

Assessment of Virtual Teaching for Postgraduate Education in Obstetrics and Gynaecology.

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Background

The novel coronavirus (COVID-19) pandemic has placed unprecedented demands on the health profession; and unique challenges are emerging in almost all fields of medicine, including obstetrics and gynaecology. This ongoing pandemic has also significantly disrupted medical education, especially postgraduate medical education.

Obstetrics and Gynaecology trainees in Northern Ireland on a bi-monthly basis normally attend postgraduate continued medical education (CME), this occurs at one site and everyone travels from their hospital base. Due to COVID-19, these teaching sessions were not able to occur, due to the need to minimize contact and potential for transmission via asymptomatic carriers. This requires balancing education with the safety of patients, learners and faculty.

Virtual worlds are rapidly becoming part of the educational technology landscape. COVID-19 has created an opportunity for us to adopt online teaching as a major tool for education. Collaborating with senior trainees we developed a virtual teaching series via ZOOM. Focusing on areas of the Royal College of Obstetricians and Gynaecologist (RCOG) new curriculum. These can also be recorded and stored to provide trainees access to a repository of video lectures for later review.

Session Example with Mapping and Recommended Reading

In total there was seven ZOOM sessions. Each of these were separately mapped to the curriculum with recommended reading supplied.

Session	Curriculum Mapping	Recommended Reading
Colposcopy	<p>CiP11: The doctor is competent in recognizing, assessing and managing non-emergency gynaecology and early pregnancy. Manages abnormal vaginal bleeding Manages the abnormal cervical smear Manages suspected gynaecological cancer symptoms</p> <p>CiP14: The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease. Promotes illness prevention</p>	<p>Arej-Adib M, Freeman-Wang T. Cervical cancer prevention and screening: The role of human papillomavirus testing. <i>The Obstetrician & Gynaecologist</i> 2016;18:251-63 DOI: 10.1111/tog.12279</p>

Aim

To assess whether virtual teaching was an appropriate method to deliver postgraduate continued medical education for obstetrics and gynaecology trainees in Northern Ireland

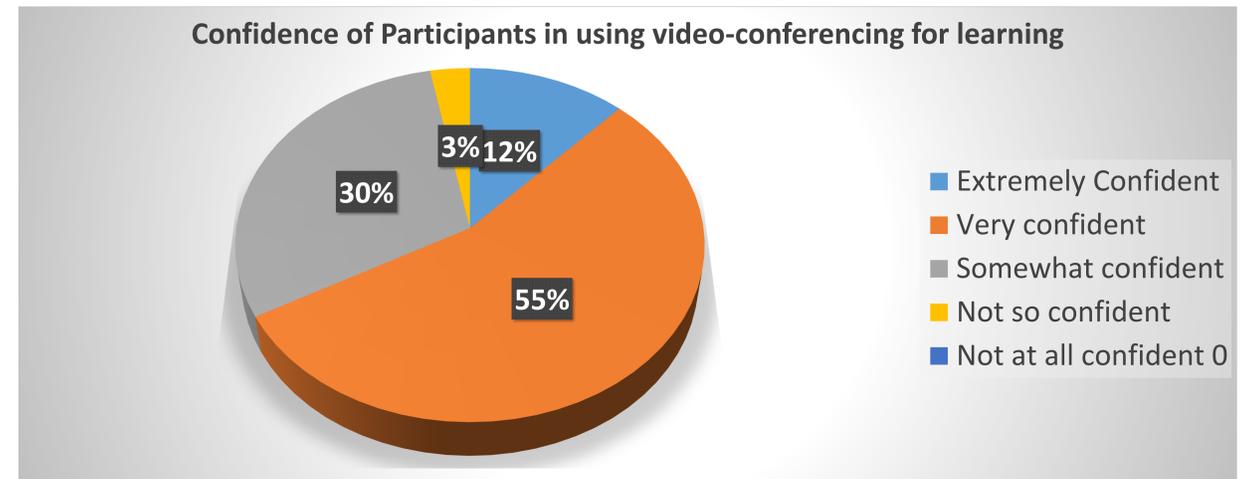
Methodology and Methods

Survey monkey sent to participants of the ZOOM teaching to answer questions on the teaching and to non-participants to answer why they did not attend and if they had an issue with virtual teaching.

