The key challenges and opportunities of teaching medical students about video and audio consulting in the current Covid crisis and beyond.

Transcript of webinar:

Time Code	
00:00:00	INTRODUCTION AND GRAPHICS ASME BITESIZE The key challenges and opportunities of teaching medical students about video and audio consulting in the current Covid crisis and beyond.
00:00:15	SANDRA So welcome. I hope you've managed to log in and I'm not just talking to Graham. But welcome to our first inaugural Bitesize discussion. My name is Sandra Nicholson and I am Chair of ASME and I welcome to you to our first live Bitesize. This week we released our podcast and we're going to be talking about that a little bit later on. This session is scheduled to last for about approximately 45 minutes but obviously you're welcome to come in and leave as you please. If you wish to ask a question please use the question and answer feature button at the bottom of your screens and if we unfortunately don't get to all your questions then we will provide a document after the webinar attempting to address them. The comments button and the chat is also available for you to contribute to should you wish to make a comment. And it is possible that either myself or Graham may invite a participant who has commented to actually join the panel and to become visible. So, if you are happy to do that please consent in the comments section that you would like to do that. I'd like to comment that the webinar is being recorded and a video of the webinar will be available on the ASME website after the question and answer document, and references have been made available at the end as well. If you are having any technical problems please email us at bitesize@asme.org.uk rather than adding to the comments field and we will try and address those issues for you. So, it leaves me to say really that this is really an opportunity for us to share some ideas and good practice, for you to ask questions and for us to find the answers probably through you. But we will facilitate a conversation for you. So, please let me re-introduce Professor Graham Easton a colleague of mine at Queen Mary University and was the practitioner who presented his ideas during the podcast. And what we've done is thought about an opening question that has been submitted to us through the question and answer section and it is from Dr Kate Owen from Warwick and she asks: have other schools amended their consultation observation tools for use in telephone and video consultations, I'd be interested to know what kinds of changes and additions have been made to these? And I just wonder Graham if we could use that as our first initial question just to sort of get us started.
00:03:31	GRAHAM Yeah. Welcome everyone. Thanks Sandra. I think this is a really good question and I'll come clean and say we haven't yet. Certainly not around video consultations but it's absolutely I think going to be crucial in helping us give decent feedback, perhaps using it in terms of assessment as well but certainly in terms of learning and reflection for

	learners. One thing came to mind though that the RCGP, the Royal College of GPs, has an Audio-COT which is now imbedded and aligned with the new curriculum they're using. And we've created a list of resources and references which will go round to all of you afterwards and I've put a link to that on there which might act as a bit of a trigger for ideas. They also say, the RCGP that it could be used for video as well as audio consultations. Looking at it I think there's stuff that I would add. I mean so, just to kick things off, you know I think it would have to include some of the skills that we were talking about on the podcast. And some of them fairly basic stuff around, you know, introductions, making sure you're clear who is in the room with you, where you are, are you in the middle of a supermarket or are you at home, if so, who's with you? So, has there been that appropriate introduction and checking, and the issues around consent and confidentiality, checking the technology? But then I think in terms of the skills I think highlighting some of the non-verbal communication skills that need to be particularly at the forefront in video consultations and signposting, summarising, those are the sort of things. Definitely towards the end, safety netting I think would be a key skill. So, a mixture of those professionalism issues and some of the skills just to kick things off but I'm sure other people have ideas, I'd be really interested to know whether others have tackled it.
00:05:51	SANDRA Yes. And I think we will try and collate some of those so that we can talk about them shortly. There was another question which somebody has posed about...
00:06:07	GRAHAM Oh, I've just seen, sorry
00:06:09	SANDRA Sorry, go on.
00:06:10	GRAHAM Kate Owen is saying that she's been using the RCGP Audio-COT as a starting point. So that's good that that's a starting point.
00:06:18	SANDRA OK, that's great. OK.
