Dear Editor,

We have read the paper ‘Continuing medical education during a pandemic: an academic institution’s experience’ from Singapore by Kanneganti et al.1

After a week of reporting the first COVID-19 case (21 February 2020) in Lebanon, the Family Medicine Department (FMD) at the American University of Beirut Medical Centre (AUBMC) shifted to e-learning. As our colleagues in Singapore, we aimed at maintaining an acceptable teaching environment. In addition, we explored the residents’ opinion regarding e-learning.

The educational process requires three essential dimensions: space, time and interactions.2 Space has become virtual during the COVID-19 pandemic. Before 2 March 2020, we had five teaching activities per week. During the pandemic, materials pertaining to three activities were posted as a PowerPoint Presentations (PPP) on Moodle, a web-based e-learning management system. To ensure review of the PPP, residents had to submit answers to five multiple-choice questions (MCQs) within a month of posting the presentation. One faculty facilitated the Journal Club and Board Review activities on Zoom and took attendance. The anonymous opinion of residents about remote teaching was obtained electronically using a 5-point Likert scale survey.

We compared the attendance of the residents to the teaching activities 3 months prior to and during the pandemic. The attendance rate of the virtual activities was comparable to that of the face-to-face activities, 55% and 56%, respectively. However, the completion rate of the Moodle activities was higher (58% vs 43% for the face-to-face).

Residents’ motivation to online learning was good. Residents found the material on Moodle to be clear. When asked if remote teaching is an acceptable alternative to face-to-face teaching during the pandemic, the majority had a neutral opinion. One resident suggested that in a changing world and uncertainties, we should have suspended educational activities for a month.

The acceptability of e-learning was reported earlier.3 The better attendance to the activities posted on Moodle is normal as residents were allowed 1 month to complete the activity. The low attendance to the face-to-face activities may be due to the political turmoil; roadblocks affected the attendance rate. Our findings concur with another study that compared face-to-face teaching with distance learning among dental residents and revealed a preference to the former as it allows for better interaction.4

We were also flexible in our evaluation. Residents sit for an Objective Structured Clinical Examination (OSCE) yearly by the end of April. To avoid crowding, we decided to examine only PGY-1 and PGY-2. We also resorted to online conversations and video monitoring. Examples include counselling a person exposed to COVID-19 colleague on the phone, suturing a laceration using a model. The other reason to exclude PGY-3 was that all of them scored well in the last OSCE in April 2019 (average 6.8/10, SD 0.2). The modified OSCE reliability is questionable. However, instead of dropping the OSCE, we relied on a shortened one as this can give us some insight into the performance of junior residents.

Unlike the Singapore study, our report is limited to one department. The Moodle activities allowed for great flexibility (completion of PPP over 1 month) that is needed in such stressful environment.

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