

Meeting Report



Asian Young Doctors Session at the 64th Annual Meeting of the Japanese Society for Gynecologic Oncology (JSGO): Educational Initiatives in the Next Generation for a New Era after the COVID-19 Pandemic

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INTRODUCTION

The 64th Annual Meeting of Japanese Society of Gynecologic Oncology (JSGO) was held July 14–16, 2022, in Kurume, Japan. The theme of this year's meeting was "Back to the Basics and Forward into the Future!" with the aims of reviewing the field of gynecologic oncology; discussing new research, diagnosis, treatment strategies, and education that make full use of modern technology; and discussing the future. More than 2,300 gynecologic oncologists, gynecologic oncology fellows, pathologists, radiation oncologists, medical oncologists, medical staff, and other medical professionals participated on site or via online viewing; many heated discussions were held in the scientific program, which was a great success. Among the activities in this program, the Asian Young Doctors Session was held to discuss the future of medical education in Asia. This session was organized by Congress President Professor Kimio Ushijima, with the theme "Educational Initiatives in the Next Generation for a New Era after the COVID-19 Pandemic." For this theme, young doctors representing different Asian countries/regions described the current situations in their countries/regions, as well as future challenges and proposals.


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Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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CURRENT STATUS OF MEDICAL EDUCATION IN ASIAN COUNTRIES/REGIONS

At the beginning of the session, the chairpersons, Professor Jae-Weon Kim, President of the Asian Society of Gynecologic Oncology (ASGO), and Dr. Yusuke Kobayashi, former Secretary General of ASGO, reported the results of a questionnaire survey of speakers on the current status of medical education. First, all the speakers indicated that medical education needs to be modernized. One speaker from China stated that the traditional medical education model, involving “apprenticeship,” was still followed. The speaker from Singapore also stated that surgical training was a method of “see one, do one, teach one.” These words are a straightforward reflection of medical education up to now. This reflection has good as well as bad aspects; however, improvements are needed. All speakers supported a change in medical education from the traditional model.

Second, all speakers agreed that the coronavirus disease 2019 (COVID-19) pandemic had affected medical education. Many speakers stated that medical resources, including personnel, had been redirected to the treatment of and research on COVID-19 and that, as a result, medical education had been neglected. Third, the answers to the question regarding the increasing use of virtual education were divided. In Hong Kong, India, Singapore, and China, various programs and platforms seem to be in widespread use. In Korea, Taiwan, Japan, and Malaysia, however, such programs and platforms are less common.

Thus, although the need to modernize medical education and the effects of COVID-19 on medical education are the same in all the countries/regions, the availability of virtual education programs seems to vary among these countries/regions.

LECTURES BY YOUNG DOCTORS ON EDUCATIONAL INITIATIVES AFTER THE COVID-19 PANDEMIC

1. Surgical webinars arising from networking and prospects for the future

Dr. Hiroaki Komatsu, from Japan, discussed the importance of webinars during the COVID-19 pandemic and the nationwide expansion of webinars through human connections. First, he described the effects of the pandemic on gynecologic examinations and cancer surgery in Japan. The initial “state of emergency” caused a decrease in the number of people receiving population-based screenings in Japan [1]. However, the number of surgical procedures did not decrease, and few forced changes were implemented in treatment plans; moreover, advanced cancers were not diagnosed at higher rates [2]. Through personal relationships with experts from all over the country, Dr. Komatsu also gathered information about the practice of surgical education. In Japan, because of the high rate of transmission of COVID-19, receiving surgical education in person became impractical. Through his involvement in nationwide recruitment activities for the Japanese Society of Obstetrics and Gynecology, Dr. Komatsu was able to converse with experts nationwide who are active members [3].