00:06:20	GRAHAM Do you find it useful Kate? Yes. Good! Sorry Sandra.
00:06:28	SANDRA That's alright. So, I don't know if this is one of Kate's colleagues but Catherine Bennett asks what can a clinical teacher or supervisor do to maintain contact with the student during the telephone or video consultation or clinic when they're not actually physically present?
00:06:53	GRAHAM Well that's a really interesting question. Some of what we've been doing does allow for you to just message one particular person. So, you could in theory through a directed chat talk directly to the student while they're doing the consultation online. We've certainly used that, I haven't done that with a student but we've certainly used that with the actors and simulated patients and it's been really helpful actually, because that is something we can't do face to face. We can't freeze everything and whisper in her or his ear but online you can have a chat saying can you just back off a little bit, could you explore this, maybe perhaps go a bit easier and that's been really helpful. So, yeah that sort of thing. And then I think usually it's using the space for debriefing afterwards I mean we would usually use a similar format whether we've done

	telephone or audio or video consultations and debrief afterwards, one to one, either on that platform or on a separate platform.
00:08:09	SANDRA It is quite tricky though isn't it doing more than one thing at once? You know it's difficult enough to encourage our students to think about when we're taking a history that we need to develop a rapport with the patient as well as gather information and then you need to think about where are you going to next, what questions and are we telling students now that once they've got the hang of all of that we've now got to tell them that they can do it on screen. And then think about how they might communicate with their supervisor at the same time. You know, I'm finding it challenging to watch you on the screen as well as maintain the chat and look at my notes. It is quite tricky isn't it? What advice can we give students here?
00:08:55	GRAHAM Well I think, and there are two things to that. One I would say it's difficult to be multi-tasking in communication skills wise so while I'm looking at your body language, non-verbal cues, I'm not actually making direct eye contact through the camera and so there's something around that. But I think in terms of how we engage learners we've found a couple of things. One it can be quite useful to have a chat sidebar certainly if there's a lot of people but that can be quite daunting for learners to know that there's a private conversation going on behind their backs effectively and so I don't think that's worked very well in terms of live teaching. I think the other thing we definitely officially banish - and it's one of the tips in a really useful document that I've also included in the resources section - which is about not allowing private messaging at all. So, I think there needs to be an agreement that there's not private messaging going on during a consultation because these are very private and vulnerable things for learners to be doing online or anywhere. So yeah, I think you're right I think it's complicated.
00:10:19	SANDRA It is and Richard Thomson is asking us to complicate it even further and he asks would we recommend recording or does that just complicate things just too much really?
00:10:32	GRAHAM That's such a good question, and in fact it mirrors a question that another person had sent us beforehand, before this discussion about - Nina Muirhead
00:10:46	SANDRA Yes.
00:10:46	GRAHAM She'd sent us I think hadn't she Sandra, a question about could we record some of these and create a massive library for example. So, it sort of comes under that what do we think about recording? I wonder what others think? So far there's been a great pressure to record learning online because of the difficulties of access for international students, people in different time zones, people who are busy working in clinical environments and can't be there at the time. But actually this, the consultation stuff we've found a bit more tricky for two reasons. I mean one what we've just talked about the vulnerability of individual students, you know it's hard enough having a video of your consultation for your own learning to look at later in your own bedroom but to have it available to others potentially might be quite daunting. And the second issue is around actors and SPs. Certainly people we've been working with would rather they weren't videoed because this is a kind of live rather specific learning event that is pertinent to the people in that room at that time and all the safety chats we do in

	preparation, and ground rules, apply to that small group so I think those are the caveats. But clearly with consent for exactly what it's being used for, it could have uses.
00:12:26	SANDRA Yeah so Nina Muirhead asked that question which I think you've answered actually. She also comments that the health inequality gap is a particularly interesting one and mentions issues about you know should we use interpreters through this, or translators or what about you know for those people who are hard of hearing or visually impaired. Could you comment on any of that?
