


Response to “Evaluating the Usefulness and Acceptability of a Revision-Purposed ‘Specialties’ Webinar for Educating UK-Based Fifth and Final Year Medical Students During the COVID-19 Pandemic: Is This the Future of Medical Education?” – Medical Student Perspective [Letter]

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Dear editor

We read with great interest the article by Cooper et al¹ discussing the effectiveness and sustainability of a revision-focused webinar delivered to medical students prior to their examination period. As final year medical students affected by the COVID-19 pandemic, we have experienced increased delivery of online teaching sessions, and we commend the authors for discussing the benefits and drawbacks of this teaching method.

The authors emphasised the importance of eliciting student feedback through pre- and post-course questionnaires focusing on aspects such as the usefulness and knowledge gained. However, the pre-course questionnaire could have been used as a communication channel with students to identify specific learning needs in advance. This could have allowed the authors to tailor content according to student demand to maximise usefulness. Additionally, using an online poll function to collect student responses to each single best answer (SBA) question could have allowed for real-time tailoring of feedback based on student performance. Indeed, Castillo et al² showed that inclusion of polling into online teaching led to high levels of attentiveness, retention and satisfaction.

We note that student feedback from the cohort included screen fatigue; something that we ourselves have experienced during long lecture sessions. Instead of providing more breaks on the day, we feel that breaking the course up into three separate sessions, perhaps on three consecutive weekends, could have improved student concentration and retention of information. Furthermore, these sessions could have been designed as combination lectures with 20 minutes devoted to each specialty. This could have enabled spaced repetition and potentially active recall at following sessions (although we recognise that this would depend on lecturer availability). Appropriate implementation of spaced repetition in medical education has been shown to improve knowledge retention with the potential to

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improve final examination scores.³ Moreover, running separate sessions could have enabled a cycle of improvement by implementation of student feedback. Utilising such feedback has been shown to lead to overall course improvement and higher average ratings for instructors.⁴

In conclusion, Cooper et al¹ have provided a useful insight into the benefits of delivering webinar-based revision material. However, the content could have been better tailored to student needs through the inclusion of additional questions in the pre-course questionnaire and use of the polling function. Whilst the authors focused on quantitative analysis, it would have been interesting to see greater inclusion of free-text questions with thematic content analysis to allow an understanding of the reasoning behind student responses. In addition, dividing the course into separate sessions would not only have reduced student fatigue but also allowed for spaced repetition and active recall.

Disclosure

We report no conflicts of interest for this communication.

References

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