-19-related precautions, instructed patients on how to self-monitor COVID-19 symptoms, informed patients about self-care when coping with COVID-19), and motivated patients to self-monitor and self-manage (facilitated self-management, prompted self-management, and encouraged self-monitoring). Patients in both groups also identified the tendency for nurses to recommend ED assessment for worsening symptoms; however, only a few patients in Group B returned to ED for issues directly related to COVID-19, limiting further analysis into why this advice may have affected them differently.

POSTER #10

Resource Development in Otolaryngology-Head and Neck Surgery: Evaluation of an Educational Tool for Family Physicians

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Background: HPV-induced oropharyngeal carcinoma is a growing epidemic that comes with several challenges. There are several barriers that contribute to delays in diagnosis including the lack of a screening program and the misleading clinical presentation of patients. Diagnostic delays are common (3-6 months) and a delay of up to 2 months can lead to a significant increase in morbidity and mortality for patients. There is a lack of knowledge and increasing need for educational tools to aid family physicians in diagnosing complex new malignancies such as HPV oropharyngeal carcinoma.

Objective: To educate family physicians about HPV oropharyngeal carcinoma and diminish the incidence of diagnostic delays to improve patient outcomes.

Methods: An educational improvement initiative, which receives feedback from key stakeholders in the medical field was implemented. A slide deck titled “HPV Oropharyngeal Carcinoma and the Management of a Neck Mass” was created. First, it was evaluated via survey by a group of otolaryngologists, radiation oncologists, nurses, medical students, and family physicians (n=20) to optimize its content and style. Subsequently, the slides were evaluated via survey by the target audience; family physicians (n=30). Knowledge translation was also examined with a pre- and post-slide deck evaluation quiz.

Implications: There are gaps in knowledge amongst family physicians regarding many otolaryngologic topics, importantly head and neck oncology. This educational tool will expose family physicians to the HPV oropharyngeal cancer epidemic, its challenges, and intricacies. The future objective is to implement this educational resource into a Continuing Medical Education program for family physicians and residents.

POSTER #11

Developing a Virtual Community-Based Deprescribing Program

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Background: Inappropriate use of psychotropic medications is associated with a higher risk of adverse drug events (ADE). Evidence-based guidelines recommend gradual tapering and monitoring to mitigate withdrawal symptoms. Short-term inpatient stays are not amenable to the tapering of these medications.

Purpose: To use virtual care technologies to expand the scope of deprescribing at MGH. Patients will be monitored ensuring their safety during the process of deprescribing of benzodiazepines, antipsychotics, and antidepressants.

Methods: Patients admitted to MGH taking psychotropic medications are identified using our electronic health record for a consult by a physician/pharmacist dyad. Patients/substitute decision makers are involved in a shared decision making process consistent with their goals of care. Patients eligible and amenable will provide informed verbal consent to follow-up via virtual care mediums. Patients will be monitored over the course of their tapering schedule. Outcomes include the proportion of patients who qualify for deprescribing, consent to follow-up, can successfully utilize this technology. We will measure the rate of complete cessation and dose reduction, and patient, primary care physician, and community pharmacist satisfaction. Balancing measures include patient barriers to virtual follow-up, ADE and rehospitalization rates.

Significance: Inappropriate use of these psychotropics is prevalent in older Canadians. This program will demonstrate the utility of virtual technologies in deprescribing initiatives for both the East Toronto community and beyond.

POSTER #12

Clinical Trials and Limited Health Literacy: A Scoping Review

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Background: Clinical trials are essential for the advancement of medicine. However, the complex nature of clinical trials can impede recruitment and retention of participants. This affects those with low health literacy (HL) which is associated with lower education and income, older age, and non-white patients. These individuals are therefore unequally represented in clinical trials - putting them at a significant disadvantage as well as affecting the validity of trials.

Purpose: A scoping review will be conducted to explore what is known about health literacy and clinical trials.

Methods: The following databases were searched between 1992-May 2020: Medline ALL, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Embase, Emcare, and PsycINFO. Articles were included if the context is clinical trials, if they explore HL at the patient/provider/systems level, and the study population is adults (>18). The search yielded 25471 studies and 10125 duplicates were removed. Five independent reviewers are conducting title and abstract review and conflicts are resolved by a sixth reviewer. Eligible articles will undergo full-text review, followed by data extraction, analysis, and reporting.

Significance: This is the first attempt to systematically explore the literature for knowledge of the relationship between HL and clinical trials. This work can identify gaps in current knowledge and inform the design of clinical trial materials.

POSTER #13

The pandemic-driven transition from traditional to online - a mixed-methods analysis of its impact on multiple stakeholders

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Since 2015, the John Bradley Summer Research Program (JBSRP) has matched undergraduate and graduate health science students with supervisors to undertake applied evidence-based scholarly projects within an academic program. The program aims to provide meaningful opportunities to strengthen the understanding of research principles while honing critical research skills through a series of faculty-led lectures and presentations. Historically, this program was delivered face-to-face with hands-on research projects supervised at hospitals and the University of Toronto. Due to the 2020 Covid-19 pandemic, students and their projects were supervised remotely. The face-to-face JBSRP transitioned into an online virtual remote pilot program.