00:12:58	GRAHAM Yeah, I mean I think a really good question and I think something as teachers and learners we're going to have to think about the wider issues around access to technology, technological poverty and the impact that has on health inequalities. I think that's all relevant for us to talk to our learners about. But also, the practicalities you know some elderly people with certain conditions might find the technology very difficult, other people for other reasons, learning disabilities, may have trouble with the technology. People with anxiety around going on a screen, I have anxiety about going on a screen you know, I mean there are lots of barriers that I think we need to teach our students to be aware of and to ask about, and to think about how we can equalise the playing field if you like.
00:13:58	SANDRA Yeah. There's a question being asked here by an anonymous attendee which is absolutely fine and it rings a bell with me. So, it says here do you have any advice on conducting a consultation with somebody who is presenting with a mental health issue particularly as it might be difficult to assess non-verbal communication. And one issue that we have - so I'm a General Practitioner - was that one particular patient was refusing to answer the calls when we were ringing him to do audio consultations and somebody suggested well why don't you text him first and actually say that you are going to call so he knows it's you. And I tried that and it was extremely effective because he was delighted to speak to me, he just didn't want to speak to people that he wasn't prepared to talk to. And I think that's a very different thing, so it's almost like an audio or a video consultation invades a patient's privacy in a way doesn't it and I think we need to be very careful about that.
00:15:03	GRAHAM I think that's true. I think that you know another angle I'm thinking of a patient, or several patients who've been very anxious about coming to a waiting room, agoraphobia - not wanting to come out, and actually video or telephoning was always much more comfortable for them. Interesting one of the bits of research on which we've based our teaching sessions comes from Brian McKinstry up in Scotland.
00:15:34	SANDRA OK. Sure.
00:15:35	GRAHAM And he talks in one of his very interesting papers around some of the issues of video consulting and general practice, and what works and what doesn't, about how useful it can be GPs think in assessing mental health and mood, and so on because that is one thing you can see and can do in terms of an examination of sorts, is a mental health assessment. You can pick up on some of the non-verbal cues on video that you couldn't on telephone.
00:16:08	SANDRA Yeah, OK.

00:16:09	GRAHAM And I think all those ground rules are going to come in, you're going to have to be very careful about signposting, consent, checking about capacity, checking how comfortable people are with the technology and taking people through very carefully.
00:16:24	SANDRA Yes, I mean I think that's really difficult when it comes to examining patients. And I don't know about you but I sometimes find that the speed of a video consultation goes far quicker than it would do if they were sitting with you in the consulting room. So they're feeling very comfortable they want to show you what's bothering them in terms of a rash or something and before you know it they've started taking their clothes off. And I just think well now hold on a minute, normally I would say to them this is what I would like to do at this point is it OK with you. And that's all gone by the way because they're sitting there with very little on or whatever trying to show me what's wrong with part of their anatomy and I just - how do we slow that down?
00:17:17	GRAHAM Goodness, yeah that's really difficult and something I picked up on a recent forum somewhere of GPs was how people, oh no it was an article in BJGP Life and it was about the cognitive overload of remote consulting.
00:17:40	SANDRA OK.
00:17:41	GRAHAM And how GPs and others have had to try, have had to adapt the way they approach the consultation from sort of type 1 to type 2 thinking, in other words automatic to more reflective because these are not processes that we're used to. But one of the comments being that very often in telephone consultations they can become more transactional than relational. So, people tend to have a list, more of a list perhaps than they might otherwise. And I wonder if some of those techniques we teach around managing lists i.e. getting them upfront and all the rest of it might be particularly pertinent to learners learning about remote consulting i.e. setting an agreed agenda for what we're going to tackle today.
00:18:30	SANDRA Yes.
