Both interactive online polling and serious games represent options for successfully incorporating variety within online-delivered medical programme sessions.

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Pandemically challenged: Developing a ward-based cross-skilling programme

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1 | WHAT PROBLEMS WERE ADDRESSsed?

Due to the coronavirus disease 2019 (COVID-19) pandemic, North Bristol National Health Service (NHS) Trust (NBT) doctors were redeployed to unfamiliar clinical teams, where they would work at the level of a fully registered Foundation doctor. As undergraduate clinical teaching fellows, we were repurposed to rapidly produce a training programme to refresh the medical knowledge of doctors who were from a wide variety of non-medical specialities and grades. Building on our experience of facilitating medical students, we devised medical ward-based scenarios in an informal objective structured clinical examination (OSCE) style to promote focused active learning and prompt further independent study.

2 | WHAT WAS TRIED?

The OSCE stations included interpretation of arterial blood gases, chest X-rays and electrocardiograms (ECGs) as well as COVID-19 treatment escalation planning and palliative care guidance. A further station provided up-to-date information regarding local personal protective equipment (PPE) guidelines and resuscitation policies. Faculty members acted as both facilitators and formative assessors at individual stations. We piloted training with a small group of eligible consultants before commencing optional training across the NBT to 289 doctors.

3 | WHAT LESSONS WERE LEARNED?

Several challenges arose in developing and delivering training. Notably, delivering face to face training when adhering to social distancing proved challenging. Training was carried out in a large room, with each station over 3 m apart, with each chair set 2 m apart. Candidates were asked not to move furniture. To comply with infection control measures, we laminated all materials and wiped them with Clinell® wipes between use. Regular hand washing was strongly encouraged for faculty members and candidates, with supplemental alcohol gel available at each station.

Further challenges related to frequent changes to NBT and national PPE and resuscitation guidance during the delivery of training. This was overcome by keeping informed with daily NBT PPE guidance, allowing real-time adaptations to training. Similarly, through liaising with the NBT resuscitation team, who provided faculty members, we kept abreast of up-to-date resuscitation guidance and reflected this in our training. The biggest challenge arose when guidance from Public Health England (PHE) and the Resuscitation Council (UK) contradicted each other concerning chest compressions (by a first responder) during resuscitation of a patient with confirmed/or suspected COVID-19. An active pursuit of discussions at NBT management level allowed us to harmonise local decision making and adapt training to the Resuscitation Council (UK) Advanced Life Support in COVID-19 guidelines.
The feedback received was widely positive, with 85% (n = 134) of respondents finding the medical scenarios an adequate refresher; 15% noted they would have found additional scenarios useful. In situ assessment by faculty members suggested improvement of candidates’ abilities and confidence for redeployment, although this was not formally evaluated. Sessions acted as formative assessments to signpost adult learners to areas that required further study, and they were given access to an NHS approved e-learning package. As trainers, we have rarely developed a training course for significant numbers at such short notice. Essential to ensuring this programme’s success was effective communication between trainers and redeployment team leaders, facilitated by the Royal College of Physicians’ chief registrar. Initially, this delivered clear aims and objectives of training, and regular dialogue thereafter allowed multiple challenges to be resolved comprehensively.

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**DOI**: 10.1111/medu.14266

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### Zooming-out COVID-19: Virtual clinical experiences in an emergency medicine clerkship

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1 | **WHAT PROBLEMS WERE ADDRESSED?**

Emergency medicine (EM) is a required clerkship for medical students in our medical college. During this rotation, students play an integral role in interviewing patients, formulating treatment plans and counselling patients. Immediately available direct and indirect supervision is paramount to ensure student learning and safe patient care.

In the setting of extricating students from the clinical learning environment amidst the coronavirus disease 2019 (COVID-19) pandemic, it has been difficult to provide medical students with meaningful clinical experiences that meet clinical learning objectives. Here, we present a novel clinical educational experience for senior medical students in the form of clinical callbacks that provide students the opportunity to interact live with patients. Specific learning objectives addressed through this intervention were focused on Patient Care and Interpersonal and Communication Skills.

2 | **WHAT WAS TRIED?**

After reviewing the electronic health record (EHR) with a faculty preceptor, students made calls to patients through a videoconferencing tool Zoom™ (Zoom Video Communications Inc., San Jose, CA, USA). Students identified patients to call back from two pools. The first consisted of patients who were treated and discharged from the Emergency Department (ED) by providers who eventually tested positive for COVID-19. Although the ED providers were asymptomatic at the time of care, testing was ordered as soon as symptoms presented (per protocol). Students were provided with a script and checklist to guide virtual encounters. Follow-ups fulfilled a departmental need, as well as providing students with an experience that reinforced learning objectives. The second pool included patients previously evaluated in the ED with general medical complaints and discharged within the previous 48 hours.

All virtual encounters were under direct supervision of a faculty preceptor. To minimise exposure risk, faculty preceptors and students were at their respective homes. Using a HIPAA (Health Insurance Portability and Accountability Act)-compliant Zoom account, faculty preceptors connected with students and reviewed the EHR prior to the encounter. Each student reviewed the chart and verbally presented the patient before the call. The student then led a call to the patient, which was made through Zoom. Faculty preceptors supervised and listened to the conversation and provided feedback and comments to the students through the chat function of the software, in real time, and intervened...