

Should we be on the cusp of a major change in continued medical education?

The views expressed in this editorial are those of the author(s) and do not necessarily reflect the position of the Canadian Medical Association or its subsidiaries.

In-person teaching is returning with a vengeance — more of the same education processes we have had forever, it seems. Is this what we have learned from the COVID-19 experience? What happened to the hybrid model that was supposed to take over after the pandemic? Businesses are taking a serious look at how hybrid models can make everyone happier, with a more engaged workplace.¹ More than 50% of US companies plan to pilot new resource and teaching spaces as part of their return to the office. Why is medicine all in for the in-person return?

We have just come through a period in which we adapted because of necessity; everything was done from home on Zoom or other portals — and it was exciting in some ways. Attendance at rounds was suddenly better. Residents and even staff from other institutions could attend subspecialty rounds. There were opportunities to invite world experts to give weekly rounds for little or no cost. Every week brought diverse opinions. We shrank the global carbon footprint for travel. It did take some getting used to — it was harder to ask questions or see who was engaged during lectures, and people could hide behind disabled cameras if they were allowed. But the benefits of having at least some tele-education through a hybrid model became clear.

Despite the driving force or impulse to return to a pre-pandemic system, we should be retaining the changes we found to be positive over the last 2 years. Why are we not being more original? We have a great opportunity to solidify a hybrid model that works for all surgical departments. We need to think that some good came of COVID-19 — at least for continued medical education. Yet, some of our leaders seem intent on returning to the previous model. Even committee meetings are back to taking place in person. Should in-person education, meetings and other events return to the pre-pandemic “norm”?

We think there is an opportunity to redefine how education occurs. We think the need for diverse education processes should be explored more fully. We think

people are in too much of a hurry to return to what they deem normal. We think the new normal should be a hybrid model. But enough of what we think — let the surgical community speak up and decide.

We propose a combined effort among all the academic departments of surgery in the country. Monthly or quarterly grand rounds in the virtual space, perhaps mediated by *C7S*, is an appealing initiative. The true “town and gown” concept could also return, as smaller hospital centres could then easily join webinar grand rounds and benefit from this effort. Some Canadian societies, such as the Canadian Collaborative on Urgent Care Surgery (canucs.ca), have recently used this hybrid platform to the tremendous satisfaction of both large and small centres internationally. The concept can be fashioned to increase our educational experience. Feel free to contact us with suggestions — or even volunteer.

Chad G. Ball, MD, MSc; Edward J. Harvey, MD

Affiliations: Coeditors-in-chief, *C7S*; the Department of Surgery, University of Calgary, Calgary, Alta. (Ball); and the Department of Surgery, McGill University, Montreal, Que. (Harvey).

Competing interests: E.J. Harvey is the cofounder and head of medical innovation of NXTSens Inc.; the cofounder and chief medical officer of MY01 Inc., and Sensia Diagnostics Inc.; and the cofounder and director of Strathera Inc. He receives institutional support from J & J DePuy Synthes, Stryker, MY01, and Zimmer. No other competing interests were declared.

Content licence: This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Cite as: *Can J Surg* 2022 April 8; 65(2). doi:10.1503/cjs.003522

Reference

1. Keane J, Heiser T. 4 strategies for building a hybrid workplace that works. *Harvard Business Review* 2021 July 22. Available: <https://hbr.org/2021/07/4-strategies-for-building-a-hybrid-workplace-that-works> (accessed 2022 Mar. 8).