00:18:31	GRAHAM Our colleague Anita Berlin who's professor of primary care education at Queen Mary, she made the point that actually one of the benefits of remote consulting seems to be that it's easier to terminate consultations not in a nasty way but in a time management way. But maybe some of those techniques we need to be clear about when we're teaching these sorts of things.
00:18:57	SANDRA Yes, I think that's very wise advice about getting it clear between you and the patient what it is that the list is to start off with. I was caught out by that only earlier this week where yes you know we'd gone through the whole consultation the patient had sent a very lovely picture through the internet for me so that I could see what was concerning her and then I was just about to terminate and she said oh I would also like to show you this. And I'm thinking well we're going to have to go through all the rigmarole of how we've done those pictures and there just isn't time for all of that. Whereas if I had asked her earlier for the priority list and had got that agreed I would have avoided that. And of course, that's a classical skill isn't it that we teach our students and I had failed on that occasion to do that. So, yes. There's a comment from one of our students a 4th

	Year clinical student from KCL from Tania Usman who says are there any projects or pilots taking place out there for teaching consultations? If so, me and my fellow students would love to take part. So how can students get involved in this Graham?
00:20:12	GRAHAM Interesting. Well I imagine that at your own, where are you from, Kings or UCL I can't remember?
00:20:19	SANDRA Kings.
00:20:20	GRAHAM Kings. Yeah. Well my colleague Anne Stephenson and others at Kings.
00:20:26	SANDRA My colleague too!
00:20:30	GRAHAM I'm sure they would love to hear from you if you're interested in and happy to be involved in testing out some of that practice. I know they're active in that area so I'm sure that they would like to hear from you one way or another. We've done pilots with medical students abroad and using various different techniques. I think to get students involved early on at this stage I think is crucial in developing our teaching and not just students but actors and patients too of course. I think that's going to be crucial as we all feel our way together in all this. Because patients are teaching us quite a lot. Students I think you're going to be so important in guiding how we can best help you and see what learning you need, you feel is most effective. So, I think that's great that you want to get involved.
00:21:34	SANDRA Yeah, absolutely. Richard Thompson has come back online which is great. Hi Richard. And Richard says any tips for when the student seems or the learner seems to be struggling?
00:21:54	GRAHAM Yeah that's a really difficult one. I think so far what we've done is really mirror what we would do in real life in face-to-face consultations, if we're using simulated patients. And that would be to say that at any point you can freeze the consultation and we can help you as a group of peers and tutors to think about what you want help with and then go back into the live performance, the live consultation to try some of those things out.
00:22:37	SANDRA Sorry, I wonder if actually I might have slightly misinterpreted this question because I think Richard might be referring to you know authentic consultations where the students are involved in and so he says avoid taking over if the learner seems to be struggling. So, you know if perhaps the student isn't asking the right questions or isn't giving the right management advice it's very tempting for us to intervene if we're observing. How do we avoid doing that?
00:23:08	GRAHAM That's so, well, here you go I'm, why don't we throw it open to our 56 participants.
00:23:15	SANDRA Oh OK. That is an excellent idea Graham.
00:23:19	GRAHAM I'm sure they've got lots of good ideas.
00:23:20	SANDRA

	Because that is, so we'll come back to that one Richard because that's quite a challenging question. So how, so in summary then for us to think about and if you would like to comment and join in the conversation Richard asks: Are there any tips for how to avoid taking over if the learner seems to be struggling during the consultation?
00:23:42	GRAHAM And I think you know just while you're all thinking about that hopefully and maybe just giving us some ideas, I'm sure there isn't one way of doing it, yeah, the worry is undermining people in front of patients isn't it.
00:23:57	SANDRA Absolutely.
00:23:58	GRAHAM You know.
00:23:59	SANDRA You don't want any of that.
00:24:00	GRAHAM Exactly. And you know reducing their confidence and making them feel less like a real practitioner and all the rest of it. So, tips on how to do that I think would be incredibly helpful.