Online Surgical Video Discussion (OSVD) is a surgical study group whose discussions are conducted on Zoom (Zoom Video Communications, San Jose, CA, USA). Speakers from around Japan provide surgical videos, and participants ask questions and make comments about the videos in an online discussion (**Fig. 1**). Viewers can participate at home, in the

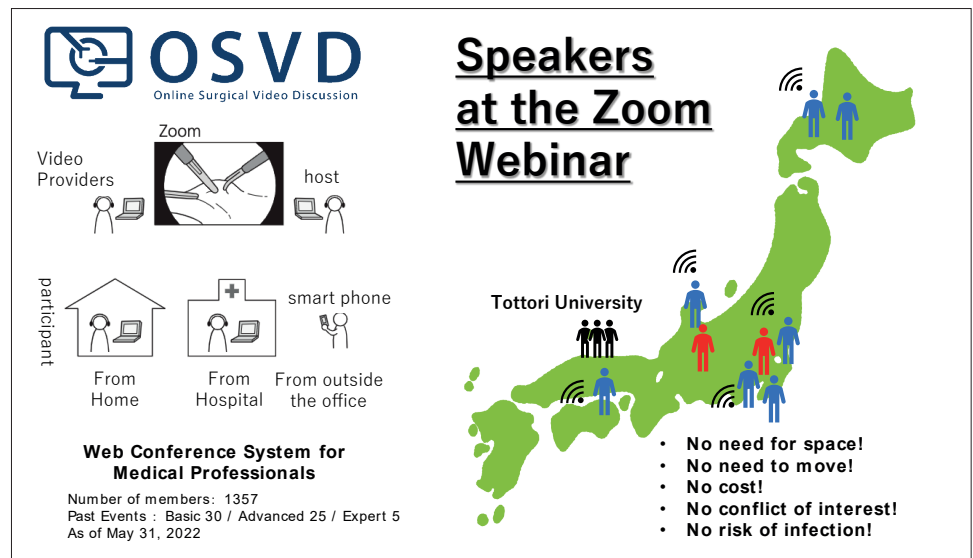


Fig. 1. Online Surgical Video Discussion.

hospital, or in transit. Webinars can be attended from home by physicians with children and by the staff of university-affiliated facilities. Webinars are suitable for teaching laparoscopic and robotic surgeries because of the ease of video sharing. Dr. Komatsu was able to find opportunities for surgical education at multiple facilities. Because of the connections made in this session, he was optimistic that international surgical webinars could be held for younger trainee gynecologists in the future.

2. Information and communications technology (ICT) case study meeting for management information system education: online faculty development

Before the COVID-19 pandemic, educational practices were usually conducted in a face-to-face setting. After the pandemic began, however, this situation changed dramatically. Face-to-face education was no longer possible, for the most part; instead, remote education had to be implemented [4]. Dr. Masanori Isobe, from Japan, conducted a lecture on "How to Use Zoom with Zoom" to improve the ICT skills of educators (Fig. 2), which was attended by 270 people. Questionnaire results indicated a high level of satisfaction with and understanding of ICT. Many participants expressed their desire to receive further educational content through Zoom. ICT case study meetings seemed to be the educational forum most often requested. The participants seemed unaware of how to actually use Zoom to provide education. Next, an ICT case study meeting was held on Zoom. By using Zoom, participants were able to learn by imitating the presenters. Fourteen ICT case study meetings were held in total, including one on management information system education, over a 4-month period. ICT case study meetings on Zoom could be an efficient educational method of providing remote education [5].

3. Virtual learning and training in gynecologic oncology during the COVID-19 pandemic

The pandemic had a profound effect on medical education worldwide, including surgical training of residents. However, online learning was established to maintain continuity of surgical training. Dr. Jyoti Meena, from India, reported that medical training in India also switched to online learning through virtual platforms that targeted undergraduates, postgraduate students (those with medical degrees), and super-specialty course residents

