

Staying Afloat in the COVID-19 Storm: GERIATrics Fellows Learning Online And Together (GERI-A-FLOAT)

Maria C. Duggan, MD, MPH,^{*†}  Anna Goroncy, MD,[‡]  Colleen Christmas, MD,[§] and Ryan Chippendale, MD[¶]

INTRODUCTION

The COVID-19 pandemic has posed great challenges to geriatric medicine fellowships. Some fellows have been called to fill roles outside of geriatric medicine while others have been completely removed from in-person patient care. Additionally, many geriatrics educators are facing higher clinical demands that may limit educational opportunities for fellows. Local and national educational conferences that typically facilitate learning and could alleviate social isolation from the pandemic have been canceled or limited.

In addition to the educational impact, the psychological impact of the pandemic is great. Even before physical distancing, a sense of social isolation contributed to higher rates of burnout in medicine.¹ Both caring directly for patients and being sidelined during the pandemic may cause psychological consequences including distress, depression, anxiety, and guilt.²

To combat these effects of the COVID-19 pandemic, we created GERIATrics Fellows Learning Online And Together (GERI-A-FLOAT), an educational series that uses virtual meetings to deepen knowledge of geriatric medicine and to convene fellows from across the country for networking and peer support. In this article, we describe the development of GERI-A-FLOAT, early outcomes, and lessons learned.

From the *Department of Veteran Affairs, Geriatric Research Education and Clinical Center (GRECC), Tennessee Valley Healthcare System, Nashville, Tennessee; †Division of Geriatric Medicine, Vanderbilt University School of Medicine, Nashville, Tennessee; ‡Department of Family and Community Medicine, University of Cincinnati, Cincinnati, Ohio; §Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Baltimore, Maryland; and the ¶Section of Geriatrics, Department of Medicine, Boston University School of Medicine, Boston, Massachusetts.

Address correspondence to Maria C. Duggan, MD, MPH, 2525 West End, Suite 450, Nashville, TN 37203. E-mail: mariu.duggan@vumc.org, Twitter: @DrMariu

DOI: 10.1111/jgs.16755

METHODS

The GERI-A-FLOAT curriculum targets geriatrics fellows in 1-year and advanced/nonstandard programs.

Supplementary Figure S1 shows the process of developing GERI-A-FLOAT. To identify the ideal timing of the sessions, a survey was sent to a convenience sample of program directors who had initially connected on Twitter. To maximize efficiency and interactivity, we used the Zoom online meeting platform for 1-hour weekly videoconferences, with a variety of instructional methods: flipped classroom, interactive lectures, workshops, and smaller breakout discussions.

We created a Google spreadsheet for programs to access all information about the sessions and to sign up to lead a session. Details for each session included the topic, host institution, contact e-mail, facilitator, Zoom access link, learning objectives, and links to resources (slides, readings, and recordings). To publicize the conferences to programs, we shared the spreadsheet link through the American Geriatrics Society (AGS) member forum and the Association of Directors of Geriatrics Academic Programs e-mail listserv.

We created an electronic REDCap survey to evaluate each session. Quality of speakers, content, and overall presentation were assessed using a Likert scale (1 = very poor, 2 = below average, 3 = average, 4 = above average, and 5 = excellent). Questions on intent to change and open-ended questions eliciting most helpful aspects and suggestions for improvement were included. Content analysis identified themes from open-ended questions.

The Vanderbilt institutional review board approved this project.

RESULTS

We held five GERI-A-FLOAT sessions from March 31, 2020, to April 28, 2020. Fifty-five unique participants and 14 fellowship programs were represented (Supplementary Figure S2). Table 1 presents information related to participation and the post-session evaluation surveys. Although survey response rates were low (10%–53%), sessions were rated highly, and

Table 1. Early Outcomes After Five GERIATRICS Fellows Learning Online And Together (GERI-A-FLOAT) Sessions**(A) Description of participants**

Participants	n (%)	Total minutes spent	Minutes per participant per session median (IQR)
Geriatric medicine fellow	28 (51)	3,669	65 (53–67)
Faculty	8 (15)	477	67 (59–68)
Fellowship program director	5 (9)	1,179	70 (62–80)
Presenter (non-fellow or faculty)	3 (5)	192	61 (61–66)
Resident	1 (2)	63	NA
Unidentified Zoom user	11 (20)	555	54 (38–69)

(B) Quantitative analysis of survey responses by session

Session topic	Surveys completed, n (%)	Speaker rating ^a , mean (SD)	Content rating ^a , mean (SD)	Overall rating ^a , mean (SD)	Intent to change, n (%)
COVID-19 in LTCFs	10/19 (53)	4.5 (.5)	4.3 (.7)	4.4 (.5)	10 (100)
ACP and goals of care in time of COVID-19	6/19 (32)	4.8 (.4)	4.5 (.5)	4.7 (.5)	6 (100)
COVID-19 impact on HBPC	8/22 (36)	4.8 (.5)	4.8 (.5)	4.8 (.5)	8 (100)
Effective leadership during crisis	3/29 (10)	5.0 (0)	5.0 (0)	5.0 (0)	4 (100)
Mental health effects of a pandemic	6/15 (40)	4.8 (.4)	4.8 (.4)	4.8 (.4)	6 (100)

Abbreviations: ACP, advance care planning; HBPC, home-based primary care; IQR, interquartile range; LTCF, long-term care facility; NA, not applicable; SD, standard deviation.