00:24:13	SANDRA OK. Whilst we're waiting for people to think about that I'd just like to introduce Sonam from so actually she's from Portland in Oregon so welcome, hello. And she comments that she's a rheumatologist and that she's been developing a tele-medicine curriculum and is there any resource that you particularly recommend to develop this formal curriculum for students? I know you're going to put some resources up at the end is that included within that?
00:24:46	GRAHAM Yes, and I'm just looking at my own screen to remind myself so I get it right. It's on, Sonam we're going to send you round this list. It's sort of three pages of A4 with some resources that we've referred to, some useful references hopefully that will help you in developing this sort of teaching. I think one of the most helpful ones I've seen which came from a colleague who had heard about it through the UK council on clinical communication is called 'Top Tips for Delivering Communications Skills Teaching Online', and it's by IACH which is the International Association for Communication and Healthcare. And they've got some really good ideas there about developing a curriculum in this area and some tips on the practicalities of how to deliver it and so on and so forth so there's one. But you may find others in that list.
00:25:51	SANDRA OK, that's really helpful. I'm not sure if James Piper who's an acute teaching fellow from KCL is commenting on our question that we posed or whether he's making comment at any rate but what he says is that the key to success is going to be developing an online student mentoring tutoring programme alongside clinical work. I mean would that be something which would familiarise students with this process, so it allows the whole situation to be much more relaxed rather than something novel?
00:26:29	GRAHAM Yeah. Well it's really interesting. We've been quite active in this, I'm sure others have too in developing online support for our students on placements at the moment, our students who are volunteering in the NHS for example, e-huddles as we're calling them, where they can reflect on what they've been learning. Some of the emotional experiences and challenges and just having a friendly face in small groups, or one to

	one if that's practical I think yeah, I think that's going to be crucial. And I think part of that's going to be helping students and learners in how to learn in this new environment, I think that's going to be really key. Where the opportunities are, are students about to be going out on, well we hope they're going to be out on placement and if so, how will they be able to join in on virtual clinics? Will they have to be on site to do that, how many at a time, what sort of supervision can be offered? So, I think yeah all of that stuff through that support.
00:27:48	SANDRA So, we have a response to Richard's question from Tania Osman. And it's from a medical student's perspective and she says that personally she thinks clinical teachers are encouraging us to freeze or to take time out when we get stuck is super helpful. And she gives a personal example of that. And it's interesting that the time out was what I was going to suggest but it probably needs to be very carefully facilitated within a live consultation but I think if there's three of you on that consultation and obviously the patient is aware that you are there as well, then I think that helps intervention come more naturally and can be seen as like sort of super facilitation really rather than overriding or undermining the student's activity.
00:28:48	GRAHAM Yeah, I think so. And I think encouraging what would effectively be a professional conversation at that point. So, tell me what you're thinking, how might this go next? Rather than critiquing or criticising, I think that's crucial. I think so long as the patient is aware that that relationship is happening, or might happen at any point, we might stop to think together about this, I think that's important to say that at the beginning.
00:29:19	SANDRA OK. And there's quite a lot of chat going on in the chat column about advice for what we can do, or what we shouldn't do at this point in time so thank you for people contributing to that. So, I'm just going to have a look and see if we've got any more questions. So, this is a really challenging area I think in video consultations. Examination Graham, have you got some dos and some definite do-nots?
