

## Guidelines for Effective Virtual Learning General Psychiatry Residency Program

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### Background and Purpose

The Department of Psychiatry is committed to supporting effective didactic learning opportunities for residents in our program. Teaching and learning in residency occurs in diverse settings, including: didactic learning through Academic Half-Day (AHD) and other residency supported events (i.e. content area days like group psychotherapy day), as well as on-the-job learning through direct and indirect supervision and immersion. The COVID-19 pandemic required swift transition from in-person didactic learning to virtual platforms and required adaptation on behalf of learners and teachers to develop new skills for engagement in virtual contexts.

Teaching and learning is a shared responsibility between faculty and residents, that relies on safe and non-judgmental spaces and learning environments, and recognition of an individual's contribution and connection to the broader whole (i.e. our residency program, within the academic psychiatry community at U of T). Cultivation of enriched learning environments, including virtual classrooms, requires engagement in learning and lifelong professional development towards best practices in teaching.

With our collective experiences using virtual platforms for teaching and learning, this document aims to establish principles and procedures regarding best practices for virtual learning in online classrooms, including expectations of the teachers and learners in virtual contexts, to assist postgraduate trainees to meet essential requirements and competencies in the Psychiatry Residency Program.

### Definitions of Terms

**Virtual learning:** virtual learning refers to any teaching that occurs at-a-distance. Most often virtual learning occurs using a video-conferencing platform like Zoom or Microsoft Teams. Virtual didactic learning in the residency program occurs for the AHD via Zoom in online classrooms. Though virtual learning may also occur for 1:1 supervision between resident and teacher, this document will focus on large group teaching sessions. Principles described here can also be adapted to small-group or 1:1 teaching sessions as appropriate.

### Statement on Wellness

Resident wellbeing and aspiring to a culture of wellbeing that permeates our learning environments, is of the utmost importance in the Department of Psychiatry Residency Program. Our wellbeing strategy in the residency is stewarded by the Subcommittee on Resident Wellbeing that reports to PRPC, and recognizes the importance of individual, community and systems-based wellbeing supports for residents. The COVID-19 pandemic has highlighted the importance of community as contributor to physician wellbeing, especially the interconnection between learner and teacher, and the detrimental effect of disconnection. It has also highlighted the detrimental effect of "zoom fatigue", including the

challenges of isolation, prolonged periods on video-conferencing platforms that de-emphasize personal connection, and might highlight unnecessary exposure on camera. This guideline aims to emphasize “connected learning” as the goal, recognizing that *connection can be facilitated at-a-distance*, and some learning opportunities that offer flexibility (i.e. a virtual option, taken from home) might enhance wellness for other reasons (improved control over one’s schedule, for example).

### **Recommendations for Optimizing Virtual Learning Experience[1]:**

- 1. Learn the Technology and Skillset:** Teachers and learners are expected to learn the technology required to effectively participate in virtual learning. This includes effective use of the Zoom platform, including how to utilize the chat, raise hand, polling, reactions, break-out room and other functions of Zoom. It also includes effective use of and participation in group discussion facilitated over chat, or pair-share/small group activities conducted in break-out rooms.
- 2. Set Expectations:** Postgraduate educators will provide clear expectations to learners in advance of sessions, including expectations around timeliness, attendance, participation and use of video during AHD. Teachers are expected to provide clear expectations around pre-work and any other unique aspects of their teaching session. Expectations around engagement will be co-constructed by the residency community including residents, educators and teachers, and should reflect respectful discussion and engagement around different perspectives. For example, many teachers find it difficult to teach to an “audience of black boxes”; while many learners find it hard to participate verbally and on camera in front of dozens of peers virtually.
- 3. Engage Learners:** Teaching and learning is a shared responsibility between the teacher and learner. As such, teachers may require faculty development to adapt to virtual learning, and learners should expect that virtual learning is an active process, not a passive one. Research on how we learn demonstrates that active, effortful recall facilitates knowledge acquisition. Similarly, learning that generates desirable difficulty, or that requires participants to elaborate, generate possible answers, or reflect, is more effective. What is easy or preferred does not necessarily facilitate learning, and a growth mindset is essential for both teachers and learners.[2] As such, teachers and learners are expected to engage with the material and with each other to co-create an effective and optimized learning environment for all.
- 4. Promote Respect:** Respect is a necessary foundation to building safe spaces for learning. Desirable difficulty and the challenge inherent in growth requires trust, active listening, and respectful discourse. Teachers set the tone and expectations for a session, and both teachers and learners contribute to healthy and respectful learning environments.
- 5. Build Inclusive Online Classrooms:** Equity, diversity, inclusion and accessibility are key principles guiding education in the Department of Psychiatry Residency Program. The Department of Psychiatry Residency at U of T is committed to ensuring all residents have access to the necessary equipment required to engage in virtual learning, including necessary office space and computer equipment through a resident’s primary hospital site. Residents and teachers are encouraged to use blurred or green-screen backgrounds to anonymize their setting if preferred.
- 6. Frequently Assess Learning:** Virtual learning was new to teachers and residents in the context of the COVID-19 pandemic, and appears likely to remain a core component of learning opportunities in medical education. The residency program is committed to quality improvement of virtual didactic lectures, in collaboration with departmental faculty development initiatives. Teaching evaluations are used to provide teachers with important

feedback. Learners are expected to complete teaching evaluations offering productive and professional feedback. We also encourage teachers to check in with learners in real time, as new strategies for virtual learning are engaged (for example, using thumbs up or thumbs down emojis, or planned breaks to check in with learners).

### **Practical Guidelines for Effective and “Connected” Virtual Teaching:**

1. Residents and teachers will arrive ready to begin teaching sessions on schedule.
2. Attendance will be taken at teaching sessions, and attendance rates reported to PCS as part of professionalism assessment.
3. Teaching sessions should be adapted to the virtual context, including utilization of chat, break-out room function, emoji reactions, to promote engagement. Approximately 25% of a didactic talk should be interactive, and all learners are required to be on-camera during interactive parts. Learners are expected to participate actively in session and may be called upon to participate.
4. For large group sessions (>15 people), there is an expectation that **all learners will have their video on during interactive components of sessions**, and that they make every effort to demonstrate engagement during the session (answering questions in the chat, video-on time, use of emojis/raise hand function in response to teaching prompts).

For small group sessions (<15 people), there is an expectation that **all learners will have their video on during the entire teaching session**, as well as engaging in other forms (verbally, in the chat, etc.).

At any time should a resident not be able to turn their camera on (e.g. for interactive components of large group teaching sessions or during small group teaching) they should indicate this to the faculty teacher either verbally or via the chat function as appropriate.

These recommendations were discussed amongst residents and faculty and recognizes that teaching to a blank screen is challenging, while also respecting the need for intermittent off-camera time for wellness (bathroom breaks, eating and drinking, etc.).

The above recommendations and guidelines are based on and align with evolving medical education literature on virtual teaching.

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### **References**

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2. Brown, Peter C. Make It Stick : the Science of Successful Learning. Cambridge, Massachusetts :The Belknap Press of Harvard University Press, 2014.