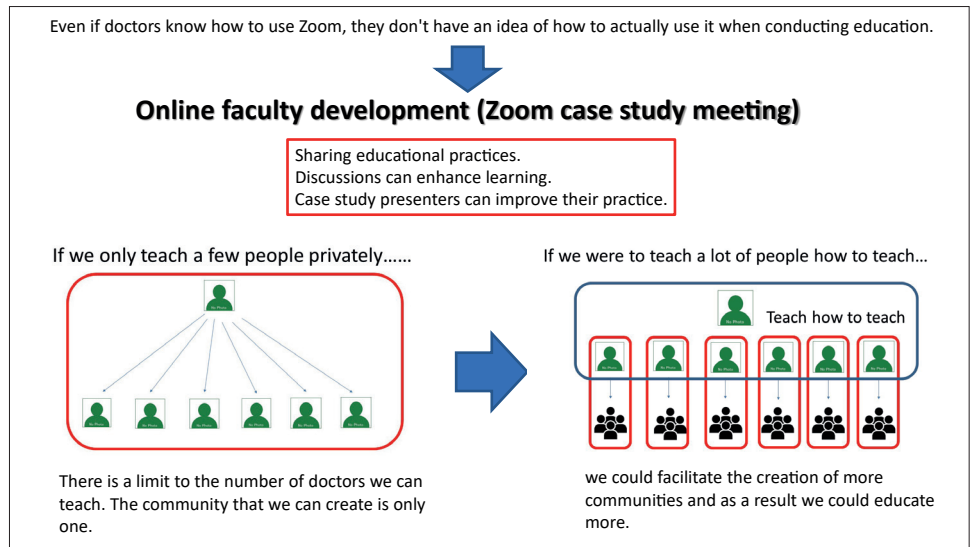


Fig. 2. Online faculty development (Zoom case study meeting) during the COVID-19 pandemic. COVID-19, coronavirus disease 2019.

(those with master’s degrees in surgery; **Fig. 3**). Online learning started with case-based discussions, seminars, and journal clubs. To maintain the continuity of education, webinar series focusing on the management of gynecologic cancers were conducted. Webinar series focusing on the surgical management of such cancers, from basic surgical anatomy to steps of various gynecologic procedures, along with videos demonstrations, were also planned. In addition, online tumor boards, colposcopy multidisciplinary teams, and radio conferences were started. Residents provided feedback about their overall virtual learning experience. First-year residents were satisfied with receiving basic knowledge; they were not able to assist or perform without learning physically. Second- and third-year residents agreed that online training expanded their knowledge and enabled continuity of clinical skills and thus improved their performance and confidence. Later the teaching switched to hybrid mode, and residents learned surgical techniques in simulation modules, which they found to be

- **Webinar series**
Focus on surgical management - basic surgical anatomy to steps of various gynae oncological surgeries

- **Tumor board**
Conducted twice a month

- **Colposcopy MDT**
Once a month

- **Hybrid method**
Small group were more interactive and useful for the residents

Fig. 3. Online training methods for continuity of medical education during the COVID-19 pandemic. COVID-19, coronavirus disease 2019; MDT, multidisciplinary team.

more interactive and useful than online discussion. With online instruction, the residents were able to understand the holistic approach to the management of various gynecologic cancers. Online learning may help residents acquire basic clinical and surgical knowledge, but bedside clinics and face-to-face interactions are still the preferred way of learning.

4. Training for telemedicine and personalized remote patient care in gynecologic oncology

Dr. Chia-Sui Weng, from Taiwan, mentioned that during the COVID-19 pandemic, all clinics in Taiwan had to shut down, and physicians from those clinics had to work shifts to take care of patients with COVID-19 and to support the vaccination programs. This slowed down the training and education programs for different specialties. Despite the help of modern technology, transforming the training program into a virtual curriculum was challenging. Apart from engaging in telehealth visits, fellows learned to monitor patients with a chatbot system in which patients recorded their symptoms every day. Moreover, surgical skill education had also shifted to online self-learning in which fellows were required to read educational material about surgery and discuss with the mentor online. For hands-on experience, each fellow was given a take-home package with a laparoscopic training box and instruments along with ultra-light clay (Fig. 4). With the package and preparation of the clay surrounding a straw or a tourniquet, fellows could practice laparoscopic suture and lymph node dissections during the lockdown. Medical education may thus continue online when mentors and fellows are not able to meet in person. Take-home laparoscopic training boxes with clay models may help provide trans-Asian educational opportunities during and after the pandemic.

5. Utilization of the metaverse for medical education and training in gynecologic oncology

Dr. Se Ik Kim, from Korea, talked about the metaverse and explained how it could be used for medical education and training. The metaverse is defined as an immersive virtual world that involves the use of augmented reality and virtual reality technologies. Because it offers immersive experiences to users, the metaverse is very suitable for setting up an interactive learning environment. The metaverse can provide artificial, digitally created content and



Fig. 4. A take-home laparoscopic training box.

environments that accurately replicate real-life scenarios and patients. Trainees may use virtual laparoscopic simulators to learn or practice laparoscopic surgical procedures. Dr. Kim emphasized that building a metaverse platform can be a good way to train in gynecologic oncology without being limited by space or time. **Fig. 5** illustrates his suggestion for trans-Asian educational opportunities in a metaverse platform. From the archives, trainees can search for and watch educational materials and surgical films any time. Through the metaverse, trainees can communicate with professors or other trainees. Trainees may observe live surgical procedures and practice skills with virtual patients and simulators. A webinar series might be held virtually in this metaverse. Dr. Kim concluded that utilization of the metaverse in gynecologic oncology may facilitate education and training.