00:29:56	GRAHAM Well we've been really, well I think this is a fascinating area because if we're talking about mirroring current practice there's a fair bit of physical examination that's going on over video consultations albeit fairly pragmatic, rudimentary maybe asking patients to measure their own blood pressure, take their own pulse. You were even talking Sandra about getting patients to feel for oedema for example. And we've just gone through a virtual OSCE as a medical school and all these things are coming out. So, you know what should we be teaching students about physical examinations? I think number one would be around recognising when it's appropriate to be trying to do that in a video consultation because the GMC guidance and others would say, you know, if you know you're going to need to do a particular examination certainly anything major it probably needs to be face to face and you need to be making those judgements about what's appropriate for video and what isn't. But then we've got to help them navigate this rather peculiar area and say well I can sort of half see your eyes and I can sort of half see what you're doing. How much should I use that in clinical decision making? I think that's really quite advanced stuff and probably something we need to be thinking about for students, certainly for post-graduates. Yeah Trish Greenhalgh and others, it's on the reference list, did a very interesting study looking at heart failure monitoring in patients remotely on video and I think these were practice nurses or clinical specialist nurses doing the consultations. Ultimately the findings suggested that

	doing physical examinations was limited, it was time consuming and it was challenging for all involved.
00:32:08	SANDRA Really.
00:32:10	GRAHAM I mean not least because you're explaining to a patient how to do it.
00:32:15	SANDRA Yes.
00:32:15	GRAHAM But also saying can I see what you're doing at the same time. So, yeah, I think that's a really interesting area for teaching.
00:32:24	SANDRA I mean I guess some things are pretty easy though aren't they? So, if the patient has access to taking their own temperature or the temperature of their child that is a really useful piece of information which we collect in examination rooms which anyone kind of can do, can't they?
00:32:45	GRAHAM Yeah, absolutely. So, you know one skill, thinking about the clinical skills we teach students now, perhaps we should be teaching more openly students how to demonstrate or teach the patients to measure their own blood pressure remotely. Or, how to take a pulse oximeter reading using their own machine. I heard stories of some medical students going round in some areas delivering pulse oximeters through letter boxes to patients whose GPs wanted to get that reading. So, I think those can be really helpful things.
00:33:35	SANDRA Yeah, sure, good. Sort of moving on a slightly different tack now Enam, who I've talked to on Twitter before, is a GP senior lecturer in Manchester and he comments; any advice or anybody using software safely to share patient records online with and for students to access? I mean I just raise this as an issue because I think sort of confidentiality and data protection are issues which are really complicated when it comes to these virtual consultations.
00:34:13	GRAHAM Yeah, I think that's a really important point and we should be encouraging students to be able to access records online. One of the key questions that the GMC wanted us to ask and others before we start remote consulting is do we have access to the patient records and so I think it's important that students do if at all possible. I personally don't have any experience of that yet so I'd be interested to know what others have had using software safely to share patient records online for students to access. Whether that's possible with some of the software that we're using in the community for example, whether the student can actually see that through AccuRx for example is one example.
00:35:07	SANDRA Yeah, OK. So Emma Pimlott has raised her hand, Emma if you either want to put the question into the question and answer function or I might even try and be brave enough to bring you onto the panel if that's what you would like, but let us know what you would like us to do, to allow you to contribute. OK. Graham is there an area which we haven't included yet that you would like to talk about?
00:35:41	GRAHAM

	Well, James Piper I like your comment James about especially in a teaching hospital setting, as a teacher its hard not to worry that students are isolated pastorally and academically. And I think that slightly follows on from what we were talking about before, the importance of that support whilst students are in those placements. And I think certainly online can be helpful in terms of making sure they have that one-to-one support or even just the chance to reflect in a safe place. John says about not taking over; I don't think it's different from when you're in the room with a student and patient parent. You agree with the student in advance that at some point you will take over from them to continue the consultation, they can indicate to you when they want this to happen. Explain at the beginning how things will work with the patient or the parent and if everyone knows how it's going to work it shouldn't feel uncomfortable. I absolutely agree I think it's about setting out what's likely to happen so no one's surprised and just normalise it as a conversation. In terms of, oh here's another one from...when do you believe students will be able to return to placements? Oh goodness. Do you think it will be a slow path going back to normality? Sandra?!
00:37:18	SANDRA The anonymous attendee are you trying to sneak in questions which eh..? I think that's very difficult. For starters I don't think placements are actually going to be the same ever again. So, I think from the summer onwards we will be introducing students into clinical placements but what those placements will look like will be very different from what they looked like before the 23rd March and we need to move with that. And I think alongside authentic clinical placements activities such as what Graham has been talking about are going to be absolutely essential.
