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## Footnotes and Disclosure

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## Access, an unintended consequence of virtual continuing medical education during COVID-19: a department's experience at the University of Toronto



Coronavirus disease 2019 (COVID-19) has irreversibly affected the lives of millions of people globally; to control its spread, many activities including clinical care have been limited to essential services.<sup>1</sup> Continuing medical education (CME) activities in many specialties, however, have expanded and even flourished by moving to online platforms, allowing for broader interactions across hospitals, organizations, and borders. In this perspective, we highlight what we believe is the most important benefit to come from the rise in virtual CME during the pandemic drawing from our own department's experience, namely, increased access to those who have historically been excluded from traditional CME activities. Access is necessary to stay informed, establish connections, offer nondominant views, and to lessen parities in sex, race, and socioeconomic status, all of which perpetuate bias.

There are many differences between traditional versus virtual conferences and lecture presentations. In a traditional conference, presentations are rigidly timed with a limited question period, and the exchange of ideas oftentimes occurs in personal conversations, rendering these insightful exchanges available to only a select few. In contrast, the virtual webinar features a concurrent chat that allows

participants to pose questions openly and anonymously with the speaker and among participants, opening the exchange of ideas to all attendees. Although the pleasure of meeting colleagues is lost in virtual CME activities, webinars do not require travel and are therefore more affordable and efficient for those with limited time and funds. Polling questions and other interactive tools such as white boards, screen sharing, and videos also allow for an engaging experience similar to traditional CME activities but allows for more anonymity. In essence, despite their remote nature, the webinar format allows for communication between the speaker and participants that can be less intimidating, more accessible, more personal, and more immediate.

In response to COVID-19, all educational and research activities at the University of Toronto's Department of Ophthalmology and Vision Sciences were quickly converted to an online format. This included weekly faculty grand rounds, subspecialty rounds, hospital teaching, research day, and annual TED-style ophthalmology conference. Although the local conferences including our frequency of educational rounds increased and medium changed, the focus on high-quality content was maintained. More importantly, converting to virtual CME activities resulted in increased participation of both speakers and participants locally, nationally, and internationally. The pandemic restricted travel, thus freeing more time, minimizing costs, and simplifying logistics, all of which allowed for renowned international speakers to participate more than usual and increased access to participants and panellists who otherwise may have not had the opportunity to attend these events. Audience members from 5 continents were able to

join, across a spectrum of locations and time zones. The online platform for CME created a unique opportunity for access to groups that have historically been excluded from traditional CME events, namely, women, people with young children, those with limited funding, and those living in remote locations.<sup>2</sup> Although there has been some evidence that these marginalized groups, and in particular women, have been more adversely affected by the pandemic,<sup>3</sup> in terms of CME activities in particular, our experience at the Department of Ophthalmology and Vision Sciences has suggested increased access to these groups. Access is necessary to allow those who might otherwise be excluded to create and participate in rounds, and to become informed and connected. This in turn paves the way to participate in research endeavours and other scholarly activities, all of which lessen the disparities in academic ophthalmology.

In addition to ophthalmology-specific webinars, the flexibility of online rounds created a space to have additional rounds centred on faculty development and wellness. A new “5-minute wellness moment” was added to discuss anxiety management and promote wellness for ophthalmologists during the pandemic, highlighting the importance of “mental personal protective equipment.” Virtual rounds were also developed by our female faculty to discuss the inequities of COVID-19, highlighting stories of racism against East Asian physicians and the effects of social determinants of health on outcomes during the pandemic. Although borne in the pandemic, topics such as mental health, racism, equity, diversity, and inclusion are important in all areas of medicine and are not specialty specific. These topics are also important in understanding how diseases manifest and how treatments should be implemented based on cultural and social determinants of health. This allowed for the in-depth discussion of topics that are often not included in central academic events such as grand rounds but rather are relegated to specialized meetings designed to cater to those that are already inclined to consider these topics.

The increased uptake of virtual delivery of CME provides an opportunity to reduce barriers to access to high-quality resources irrespective of local medical education resources or personal barriers to access.<sup>4</sup> This can bring globalization to medical education but also can act as an equalizer. Women attend and participate less frequently at conferences, serve on fewer journal editorial boards, and are less commonly listed as primary authors in peer-reviewed journals.<sup>5</sup> Under-representation of women in academia perpetuates bias and a lack of role models for female trainees at all levels. Involvement in continuing educational activities is a necessary first step to lessening the sex gap in medicine. The shift in administration of educational events during the pandemic created a valuable opportunity in our department for

the female faculty to be more involved in virtual education rounds.

Although virtual learning is not new or without limitations, the current COVID-19 pandemic has created a unique opportunity for virtual education allowing for a broader and more diverse audience, increased participation, and enhanced access to traditionally marginalized groups. Access to educational events is vital to removing systemic barriers in academic medicine and to provide more equal opportunities for all those who seek them. This should help women and other groups to become more informed and in turn more involved in leadership and academia. We believe that access is vital, and the COVID-19 pandemic has proven that this is a viable framework and created the opportunity to change the way medical education in ophthalmology is created and consumed. We should not let this opportunity pass.

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## Footnotes and Disclosure

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