Virtual educational outreach in the COVID-19 era

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Existing surgical outreach programmes to developing countries have been severely curtailed by the COVID-19 pandemic. This has impacted on opportunities for otolaryngologists from the USA and from other developed countries to contribute to education and training of otolaryngologists in developing countries. It is in this context that the otolaryngology department of the University of California San Francisco (UCSF) reached out to Africa through the African Head and Neck Society and provided complimentary registration for its members to attend the UCSF’s two-day head and neck surgical oncology and endocrine surgery conference.

How COVID has challenged otolaryngology education

At the time of writing this article, the COVID-19 pandemic is accelerating, with cases increasing around the world and exponentially within the United States. As a medical community, our attention has fully turned towards adjusting to the changing landscape of care, providing safe care to our head and neck cancer patients, and protecting our trainees and staff, not to mention tending to our families near and far. Such diverse endeavours have left us with limited bandwidth for additional tasks.

Despite all the new challenges created by the pandemic, education remains central to UCSF’s academic mission for our students, residents, fellows, and to the community. Through hands-on teaching, dissection courses, and didactic lectures, we have continued to impart knowledge to the best of our abilities. The pandemic has pushed us to embrace technology and, even locally, limit traditional group lectures in favour of web-based teleconferences that can be viewed by our trainees.

On a broader scale, collaborators from nearly 50 different academic programmes established the ‘Collaborative Multi-Institutional Otolaryngology Residency Education Program’ (https://sites.usc.edu/ohnscovid/), wherein lectures are given and deposited by experts from around the USA to help further resident education, especially at a time when many hospital systems were holding elective surgeries and curtailing regular clinical and educational activities.

Other educational efforts must also continue, such as those centred around

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providing Continuing Medical Education or CME credits, needed in the USA so that physicians may maintain their certification within their specialties. Normally, these credits are obtained through participation in educational events, national society meetings and presentations, or through online means. At UCSF, our department of otolaryngology - head and neck surgery hosts numerous CME events, which take over a year to plan and orchestrate. We call on our friends and colleagues, experts from across the country, to come give lectures, interact with the participants, and enrich the educational experience.

Virtual educational outreach to Africa

On 6-7 November 2020, UCSF hosted our biannual, two-day event centred on head and neck surgical oncology and endocrine surgery via ZOOM. The course was entitled ‘Management Strategies in Early and Late Stage Head and Neck Cancer’. Because of the uncertainty around travel, hosting large group meetings, and the potential for COVID-19 surges, we quickly pivoted to transform the event to be completely virtual for the first time. While we had all become comfortable with web-based meetings and presentations, it was not clear whether the audience would be ready, and whether there was an appetite for meetings of this kind to be completely online.

The online platform allowed us to have greater participation from speakers from collaborating institutions, as they would not have to pay to travel and spend time away from their own practices and lives, nor have to pay to travel and spend time away from their own practices and lives, cuts transportation costs as they no longer have to make the arduous journey to the consulting room. This is further shown by an increased demand for consultations via messaging apps - WhatsApp being the most popular – for providing both details of the patient’s condition, as well as copies of their medical reports and investigations.

Conclusions

Didactic education has rapidly moved to a more virtual platform in the COVID-19 era, within departments, regionally and internationally. As a result, the ability to share content is more feasible than ever.

Understanding current practice guidelines and novel future directions requires frequent updates, which is the purview of CME conferences and national meetings. Engaging members from under-resourced areas of the world to participate in these meetings has no incremental cost and can elevate the knowledge level of physicians and surgeons to take better care of their patients, both in developed and developing countries. This model of virtual global surgery outreach will hopefully serve as a simple example to others to leverage new global communication platforms to improve the quality of otolaryngology teaching and training in developing countries.

Finally, we look forward to inviting global members to give lectures and educate others, as we all stand to learn from one another’s experiences.

References