PEdSIG

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PEDSIG Winter Meeting 2021:

Paediatric Medical Education in the COVID-19 Era

NHS East Kent Hospitals University NHS Foundation Trust

Scattering the Medical Student Herd

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INTRODUCTION:

The Covid-19 pandemic led to a significant loss of clinical experience for undergraduate students. As placements restarted the timetable required reorganising to incorporate virtual education, and the safe delivery of any bedside teaching. For every teaching session location and space must be considered and risk assessed, to prevent the previously acceptable 'herds' of medical students in clinical/educational areas.

A restructured timetable was mapped against the student's curriculum. A more detailed and stringent timetable, with a larger faculty, was required due to Covid-19 safety restrictions. It also had to include 'catch up' sessions for final year students who completely missed their paediatric placement. We collected feedback from both students and faculty to assess the delivery of the adapted timetable.

UNDERGRADUATE TIMETABLE CHALLENGES:	
SOCIAL DISTANCING	All teaching to be done virtually if possible. Any bedside teaching limited to a maximum of 3 people.
VIRTUAL TEACHING	All small group teaching and case discussions arranged to be done virtually. Preparing and dealing with technical difficulties for both students and faculty. Encouraging and exploring methods of virtual interaction.
VIRTUAL OSCE	The end of block formative OSCE was organised virtually with break out rooms. This included 4 stations covering history taking, safeguarding, prescribing and resuscitation skills.
RISK ASSESSMENTS	All relevant risk assessment were performed for any bedside teaching. This included student fit testing on induction and awareness of PPE requirements.
CATCH UP SESSIONS 5TH YEARS	Students that missed their paediatric placement due to initial lockdown arranged to have weekly paediatric teaching. This required further organisation and faculty involvement for both virtual and bedside teaching.
CLINIC EXPERIENCE	Attempting to still provide some clinic experience despite a large proportion of clinics becoming only telephone consultations.
FACULTY and STUDENT SICKNESS	Both the pastoral and practical elements of isolation and sickness to make sure teaching was still delivered and received.

STUDENT FEEDBACK:

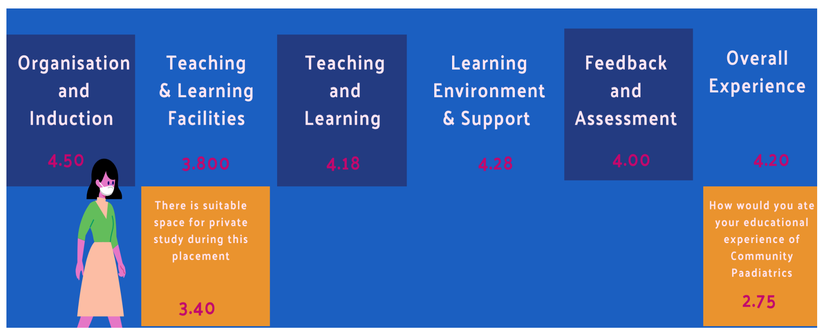
A socially distant timetable with the safe delivery of teaching was achieved. The Feedback from the first block of students, August- October 2020, highlighted some issues with clinics and community paediatric experience:

'virtual clinics are not useful for learning'… 'scheduled clinics often cancelled'.

However, the student feedback regarding specific allocated times/roles was overwhelmingly positive:

'Great following on-call doctor seeing a baby from birth to resus'… 'bedside teaching with allocated teacher and times was very helpful'.

The end of placement scores with a maximum score of 5 reflected this feedback.



FACULTY FEEDBACK:

Issues with student interaction and engagement in the virtual classroom. Despite a maximum of 10 students virtual interaction was a challenge. Delivering teaching on a virtual platform was a novel challenge for many of the faculty and took some time to adapt to it. The challenge of the virtual teaching etiquette was also highlighted. Whether to ask students to have cameras on and how to direct questions to the group. Getting used to the technology for both students and faculty where the trust's chosen virtual platform (web-ex) did have some initial access and host issues. The new timetable has a greater reliance on faculty to see students more often as ward/bedside teaching had to be done in smaller groups and this became difficult to maintain with any staff sickness.

CONCLUSION:

The Covid-19 era has created a unique cohort of medical students with a heightened awareness of their clinical requirements, and new challenges for clinical educators. The next block of students had the benefit of a more organised and adapted timetable and the feedback has reflected this with improved end of placement scores. There is improved faculty engagement with the virtual learning experience and more regular allocated bedside teaching. A Recurrent generic log in for all core teachings is now being used and an 'expectations' slide for virtual teaching was introduced. This is to aid interaction including keeping camera on if possible, using the chat function for questions and consent for recording sessions so they could be used and viewed at a later date. We continue to monitor and improve the delivery of our paediatric undergraduate teaching.

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