6. “From OT (Operating Theater) to OT (Online Training)”

Dr. Jeslyn Wong, from Singapore, emphasized the need for alternative and additional training material during the pandemic because of the reduction in elective procedures and surgical training workshops (**Fig. 6**). One such resource is an online subscription-based platform through which trainees have access to instructional videos on gynecologic surgical procedures and three-dimensional anatomy tutorials. Trainees also have access to an online simulator of common clinical scenarios, created via gamification, that allow the trainees to apply their clinical knowledge, and accessibility to international surgical conferences has been improved. Furthermore, remote surgical proctoring can be beneficial in certain institutions. An example is the use of the da Vinci robotic platform (Intuitive Surgical, Inc., Sunnyvale, CA, USA), which allows live streaming of surgery to proctors who cannot be on site [6].

Surgical simulation allows the development of surgical technique in a supervised environment. The robotic skill simulator is a valuable form of robotic skills training [7]. Virtual surgical simulation is becoming an important part of surgical oncology training. In particular, trainees in lower and middle-income countries with poor access to surgical apprenticeship would benefit from such simulators, which would increase their confidence and knowledge of anatomy [8]. Dr. Wong concluded that online training in the forms of online resources, conferences, teleproctoring, simulation, and virtual reality are adjuncts to surgical training in gynecologic oncology, but they cannot replace actual surgical experience

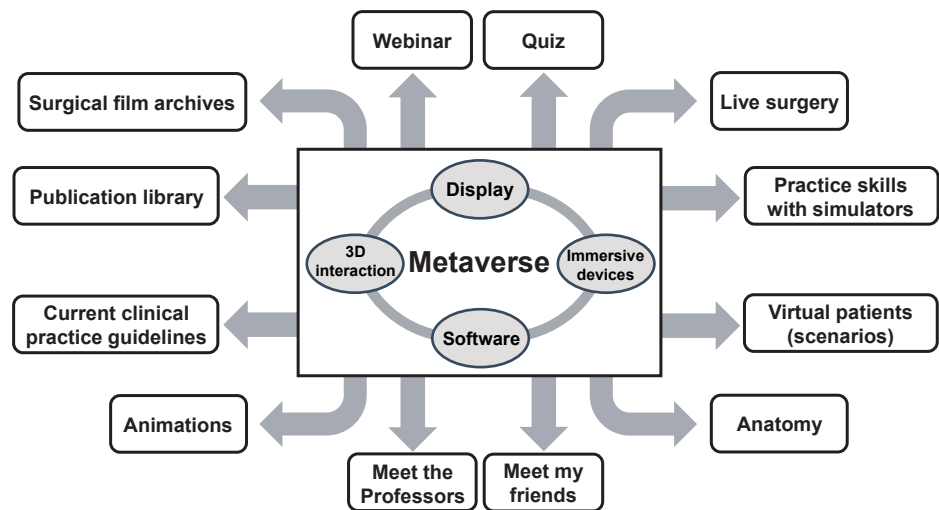


Fig. 5. Components of the metaverse and a suggestion for trans-Asian educational opportunities in a metaverse platform.



Fig. 6. Illustration of the concept of “from OT (operating theater) to OT (online training).”

in the operating room. During the pandemic, the use of online tools has increased in surgical training for residents and gynecologic oncology fellows.