Objective: The challenge was delivering an established applied clinical research program and course with notable scholarly outputs via an e-learning format successfully addressing the needs of multiple stakeholders. This evidenced-based quality improvement project was conducted to compare the efficacy of the traditional pre-pandemic program with the remote online virtual live version.

Methods: A mixed-methods design was implemented. The literature was reviewed to inform program transformation and survey development. Quantitative and qualitative data from past and present survey responses were analysed. Data were collected and analysed from students' Reflective Journals.

Results: Results to-date suggest that future live virtual formats of the JBSRP can meet learning goals of students and successful project outcomes but are associated with a number of barrier factors for both students and faculty. The finalized study will add to the existing literature and has the potential to inform the design and future iterations of the JBSRP and similar scholarly programs.

POSTER #14

The patient experience of rapidly increased use of virtual care visits during the COVID-19 pandemic

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Background: Due to the recent COVID-19 pandemic, hospitals and other providers were forced to significantly restrict visits to outpatient care and transition to virtual platforms over a matter of weeks. At Michael Garron Hospital, the internal medicine clinic used virtual care for all initial encounters during Covid-19. The effect of this abrupt change on the patient and caregiver experience is unknown and few studies exist on unselected patients with virtual care.

Objective: The aim of this study is examine the experience of general internal medicine out-patients required to use virtual care during Covid-19.

Methods: The last 60 patients with a virtual care appointment in the internal medicine clinic at Michael Garron Hospital were invited to participate in a mixed methods telephone survey developed by research and hospital patient experience/education staff with the help of patients and caregivers.

Results: Response rate of the survey was 45%; 85% of participants had a visit by phone and 15% by video. All patients were comfortable with sharing their information virtually and there were minimal concerns about A/V or privacy. While 97% of patients felt they had enough time with their provider, 25% felt they were limited in what they could show them. Despite this, there were many perceived benefits in saved personal resources.

Conclusion: Despite an abrupt and involuntary transition to virtual care, patients were comfortable with it and had an overall positive experience.

POSTER #15

Optimizing Case-Based Learning: An evaluation of tutor and first year MD student perceptions of group size and format variations

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Introduction: In 2016, Case-based Learning (CBL) was integrated into the first two years of the University of Toronto's MD Program. Since then, iterative CBL delivery revisions have included variable CBL group sizes: small (8-10 students) and intermediate (46-60 students), and variable CBL formats: patient narratives (detailed written dialogues between patients and medical students eliciting histories and physical exam findings) and case-reports (succinct patient history and physical examination summaries). First-year medical student and physician tutor experiences with these CBL formats and group sizes were explored to gain insight into their strengths and limitations for clinical skills training.

Methods: A mixed-methods, developmental evaluation approach using surveys, focus groups, and interviews was employed. ¹ Survey responses were reported as means and standard deviations. Descriptive thematic analysis was conducted for narrative data. Tutor and student focus group, survey and interview data were triangulated.

Results: Thirty-eight first-year medical students (14% response rate) and twelve physician tutors (15% response rate) completed surveys. Four student focus groups (n=28) were conducted. Three physician tutors participated in interviews. Students and tutors felt small-group CBL superseded intermediate-group CBL in fostering safe and engaging learning environments. Both groups appeared to benefit from combined CBL formats, recommended use of patient-narratives during early months of training, and highlighted the role of tutor continuity in fostering a safe and tailored learning environment.

Conclusions: Study results have useful implications for health profession education programs such as ours developing CBL curricula; recommendations can help promote safer and more effective CBL learning and teaching experiences.

References:

1. Patton MQ. *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*. 1 edition. New York: The Guilford Press, 2010.

POSTER #16

Investigating Mistreatment of MD Students with Spiritual & Religious Affiliations: An Exploratory Study

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INTRODUCTION. Several studies have documented the rates and forms of mistreatment faced by Canadian medical students. While these studies indicate that gender, race, and ethnicity are linked to increased encounters with mistreatment, a dearth of information exists on the impact of spiritual and religious affiliations as the basis of medical student mistreatment. Investigating the impact of spiritual and religious affiliations on the experiences of medical students in Canada is important, as medical trainees and practicing health care providers in the United States and Canada have reported that identifiable spirituality and religiosity are targets of mistreatment.

AIM. This project will characterize perceived mistreatment of MD students with spiritual or religious affiliations, uncover some mechanisms underpinning this mistreatment, identify resources and strategies used by MD students to cope with these incidents, and provide recommendations to the MD Program in order to reduce occurrences of mistreatment.

METHODS. This mixed-methods exploratory study uses an online questionnaire and 30-minute semi-structured interviews, which will be voluntarily completed by MD students across all four years of the program at the University of Toronto.

RESULTS. We anticipate that participant responses will increase our understanding of contextual differences in mistreatment, the roles of stakeholders such as perpetrators and bystanders, and structural mechanisms enabling mistreatment.