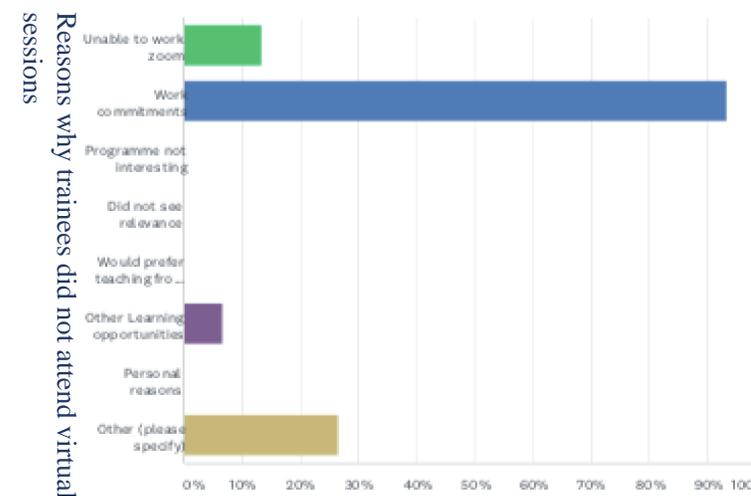
Study Findings

ZOOM teaching ran over a period of seven weeks from 22nd May to 3rd July 2020. Sessions were attended by 5-25 trainees per sessions (mean = 17), with the worse attendances post ARCP.

33 trainees completed the participant survey (13 ST1-2, 11 ST3-5, 9 ST6-7) with most attending 1-2 ZOOM teaching sessions. Over 50% had never attended teaching via video-conferencing before. Most trainees during the pandemic had used ZOOM or facetime for work/socializing, with a smaller number using Microsoft teams.



12% of trainees were extremely confident and 55% very confident in using video-conferencing for learning. 24% agreed, 36% neither agreed or disagree, 39% disagreed there was a barrier between the teacher and student using the video-conferencing platform. 25 participants felt that they were able to ask questions in the same way as a face to face session. 27 participants agreed that pre reading for each topic added to their learning. All participants agreed that CME should be mapped to the current RCOG curriculum. 87% of participants agreed that video-conferencing from a location of choosing is a more flexible way to approach CME, with 84% of participants stating they would be more likely to attend if travelling is not required. 90% of participants agreed that if CME sessions were recorded and you were unable to attend due to work commitments, that they would use the recording for learning. 81% felt that ZOOM removes the social aspect of meeting fellow trainees at CME.



15 trainees (2 ST1, 9 ST3-5, 4 ST6-7) completed the non-participant survey, with 93% of trainees stating that work commitments meant that they were unable to attend the ZOOM sessions. Interestingly 2 trainees were unable to work ZOOM.

60% of these trainees had used video-conferencing for teaching before. 6% of trainees were extremely

confident and 20% very confident of these in using video conferencing for learning. 73% of non-participants agreed that video-conferencing from a location of choosing is a more flexible way to approach CME, with 80% stating that if sessions were recorded and they were unable to attend, that they would use the recording for learning.

Conclusions

Amid this unprecedented situation, mitigating its effect on trainee's education is an important consideration. Trainees education is essential and should not be sidelined. Virtual teaching is an appropriate method to provide postgraduate continued medical education. Ensuring that trainees are provided with the necessary amount of postgraduate training.

References

Royal College of Obstetricians and Gynaecologists (RCOG) Core Curriculum for Obstetrics and Gynaecology. 2019. Available at: <https://www.rcog.org.uk/globalassets/documents/careers-and-training/curriculum/curriculum2019/2020-07-23-core-curriculum-2019---definitive-document.pdf>