

Virtual Small Group CME

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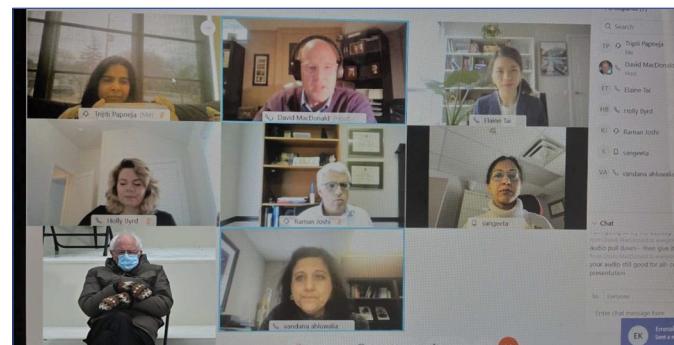
“**Y**ou’re on mute,” was one of the most commonly used phrases in 2020. Traditionally, medical conferences, review courses and journal clubs have always been an opportunity to learn, meet colleagues in person, and discover new cities and restaurants. Our realities changed dramatically with the ongoing COVID-19 outbreak, and our need to keep up with the latest medical knowledge and participate in continuing medical education (CME) substantially increased.

We are a team of four rheumatologists who have been working together for the last eight years serving patients in the larger Brampton region. In March 2020, as our offices closed in the first month of lockdown, the four of us came together to facilitate transition to virtual patient care. We utilized best evidence-based practices to provide our patients with safe and effective virtual and in-person visits. But we were facing an overwhelming amount of new information and unprecedented levels of stress. In response to this need, we resumed our bimonthly CME rounds in May 2020 virtually.

For the last few years, these bimonthly, noon rounds have been sponsored by pharmaceutical companies, allowing for national and international experts in different fields from rheumatology to neurology to present the latest information. In addition, each one of us also formulates our learning needs/goals and takes the opportunity to research and present those learnings to each other. Pharmaceutical (pharma) representatives (reps), medical science liaisons and patient support program representatives also are given an opportunity to update the team about any new advances including products and services. We find that we get the most value from our interactions with pharmaceutical sales reps in this setting, both in terms of relationship-building and product detailing.

Transitioning our rounds from in-person office meetings at our lunch room to a virtual Zoom format or Webex meeting was not difficult for our group. Most of us had already acquired the right technology and improved our technical skills to provide excellent delivery of patient care by telemedicine. We had become more comfortable using a variety of technology platforms and learned to troubleshoot issues as they arose.

Over the last several months, we have been facing many competing priorities while working from home, including childcare, household chores and other inevitable distractions. There is a wealth of online CME opportunities available, but it is very challenging to discipline oneself to at-



Our small group CME rounds have taken place virtually during the pandemic. An unexpected visitor joined us last time!

tend large virtual conferences like the European League Against Rheumatism (EULAR) meeting and the American College of Rheumatology (ACR) meeting or review courses from home. Therefore, it is helpful to have scheduled dedicated learning time with our colleagues to meet CME requirements. We have been able to review most EULAR and ACR abstracts in depth during our noon rounds, and present journal articles of interest and accredited learning programs. A small group size allows ample opportunities for dialogue and discussion where each one of us is fully engaged, sharing and reflecting upon our clinical experiences. These regular collaborative discussions are key to enhancing our learning and retention of knowledge along with testing our own ideas/approaches and attitudes against those of others in a collegial atmosphere.

In our experience, these rounds are helpful beyond rheumatology or medical learnings. They give us a chance to brainstorm solutions to our common challenging patient cases and to provide mentorship to the younger staff on the team and provides an opportunity for a quick wellness check for each other. Our stress is reduced as we feel respected, appreciated and connected with each other. We are able to build a learning culture in our office where all staff members are encouraged to engage in knowledge-sharing practices.

Virtual small group CME rounds have been easy to implement and are a very effective way to acquire new knowledge and make practice changes. We will likely continue with a combination of virtual and face-to-face CMEs post-COVID in our office. In these unprecedented times, it is prudent to continue to evolve our work and learning practices to deliver optimal care and increase our well-being.

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