00:38:05	GRAHAM I think we're thinking already about how we can support students in that pastoral role and from their learning online and remotely. There are real benefits with that because suddenly you can have, take our example, someone in Southend you know supporting someone in Whipps Cross or in the centre of London which we couldn't do before so there are bonuses in that. I think they'll have to be, because the capacity for teaching is going to be severely compromised given everyone's going to be very busy in the clinical environment for some months and years probably to come we're all sort of anticipating that we're going to have to think carefully about how many students will go at once. Whether there is going to have to be some sense of you know, rotating, whether some of the placements may have to be a bit more generic to allow students to get all the experiences they need in the given time. But then there needs to be support and guidance on what learning they need and how we can support them to get the learning they need. But I think it is going to be very different and very difficult really.
00:39:22	SANDRA So, I think this is in some ways a follow-up comment from what I have just said. So Plutarco Chiquito is saying what's best taught through tele-medicine and what should still be done face to face? And I think a lot of universities and medical schools are thinking of offering a blended approach but what's the right blend?
00:39:44	GRAHAM I think that's exactly what we're thinking about and I guess everyone on this panel is thinking about at the moment is what needs to be taught, what actually needs to be taught face to face given all the social distancing restraints because that's not going to be easy. Thinking of, my area is clinical skills and communication skills, you know we'll have to think about spreading all that teaching out if it's done centrally over a much

	greater period of time to make sure that we can meet those social distancing requirements. So that's one thing but also yeah, so, maximising the opportunities in terms of face to face. For us clinical skills are going to be key. A lot of the process and the science behind clinical skills can be delivered online but actually the hands-on practice is what needs to happen face to face. I think regarding remote consultations I think there's a really interesting philosophical question which we're all shifting around which is are we teaching about face-to-face consultations but just through a video or are we actually teaching about remote consulting?
00:41:03	SANDRA Yes.
00:41:05	GRAHAM And I think they're two very different things I think they both need teaching. I think we need not to forget that face-to-face consulting is a different skill and video consulting is a different skill. So although there may be some overlap, you know if we get the chance to do face-to-face consulting practice then we will. It's different from doing face-to-face online.
00:41:39	SANDRA Yes, and I think the thing for the teacher to remember is to make those distinctions transparent isn't it, and to be clear about what it is that you're wanting the student to do. And the student then needs to understand what it is that they have to display I think, particularly if you're assessing them.
00:42:01	GRAHAM Yes, I think that's fascinating about the assessments because you know, for example if you're doing skills assessment remotely you know it's going to have to be what we're testing is show 'how to' not 'does'. You know, a different part of the Miller's pyramid if you like. So, yeah, I think we have to be aware of that.
00:42:28	SANDRA So, Dhillon Hirani comments; do you think medical education will change in the future because of this and become better because of the situation? For example, starting to use more technology. I mean I think that's got to be a yes hasn't it?
00:42:45	GRAHAM I'm thinking, it's a really good question, I think there are huge opportunities. What I'm seeing is what was starting to happen in terms of flipped learning much more in other words do the preparation work at home on your own, online, and then come in for the stuff that matters, following on from Plutarco's question, I think it's accelerated that approach to pedagogy, that sort of flipped approach, make the most of the time we've got face to face. And also learning the skills of how to deliver some of the knowledge-based, process-based stuff online. Engaging, not just putting up you know recorded lectures or slides, which is to be honest what's happened a lot in the past and I think we're all learning that there are ways to make online learning actually much more effective. Learning technologists are coming into their own and hopefully you know that will improve things generally.
00:44:01	SANDRA And of course, one of the most important things that we all want to do is to ensure that our students feel confident and able to go out from medical school to practice. And if this is the sort of thing that we're going to be doing so much more of, how can we not train our students and use the new technology that's now available to do this. It would be remiss of us wouldn't it?
