

Will webinars prove to be an effective teaching medium post-pandemic?

Since the government of India announced a lockdown of the country from March 2020 to September 2020, all physical conferences were cancelled indefinitely, and the education of postgraduate junior doctors is now being organised through webinars and teleconferencing apps.¹ A known benefit of webinars is that they can be recorded and stored which can be made available for future learning sessions.² Recently published standard operating procedures for smooth conductance of webinars are a helpful set of instructions for the faculty who are using webinars as a teaching medium because medical education has not come to a halt even during the pandemic.^{3,4} While the webinars are breaking through the web space by way of several of them being held at regular intervals throughout the day, the concerns and perspectives of the members and delegates are hardly accounted for. In several of the webinars, we have seen delegates switching off their videos and logging off within few minutes. Jeremy Bailenson described the term 'Zoom Fatigue', which is gaining a lot of traction these days, as an exhausting feeling that individuals experienced after prolonged video chats.⁵ Indian dermatologists were overwhelmed with the increasing number of webinars planned every day and hence they were reluctant to attend webinars.⁶ Are the delegates finding the webinars useful and are the webinars a good substitute for physically conducted continued medical education (CME) events?

Hence, we conducted an online survey to evaluate the perspective of healthcare workers (HCWs) regarding the effectiveness of webinars during the COVID-19 times and near future. From 10 June 2020 to 18 July 2020, we conducted an online survey among HCWs in India using a non-probability snowball sampling technique. We used Google Forms (Google, USA) as our online questionnaire platform, which stores data in Google Sheets (Google, USA) encrypted database. The survey consisted of six mandated demographic questions and 16 other optional questions that were shared with the HCWs across a social media platform (WhatsApp) in India.

The survey was completed by 201 HCWs from 14 states in India; of all the HCWs, 93 (46.3%) had more than 10

years of practice, 48 (23.9%) were resident in training, 36 (17.9%) were within 5 years of completion of training and 24 (11.9%) were between 5 and 10 years of completion of the course.

We found that even though 40.5% HCWs attended webinars for 4–5 hours daily, the majority of HCWs thought that webinars should be held for 1 hour and once every week during COVID-19 times and every other week during non-COVID times. The majority of the HCWs (33.7%) strongly disagreed to pay for webinars. Most importantly, the majority of the HCWs (27.8%) strongly disagreed with the idea of holding major conferences in a webinar format instead of physical conferences.

In our survey, 40.2% HCWs were more likely to attend webinars if they included CME credit points or a foreign faculty (22.6%) was a speaker. The inclusion of CME credit points might be beneficial to HCWs by improving their professional performance.² 51.8% HCWs preferred webinars in a live format like Zoom where they can speak and chat at the same time.

In our survey, only 18.1% HCWs said that webinars are a better learning platform than physical conferences, whereas 11.6% HCWs strongly disagreed with the same, and 32.2% HCWs could not decide whether webinar was a better learning platform or physical conferences were a better platform to disseminate knowledge. This might be because webinars are technology dependent which makes them less reliable. If there is a poor internet connection on the delegate's end, they might not be able to attend it or more so, if it is from the organiser's end, the webinar might be postponed or cancelled for time being.⁶ Additionally, the remote environment may have more distractions than those associated with physical conferences. The format of webinars may also be more acceptable to medical students rather than doctors in practice. Medical students and junior doctors are millennials and they have been exposed to technology their entire lives and they have been adapted to the age of the internet as compared with senior doctors.⁷ Webinars allow participants to interact more easily with the speakers in real-time, removing any barriers caused due to the high cost of travel or accommodation in physical conferences or simply due to paucity of time.⁸ Besides, Objective Structured Clinical Examination and other examinations which involve simulated patients and topic discussion have been conducted successfully over video conferencing during this pandemic.⁹

From our experience, there are certain ways we can recommend for the improvement of the webinars:

- ▶ HCWs in our study stated that the ideal duration of webinars is 1 hour, every week. It is in line with the study conducted by TO Hari Prasetyono, and A Christian stated that webinars conducted for a shorter duration gained more participation than the ones that were for a longer duration.²
- ▶ HCWs in our study found that the chat function in webinars was useful for clarification of doubts and asking questions which are in line with a study conducted by Kimura *et al* who found that the text chats in webinars made the session interactive and easy to actively participate during the conference/lectures.¹⁰
- ▶ In our study, HCWs preferred the live session on zoom as compared with the one where they could not interact with the speaker. Nair AG stated in his recent article that the standardisation of webinars and training the speakers to meet the need of the wider audience is the need of the hour.⁸
- ▶ Clarity from the organisers regarding the targeted audience and the objectives of the sessions might help reduce the confusion to choose an appropriate webinar to some extent.
- ▶ Organisers can prerecord the webinar and broadcast it in case, some technical difficulty emerges to avoid cancellation or postponing the session.
- ▶ In our study, we found that HCWs were more likely to attend webinars if they included an expert foreign faculty. An expert in the field who is based in a different geographical location might induce interest among the targeted audience and learning techniques from someone based in a completely different setup might intrigue the audience and perhaps serve to motivate.

Scope and extent of dispensing webinars are experiencing tremendous growth due to the need and desire for online education. Now more than ever, HCWs must embrace remote education as they work to create educational and training opportunities. This survey serves as a starting point for finding new and improved ways to impart educational needs to HCWs because in the current pandemic, the social distancing measures may be in place for a long foreseeable future.

In conclusion, even though there is a need to improvise the current pattern of webinars, webinars are game-changing in these evolving times and might change the face of medical education in the near future.

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