IMPACT. Findings will be translated into student-centered recommendations to improve the safety, supportiveness, and professionalism of academic, social, and clinical environments of the U of T and other health profession educational institutions.

POSTER #17

Investigating Mistreatment of Canadian Undergraduate MD Students with Spiritual & Religious Affiliations

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INTRODUCTION. Medical student mistreatment represents an international issue in medical education and training, impacting c.60% of graduating Canadian undergraduate medical students across 2016-19 (AFMC Graduation Questionnaire, 2016-19). While mistreatment definitions vary by institution, the Association of American Medical Colleges defines mistreatment as “intentional/unintentional behavior disrespect[ing] the dignity of others and unreasonably interfer[ing] with learning process[es].” Learning disruptions vary from students regretting entering medicine, program withdrawal, social disengagement, performance decline, burnout, depression, and anxiety. Religiosity and spirituality, two social factors underpinning medical student mistreatment, are often underreported in academic literature in contrast to race, sexuality, and gender identity.

AIM. This project will thus define social structures/programs implemented by the six Ontario medical schools (OMS) to address or prevent religious and spiritual mistreatment of undergraduate medical trainees.

METHODS. An environmental scan extracted student-facing resources, policies, and protocols featured on OMS' websites. The six OMS included in the environmental scan are:

- University of Toronto Faculty of Medicine
- University of Ottawa Faculty of Medicine
- The Michael G. DeGroot School of Medicine (McMaster University)
- Northern Ontario School of Medicine
- Queens University
- Schulich School of Medicine & Dentistry (Western University)

RESULTS. OMS varied in definitions of and interventional/educational resources, policies, and protocols to address spiritual and religious mistreatment. Gap analysis identified limited infrastructure specifically managing spiritual and religious mistreatment.

IMPACT. Data will characterize the landscape and student accessibility of OMS' online spiritual and religious mistreatment resources, policies, and protocols for medical leadership to advance cultural competency within the MD Program learning and teaching environments.

POSTER #18

Wearable Technology and Live Video Conferencing: The development of an affordable virtual teaching platform to enhance clinical skills education during the COVID-19 pandemic

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Introduction: Clinical skills education in medical schools has been limited by novel 2019 coronavirus disease (COVID-19) pandemic physical distancing requirements to online curricula, including videos of physicians performing history taking and physical exams along with clinical exam lesson guides. Point-of-view video and live video conferencing (VC) are potential modalities for addressing inherent limitations of online curricula associated with the loss of in-person interactions with patients and tutors. In this study, we trialed and evaluated the abilities of different pairings of electronic devices and accessories to capture physical exam demonstrations over VC. We aimed to identify an optimal device-accessory pair as a novel platform for remote clinical skills education.

Methods: We trialed seven different device-accessory pairings via recorded demonstrations of precordial or abdominal exams. Device-accessory pairs were evaluated according to the following criteria: visualization of physical exam maneuvers, ease of use, VC abilities, footage quality, and cost.

Results: GoPro[®] devices provided good footage quality and views but lacked direct VC capabilities and affordability. Tripods for smartphones and tablets provided only limited views. A chest-mounted smartphone scored highest on all evaluative criteria.

Conclusions: The chest-mounted smartphone with VC is an optimal setup for physical exam demonstrations. It provides excellent visualization of physical exam maneuvers, high quality footage, a user-friendly experience at a low cost, and exhibits great potential for interactive clinical skills teaching in real time. We are now engaged in a rigorous, user-centred, multi-phase evaluation study of this modality.

POSTER #19

Current experience and future challenges of COVID 19 in Sri Lanka: An Auto-ethnographic study

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Background: Sri Lanka a Lower Middle Income Country (LMIC) reports 2850 confirmed COVID-19 cases and 11 deaths. With no definite treatment or vaccine available, different public health measures were employed to contain the pandemic.

Objectives: To describe the efforts undertaken in Sri Lanka to manage COVID-19 pandemic and to learn from shared experiences.

Methodology: This study was conducted as an auto-ethnographic study. Narrative accounts of key team members of Sri Lanka's pandemic management teams were synthesized into a master narrative.

Results: All portals of entry in to Sri Lanka adopted a screen and quarantine policy after the first patient was identified. All potential patients were tested and isolated regardless of symptoms. Polymerase-Chain- Reaction (PCR) testing capacity was achieved rapidly by collaborating with international and national partners. Hospitals and other institutions were remodified to accommodate and isolate all COVID-19 positive cases. Quarantine centers were created when home quarantine was unsatisfactory. High risk areas were identified and mobility restrictions were placed and expanded as lockdowns or curfews. Communication channels were developed between hospitals and public health systems. Police, military and government administrators and community leaders were actively involved with health officials in containing the pandemic to population clusters.

Conclusion: From a public health perspective, Sri Lanka was able to confine COVID-19 to population clusters using the 'test, trace and isolate' policy. There is concern regarding the long term feasibility of this policy, the economic impact of lockdowns and the threat for rapid spread on relaxing current public health measures.