7. Role of teleconference and simulation in gynecologic oncology training

During the COVID-19 pandemic, government policies for frontline medical services were implemented to minimize pressure on the healthcare system; as a result, trainees received less surgical exposure, and simulation training became more popular [9]. Hong Kong has regular laparoscopic workshops and surgical workshops for trainees in the format of lectures and provides hands-on training in pelvic models for laparoscopic suturing and laparoscopic hysterectomy. Dr. Shuk Tak Kwok, from Hong Kong, had earlier predicted that incorporating a substantial simulation-based surgical training program into fellowships would be the future mode of training (**Fig. 7**) [10]. Multidisciplinary teleconferencing, including radiology department and tumor board participation, has become more important in patient care [11]. In Hong Kong, teleconferences are held regularly between regional hospitals to share medical experience and continue medical education. This allows training to continue with social distancing rules. Journal club and topic discussion are arranged regularly with gynecologic–oncological trainees from regional hospitals to enhance educational discussion without geographic constraints and to reach wider audiences. Dr. Kwok suggested that simulation training for surgical skills be included in teleconferences to enable real-time guidance and feedback from supervisors in different countries.

8. Challenges of fellowship training during the COVID-19 pandemic

The medical resources in China are unbalanced, differing significantly among geographic areas. The incidence and mortality rates for all cancers combined are significantly higher

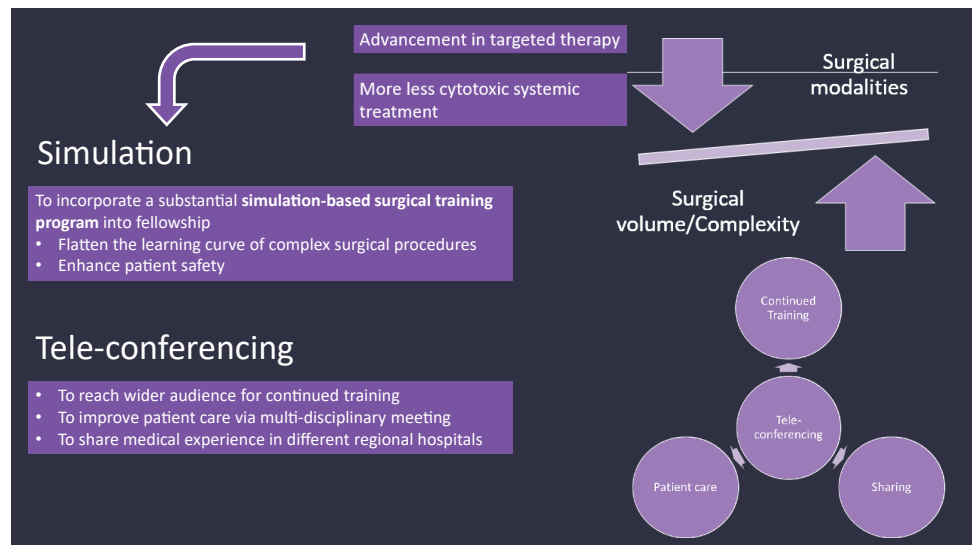


Fig. 7. The role of teleconferences and simulation in gynecologic oncology training.

among residents of rural areas than among urban residents [12]. The shortage of qualified physicians is a great barrier to improving patients' outcome. The COVID-19 pandemic has increased difficulties in delivering cancer care and medical education. Gynecologic subspecialty fellowship training is not fully established in China [13]. Dr. Jie Yang, from China, conducted a survey of gynecologists about their opinions of fellowship training in gynecologic oncology (Fig. 8). Of the 1,743 respondents, 93.3% considered it necessary to initiate subspecialty fellowship training in gynecology because trainees have diverse needs and interests. More than half the respondents suggested incorporating basic research into

