Four Strategies for Plastic Surgery Education amid the COVID-19 Pandemic

Sir:

It was with great interest that we read Kania et al.'s Viewpoint article proposing strategies for preserving and promoting plastic surgery training during the current health care crisis. Their recognition of the importance of striking the correct balance between the necessities of social distancing and fostering the progress of future plastic surgeons is laudable.

Their first strategy for the involvement of said residents is to include them in decision-making surrounding patient care through daily briefings followed up with administrative tasks. This is undoubtedly an extremely effective strategy demonstrating a wise use of hospital resources by keeping residents constantly engaged with “normal” hospital activities, and could even perhaps be extended to a broader spectrum, such as online hospital multidisciplinary meetings (e.g., breast multidisciplinary teams).

The second strategy adopted recognizes the need for surgical and manual abilities to be maintained and developed through a more hands-on approach and is likely based on the assumption that distance training would not cut the mustard. We commend the introduction of a dedicated resident space for such practice but would suggest that there are further ways in which this specifically designed task could be complemented by online tools.

Indeed, despite the current use of video conferencing, we would offer that the current crisis calls for a more articulated learning approach most commonly referred to as blended learning. The current strategies adopted by Kania et al. propose asynchronous offline activities (assignments and a surgical laboratory) with the addition of synchronous online activities (daily briefings, online teaching, and lectures in the form of virtual grand rounds), which in our opinion could be even further enhanced to the benefit of the residents.

Therefore, we propose the addition of the following:

1. Offline asynchronous activities could also be accompanied by online tasks. We believe this would be most beneficial for the surgical laboratory, whereby residents could be encouraged to use a “plastic surgery resident forum” (provided by the teaching hospital) to engage in discussion and, most importantly, the sharing of the skills acquired and difficulties encountered. This forum could even be monitored by senior consultants and professors who could provide input and surgical tips that would be specifically tailored to the residents’ learning needs.

2. Introduce more team learning during synchronous didactics, whereby Zoom “breakout rooms” could be used to create smaller discussion groups, allowing professors to move among the rooms offering feedback and support, much like in a real-life classroom.

A final consideration while looking toward the evolution of surgeons in training is the careful choice of the online software for security reasons, of particular importance from a medical perspective. Despite the undisputed benefits of Zoom, there have been concerns regarding so-called “bombing” facilitated by the meeting link being shared without caution. In this sense, we encourage the integration of blended learning to the current platforms in use but also call for prudence and perhaps the adoption of “closed” groups within organizations, such as those found in Microsoft Teams, with the aim of maintaining patient privacy.

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Reply: Four Strategies for Plastic Surgery Education amid the COVID-19 Pandemic

Sir:

We would first like to thank Mrs. Padley and Dr. Di Pace for their thoughtful reply to our publication.1 Our article focused on the four strategies that plastic surgery education can employ during the coronavirus disease of 2019 (COVID-19) pandemic in order to facilitate and broaden resident learning: (1) integrating information technology, (2) nationally integrated didactics, (3) daily briefings for those working from home, and (4) simulation models.1 The perspective offered by Padley and Di Pace provides additional insight and useful strategies that can be adopted.

With the strain that COVID-19 poses on current education models by limiting in-person meetings, Padley and Di Pace agree with our model of asynchronous offline activities (assignments and a surgical laboratory) and synchronous online activities (daily briefings, didactic lectures, and grand rounds). They offer additional strategies that would be a useful addition to supplementing resident and fellow education. First, they suggest an online discussion forum among residents, senior consultants, and professors to supplement the surgical laboratory. We agree that this fantastic strategy would ensure that there is an open stage for residents to receive input, technical tips, and constructive criticism from those who have more experience. While it is a good platform for hosting lectures and grand rounds, one downside of virtual learning is that it is often less interactive and residents receive less direct feedback. Having a dedicated forum that enables these conversations would perhaps mitigate these limitations. With the addition of virtual technologies, both residents and faculty would post photographs and videos of their dissections.

Second, they suggest the idea of “breakout rooms” in Zoom meetings, enabling further discussion and perspectives on a topic. This useful strategy would be utilized for in-service studying, journal club, or team-based learning exercises. With smaller groups expected to discuss a topic, participants are more likely to engage and share their perspective than in a typical didactic lecture.

Finally, a third important point is made about cybersecurity, to ensure that medical information shared over the meeting platform is protected. Security threats are an unfortunate reality of information technology and the Internet. Zoom and similar platforms have become aware of the need to upgrade their security measures due to the significant uptick in their use. Nevertheless, the risk will remain, so it is important for each of us to always protect our patients’ private information during conferences and presentations.

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1. Kania K, Abu-Ghname A, Agrawal N, Maricevich RS. Four strategies for plastic surgery education amid the COVID-19 pandemic. Plast Reconstr Surg. 2020;146:252e–253e.

2. Williams CM, Chaturvedi R, Chakravarthy K. Cybersecurity risks in a pandemic. J Med Internet Res. 2020;22:e23692.

The COVID-19 Pandemic: Implications for Medical Students and Plastic Surgery Residency Applicants

Sir:

We read with interest Raj et al’s article1 on the implications of coronavirus disease of 2019...