DISCUSSION AND TAKE-HOME MESSAGES

This engagement gave the students an important implication in the massive screening activity during the second COVID-19 wave in Lyon. Participating in this social accountability programme was a positive experience for them both on a personal and on a pedagogical level and provided a feeling of being useful as future health professionals during this historical moment.

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‘Just in time’ rapid learning during COVID-19

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INTRODUCTION

The worldwide pandemic created an urgent need for rapid learning to influence clinical practice and develop our understanding of COVID-19. Large scale trials were ongoing, but there was a need for rapid dissemination and sharing of evolving experience in order to save lives.

With specialist expertise in cardiorespiratory and critical care (including ECMO), the organisations now comprising the KHP Cardiovascular and Respiratory Partnership* were in a unique position to share these strengths by disseminating learning. To facilitate this, clinical teams needed a forum to connect, discuss ideas and experiences and convert these to practical application. Virtual platforms quickly enabled ‘just in time’ learning to be possible and allowed for the dissemination of learning across geographical and institutional boundaries.

Two formats were used to deliver virtual education to share knowledge and expertise at pace, to as large an audience as possible. The first was a series of weekly virtual discussions (chaired by subject matter experts) covering one topic each week. This provided clinical insights from several London hospitals into the management of patients acutely unwell with COVID-19. Topics were chosen based on evolving clinical need and included oxygen therapy, steroids, remdesivir and anticoagulation.

The second format were half or full day webinars with audience and expert panel Q&A, covering several topics under an umbrella theme. Themes included COVID-19 from Bench to Bedside; Primary Care Course in Respiratory Medicine; Cardiology goes viral; Critical Care Data conference; and Paediatric Respiratory: Innovations from the Pandemic. The common aim for these courses was to explore service delivery and transformation during and postpandemic.

WHAT LESSONS WERE LEARNED?

Lesson 1. Rapid education for immediate application in clinical care through virtual platforms helps maximise economies of scale by extending education reach and access at local, national and international levels.

Using data from routine clinical practice for decisions concerning new patients is rapid learning in healthcare Lambin. The importance of communication and disseminating across networks should not be underestimated. Increasing reach in terms of discipline and specialty by including different members of the MDT helped share learning more widely. Attendees reported that sessions helped set up services, and learning from others’ approaches meant not having to recreate the wheel or waiting for a publication to find out what works.

Lesson 2. Short-targeted weekly facilitated virtual discussions provided a meaningful platform for iterative changes to patient care through consensus based on experience across a range of hospitals.
The weekly webinars allowed discussion from a wider range of stakeholders and helped inform decisions on what should be recommended patient care moving forward. Speakers expressed that they liked not having to create presentations, and participants noted that they enjoyed the opportunity to speak about lived experiences on the wards.

‘Just in time’ virtual sessions provided the opportunity for bench to bedside learning to be applied rapidly. By facilitating discussions with multiple hospitals simultaneously, patient care was enhanced through collective learning. While this was crucial during the pandemic, this format could also be utilised in nonpandemic settings to bridge the second translational gap.

ENDNOTE

‘ The Partnership comprises Royal Brompton and Harefield Hospitals, now merged with Guy’s and St Thomas’ NHS Foundation Trust (as of 1 February 2021), as part of King’s Health Partners (the Academic Health Sciences Centre comprising Guy’s and St Thomas’, King’s College Hospital and South London and the Maudsley NHS Foundation Trusts and King’s College London).

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Medical clerkships in China in a single institution since the outbreak of COVID-19

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1 | WHAT PROBLEMS WERE ADDRESSED?

With the outbreak of COVID-19, medical clerkships of the spring semester of 2020 in China were suggested to be cancelled by the Ministry of Education. We were not sure how long the situation will last. As medical educators, we would do our best to minimise the impact of the crisis to our students. Therefore, when it comes to our institution, we decided not to totally suspend the clerkships but moved all the medical rotations online. As the first country to shut down schools and non-essential public services because of COVID-19, we have very limited experience to follow. Our institution distributed the online teaching tasks to each department of the affiliated hospitals without a standard so that each department could make their own decisions on how to help both the patients and the students according to their individualised situations.

2 | WHAT WE TRIED?

In our department, students were connected to the physicians online through Tencent Meeting (Tencent Inc., Shenzhen, China) by small groups. In addition, they could get access to the online study platforms and the study materials for free. The physicians were divided into several groups according to their subspecialties, namely, hypothalamus–pituitary disease group, thyroid disease group, adrenal disease group and metabolic disease group. In each online clerkship, we emphasised on teacher–student interactions. The teaching contents include conceptual introduction, questions and answers, case discussions and feedbacks. Take the thyroid disease for example, the physician introduced the endocrine system and common thyroid disease to the students first. Then students were randomly selected to answer questions on thyroid hormone functions, the diagnostic key points and so forth. After that, a classic case of hyperthyroidism was presented by the physician who acted as a standard patient. One student would be randomly selected to lead the patient encounter, and the rest of them could add on information that was missing. Physical examination was conducted by descriptions. The lab tests and classic pictures of the case (e.g., exophthalmos) were shown to the students when required. After group discussion, every student was asked to deliver a patient note to the teacher, and each of the patient notes would be discussed anonymously. The final session of the online clerkship was to collect feedbacks and questions from the students.