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).

REFERENCE

1. Lambin P, Roelofs E, Reymen B, et al. ‘Rapid Learning health care in oncology’ - an approach towards decision support systems enabling customised radiotherapy. Radiother Oncol. 2013;109(1):159-164. https://doi.org/10.1016/j.radonc.2013.07.007

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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.

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3 | WHAT LESSONS WERE LEARNED?

The spring semester ended up with reopen of schools in September. The group of students we tutored online (n = 94) have started their new semester in the outpatient and inpatient departments. We had a survey on them and get a feedback that 73 of them (about 78%) considered the online clerkship helpful for their consequent clinical studies. Seventy-eight students (about 83%) chose the answer that the online clerkship in our department was helpful to them. Although it is obvious that real-world clinical clerkship is more attractive, some of these students (n = 38, about 40%) even preferred online tutorial because they felt relaxed when having class at home. Seventy students (about 75%) believe that it would be a great loss if they could not have any clerkship when studying at medical school.

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Peer-to-peer COVID-19 medical curriculum development during the pandemic

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1 | WHAT PROBLEM WAS ADDRESSED?

After months of suspended in-person curricular activities due to COVID-19, medical students returned to a new clinical environment with new personal protective equipment (PPE) guidelines, airway management approaches and telemedicine. However, limited resources existed to disseminate these changes.

2 | WHAT WAS TRIED?

A needs assessment, conducted by student researchers, revealed that the INSTITUTION’s medical and graduate student concerns ranged from epidemiology and pathophysiology to social determinants, PPE and mental health; 41.7% of students expressed anxiety regarding infection prevention, with 22.9% specifically requesting information on PPE. Preferred curriculum formats included PDF (80.2%) and mobile application (69.8%).

The curriculum included three content categories: (1) COVID-19 clinical information; (2) medical student infection prevention, best practices and resources; and 3) patient counselling and support. Sections were developed by student-led teams, in conjunction with the Department of Medical Education, clerkship directors and faculty advisors to synthesise data from institutional and outside resources and ensure consistency across the health system.

To adapt with the evolving nature of the pandemic, the curriculum was distributed in two easily editable formats: a real-time changing document in outline form and a progressive web application (PWA) part of an existing institution-specific medical education PWA. Each section of the curriculum included the respective dates of latest information updates and original resource links. Survey and additional comment forms allowed for ample feedback.

The curriculum was disseminated via email prior to students’ return to the wards. Within the first 4 weeks, the document form had 237 unique viewers.

3 | WHAT LESSONS WERE LEARNED?

Overwhelmed with unanticipated responsibilities—including ensuring adequate PPE across sites to developing virtual objective clinical structured examinations (OSCEs)—the Department of Medical Education welcomed student collaboration on a COVID-19 curriculum.

During this time, peer educators served as liaisons between students and administration, alleviating additional burdens. This peer-to-peer education approach better positioned students to understand and assess the concerns of their peers, as evidenced by the rapid creation and employment of a needs assessment for the student body. Collaboration with institution administrators, who were frontline...