Dear Editor,

We have read the paper ‘Continuing medical education during a pandemic: an academic institution’s experience’ from Singapore by Kanneganti et al.4

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 and time has become interwoven with the virtual essentials: space, time and dents

maintaining an acceptable teaching environment 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 a COVID-19 colleague on the phone, suturing a laceration using a model. The 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.

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 a 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.

Bassem Saab, Hala Ishak, Maha Fathallah El Mofti
Family Medicine, American University of Beirut, Beirut, Lebanon

Correspondence to Bassem Saab, Family Medicine Department, American University of Beirut, Beirut, Lebanon; bsaab@aub.edu.lb

Acknowledgements The authors would like to thank the family medicine residents who took part in the survey.

Contributors BS: research idea, methodology and writing, supervision. MFEM: methodology, data collection and reviewing the manuscript. HI: literature review, writing and reviewing the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer-reviewed.

This article is made freely available for use in accordance with BMJ’s website terms and conditions for the duration of the COVID-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.

REFERENCES