^aUsing a 5-point Likert scale (1 = very poor, 2 = below average, 3 = average, 4 = above average, and 5 = excellent).

100% of respondents noted intent to change resulting from the session.

Themes were extracted from responses to two open-ended survey items. For the most helpful aspects, 33 of 35 respondents included comments. The most common themes included (1) sharing of resources, practical recommendations, and tools; (2) clinical perspectives and experiences from others through use of breakout rooms; (3) professional connections and collaboration; and (4) focus on mental health. For suggestions to improve the sessions, 15 of 35 respondents included comments. Common themes were (1) optimizing logistics related to breakout groups; (2) providing resources and communication before or after the session; and (3) adding a content expert to the discussion.

DISCUSSION

GERI-A-FLOAT, an educational series utilizing a virtual platform to deepen knowledge of geriatric medicine and bring together fellows from across the country for networking and peer support, was feasible and well received. Participants found sharing resources, clinical experiences, professional collaboration, and attention to mental health during a time of high stress to be most beneficial. Most of the sessions were fellow led, allowing participants to learn from each other in diverse geographic regions and hospital systems, which was uncommon before this educational intervention. Participants also now leave their fellowship with a large network of geriatrician colleagues. With so few fellows across the United States, the ability to connect meaningfully with other geriatricians is incredibly important to their professional development.

Even before the pandemic, pedagogy in medical education had shifted toward leveraging the benefits of online learning,³ although no road map exists on using technology to train and support fellows during a pandemic. Like one national monthly telephone-based case conference for fellows,⁴ GERI-A-FLOAT was well received by participants, expanding fellows' clinical exposure and learning while lifting some of the burden from educators to urgently design *de novo* curricula related to caring for vulnerable adults during the pandemic.

Additional lessons learned from developing and running GERI-A-FLOAT are many: (1) Twitter can lay the groundwork for widespread collaboration, (2) weekly videoconferences facilitate inter-institutional collaborations for fellows and faculty; (3) mastering Zoom is feasible and transfers to other aspects of work; (4) the low administrative burden and high impact of this form of crowdsourcing education allow for effective and efficient teaching; and (5) GERI-A-FLOAT was a practical platform to hold five virtual poster sessions with 36 fellow presenters, in lieu of the AGS meeting that was canceled.

Limitations of our results include limited generalizability to all geriatrics fellows because only 14 programs were represented. The survey data collected were limited by the primary intent of educational quality improvement (eg, surveys were completed by both faculty and fellows, precluding us from determining whether our positive outcomes were driven from faculty, fellows, or both). Low response rates, likely due to technical issues participants encountered while accessing the survey link in the chat box, may suggest positive bias toward those who completed the surveys.

Future directions include involving more fellows and expanding content to include topics often not covered in

traditional 1-year programs (health inequities, career development). We also plan to revise survey strategies and to study the impact on higher order learning outcomes such as behavior change.

Online learning is expected to remain a core component of training programs during this pandemic and beyond. The GERI-A-FLOAT model shows great promise in ensuring a continued robust educational experience for geriatrics fellows beyond the COVID-19 pandemic, and it could be replicated for interprofessional learners beyond geriatrics fellows.

ACKNOWLEDGMENTS

Conflict of Interest: The authors have declared no conflicts of interest for this article.

Author Contributions: *Study concept and design:* All authors. *Acquisition of subjects and/or data:* Duggan. *Analysis and interpretation of data:* All authors. *Preparation of manuscript:* All authors.

Sponsor's Role: No sponsor.

REFERENCES

- Southwick SM, Southwick FS. The loss of social connectedness as a major contributor to physician burnout: applying organizational and teamwork principles for prevention and recovery. *JAMA Psychiatry*. 2020;77:449-450.
- Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open*. 2020;3(3):e203976.
- Ruiz JG, Mintzer MJ, Leipzig RM. The impact of E-learning in medical education. *Acad Med*. 2006;81(3):207-212.
- Danto-Nocton ES, Simpson D, Rasansky M, Pascarella LC, Malone ML. Strength in numbers: a national monthly case conference series for fellows. *J Am Geriatr Soc*. 2018;66(7):1404-1408.

SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article.

Supplementary Figure S1: Overview of GERIATrics Fellows Learning Online And Together (GERI-A-FLOAT) series. (A) Process taken to develop and evaluate GERI-A-FLOAT, an educational series that uses virtual meetings to deepen knowledge of geriatric medicine and to convene fellows from across the country for networking and peer support. (B) Sample screenshot of a GERI-A-FLOAT session on Zoom. The chat box (right panel) is used to share resources, to pose questions or comments, and to send the link to the evaluation survey, which was optional for participants to complete. The bottom menu permits running breakout groups to enhance interactivity and engagement and recording the sessions for other learners to view. Recordings are saved in the cloud and linked in the Google spreadsheet. Participant images and names are used with written permission. AGS, American Geriatrics Society; PD, program director of geriatric medicine fellowship.

Supplementary Figure S2: Geographic distribution of participants in the first five sessions of GERIATrics Fellows Learning Online And Together (GERI-A-FLOAT). Fourteen geriatric medicine fellowship programs were represented in the first five sessions of GERI-A-FLOAT. Univ., university.