



Virtual teaching and induction: is it the way forward?

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Background

Junior doctors in the UK, rotate into jobs quarterly or biannually depending on the speciality the doctor is enrolled. Induction and ongoing departmental/regional teaching are essential part of learning and career progression of a trainee. The covid-19 pandemic has affected many aspects of working lives of Doctors, including training and education.

Aim

To determine whether virtual mode, which has been adopted at the start of the pandemic, is the optimal way forward to continue to deliver induction and teaching to junior doctors in our department.

Literature Review

Online courses result in a learning experience that is as effective as face-to-face courses (Newby *et al*, 2000). Online learning needs to address factors such as clarity of course design and organization, responsiveness of the instructor, and a sense of community in the online class (Liu, Magjuka, Bonk, & Lee, 2007; McInerney & Roberts, 2004)

Results

There was an overall positive response for virtual sessions however it doesn't work for all.

'Reduced travel time'

'Can attend at home'

'Can attend teaching even if you are not scheduled to attend'

'Presentations can be recorded and watched at a later time'

'Induction should be face to face as its better for clearing up concerns and doubts for starting shifts on PICU'

'Building up confidence which is better to face to face'

'Loss of simulation teaching'

'Technical glitches'

Methods

A questionnaire survey was done in the department. Feedback was obtained from 42 doctors and the resulting themes were analysed.

Conclusions

In conclusion after analysing the themes, the feedback favours blended learning. We will be expanding the survey to other intensive care units in the country to consolidate and validate our findings and results further.

References

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