

# Online Synchronous Clinical Communication Training During the COVID-19 Pandemic [Letter]

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## Dear editor

We read with interest the work of Perron et al evaluating the use of online synchronous clinical communications teaching during the COVID-19 pandemic.<sup>1</sup> As 5th year medical students in the UK we understand the challenges of delivering online synchronous tutorials. Immediate innovation is needed to ensure that medical education is not compromised. Therefore, we praise Perron et al for their pressing interest in this issue.

The rapid implementation of online training for tutors in Geneva is commendable. However, at medical schools employing busy clinicians as tutors, replicating this efficiency was unachievable in the early pandemic period. UK medical students reported that only 28.48% had access to live online tutorials.<sup>2</sup> We therefore disagree with the conclusion drawn by Perron et al, as not all tutors can quickly adapt to online teaching. Innovation that combines clinical work and teaching is critical to solving this problem. Virtual ward rounds using smart glasses have been successful in giving junior doctors guidance during the COVID-19 pandemic.<sup>3</sup> Similar technology could allow students to witness communication skills in action, whilst not detracting from the work of clinicians.

The advantage of reduced travel time presented by Perron et al strongly resonates with us. UK medical students report saving time on travelling as a major advantage of online learning.<sup>2</sup> From our experience, increased time efficiency has revealed opportunities to be taught by international experts, who were previously unable to commit to teaching. This key advantage of online communication skills should be included in a blended post-pandemic curriculum.

Medical students worldwide have volunteered in the crisis response,<sup>4</sup> thus we were unsurprised to see this listed as a reason for absence from online teaching. UK medical students report inconvenient tutorial timings as a hindrance to successful online learning.<sup>2</sup> At our university, international students describe difficulty in attending live lectures due to time differences. Although online teaching teases greater flexibility for students, fair distribution of learning resources are compromised. To ensure just dissemination of teaching, a distinction must be made between topics suited to asynchronous learning, and those resolutely requiring face-to-face teaching.

The student feedback collected based on a 4-week time frame at the beginning of the pandemic, is a limitation in the work of Perron et al. The student's outlook is likely to have been inflated as they had not yet "tired" of online teaching. In

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addition, the teaching sessions assessed by Perron et al included topics that lent themselves to online learning. Sensitive teaching themes such as “breaking bad news” may have not produced such positive feedback. In light of this, we agree with Perron et al that online teaching cannot completely replace face-to-face experience. Encouraging volunteering on hospital wards is a long-term solution, which offers opportunities to learn communication skills through the mentorship of doctors.<sup>5</sup>

Perron et al highlight the success of synchronous clinical communication skills teaching during the early COVID-19 pandemic. However, a sustainable approach should utilise a blended curriculum, including face-to-face patient contact as well as asynchronous and synchronous online learning.

## Disclosure

The authors report no conflicts of interest in this communication.

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