00:44:23	GRAHAM

	Absolutely. And particularly around video consulting, telephone and e-consulting which we haven't talked about much today but these are skills, however it ends up after Covid has settled down there's going to be more of it. And our students need to know about all these skills and they're different from the skills we have been teaching them up to now.
00:44:47	SANDRA Absolutely. I'm aware of time and I'm just wondering if there have been questions that people want to ask if you would like to pose them now so that we can start thinking about making sure that we have rounded up. So, will we get a recording of this activity? Really, you've been interrupted a million times you poor person. Yes, you will get a recording and Jenny has answered that for you. Thank you. I'm just seeing if there are any questions on the question and answer thing, no. I don't think so. Is there one coming up?
00:45:26	GRAHAM No, Helen was just asking is there a worry we'll have less able communicators and how can we patch this up? Because they're learning through online do you mean Helen? Well I think there's definitely a risk if people are not able to communicate - yes, you're saying less face to face - if people are getting less face-to-face interaction ultimately that is the basis and the cornerstone of practice and I think it will, personally I think it will remain so. And so therefore yes, there's a risk if we just do all this online that those skills might atrophy. But I don't think that's going to happen because I think we're just upskilling people in this other way of communicating but I think the other stuff is still going to remain. Oh, José was proctoring an online exam. We were doing that earlier this week. I'm just going to write a little response to Richard. He's just asked a question.
00:46:39	SANDRA OK by all means.
00:46:40	GRAHAM Well, shall I just say it out loud Richard if you're still there. You asked about how to promote collaboration between learners in a sort of social constructivist way of thinking. I would say two things. One is for asynchronous activities like a discussion forum we've found - and I think Kerry Calvo might be here, we worked together at UCL on the online programmes - and that's absolutely crucial to creating online communities. Facilitating in a way which encourages the learners to talk to each other, to answer each other's questions often means backing off as a facilitator online. It means not answering every question as if it was homework to be marked and so it's a very subtle approach, but also being very clear about what you're hoping for. Sometimes saying please post one thing and answer someone else's, that's what we expect when we say engaging. And then the other thing if you're thinking about video consulting, we sometimes have used in the past break-out rooms so you could for example get students to break out into groups of three and get them to chat about what's just happened or what's about to happen and then come back in the rooms, so using the technology to do little break-out groups, that can work quite well.
00:48:13	SANDRA Thank you, Graham. Good, thank you. I actually think that this timely to finish and to wrap up now. And Graham I'm going to give you the opportunity if there's anything that you want to say towards the end if so please say it now.
00:48:30	GRAHAM

	Well thank you, thank you for having me, thank you for the discussions and the ideas. And hopefully it's a sort of trigger for further thinking, and the references and resources I've certainly found helpful in thinking about how we develop this sort of teaching.
00:48:48	SANDRA Yes, absolutely and I've enjoyed talking to you about it. This as I mentioned at the beginning is the first of our ASME Bitesize sessions. We promise to have an ASME Bitesize and therefore it's not going to be a full menu every week up until after Christmas. And next week's session will be led by Jonny Guckian and I'm sure it'll be a very slick social media activity for us all and I look forward to joining him in that. The idea is that we refresh you and engage you, and give you something to reflect upon in terms of medical education each week. Please do contribute you can contact us through the ASME website and also through the chat until it closes. We have an ASME Bitesize email address and you can contact us on there as well. Graham will be sending out resources afterwards and keeping in touch with you. So, please do keep in touch, remain well. Thank you very much for contributing, I hope you've enjoyed the session. Good evening.
00:50:01	GRAHAM Have a good weekend.
00:50:04	TEXT AND GRAPHICS For future events and to contribute to ASME Bitesize www.asme.org.uk/events@bitesizeasme.org.uk
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