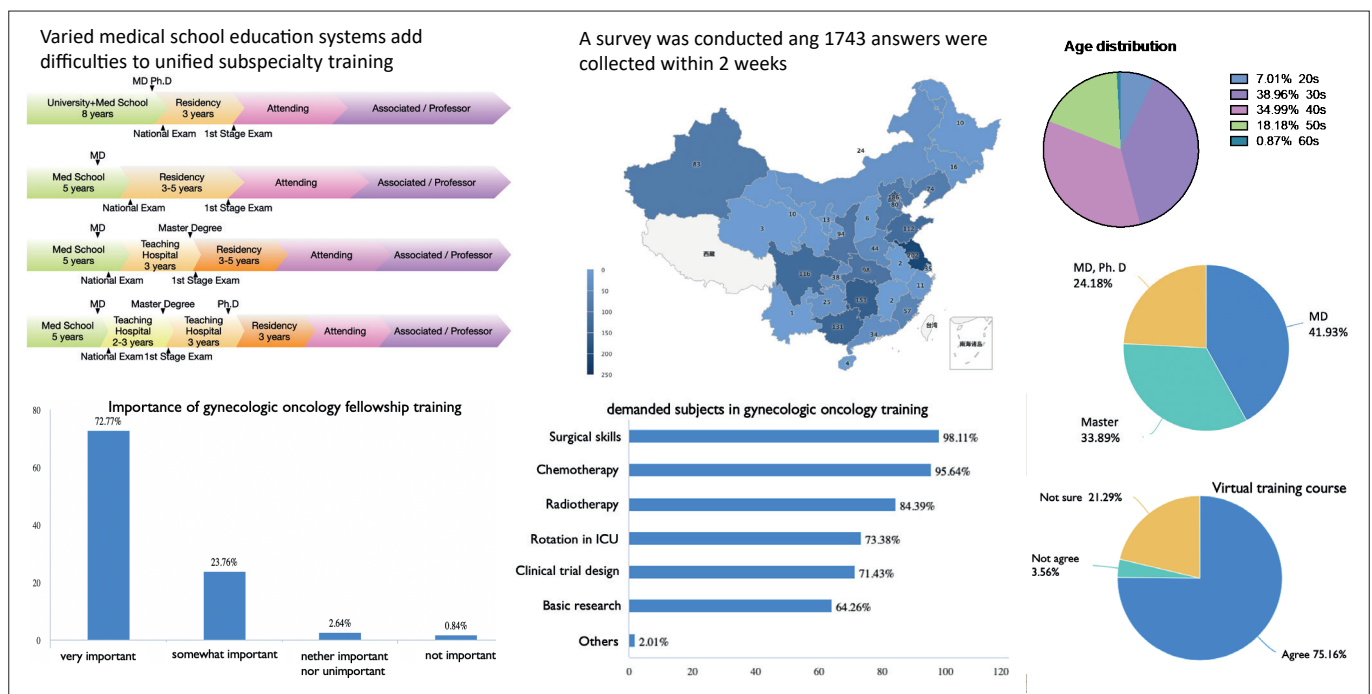


Fig. 8. Challenges of fellowship training during the pandemic: a call to Chinese gynecologists.

clinical practice. More than 75% considered virtual training acceptable. The quality and consistency of supervision are the major concerns of trainees. This survey demonstrated that fellowship training in gynecologic oncology is urgently needed in China.

9. Palliative care adaptation in Thailand during the COVID-19 pandemic

In Thailand, according to the World Health Organization, more than four million cases of COVID-19 had been confirmed and more than 30,000 patients had died as of June 15, 2022. During the pandemic, patients with cancer have been assessed for the risk of severe complications from COVID-19. Telemedicine technology was used before the pandemic, but telemedicine now plays a role in critical healthcare. Thailand went into national lockdown in March 2020 to mitigate and control the pandemic. All in-person lectures and workshops changed into online sessions. Communication and coordination of care between hospitals, home care services, families, and patients were adapted to video communication tools and telephone [14]. Dr. Panida Mathaveechotikul, from Thailand, demonstrated some considerations for palliative care of patients with COVID-19 (Fig. 9): First, symptom palliation should be maintained, regardless of whether patients are or are not hospitalized. Second, the spectrum of care should be defined in terms of expected survival or required interventions. Healthcare providers should maintain patients' comfort but not prolong the dying process.

10. Virtual training in gynecologic oncology during the COVID-19 pandemic: pain or gain?

COVID-19 has ravaged the globe, putting strains on healthcare services. Dr. Kandy Loo Chin Yee, from Malaysia, strove to strike a balance between providing the best care and mitigating the spread of the disease among vulnerable patients (Fig. 10). Educational activities were halted by restrictions in meeting and traveling, which curtailed gynecologic oncology training. Surgical training, a fundamental requirement of gynecologic oncology training, was affected by limitations in hands-on exposure. Simulation training was used as the alternative training method, but this technology is not widely available. Training methods shifted from being physical to virtual during the pandemic. As a result, trainees had opportunities to attend international courses, and international experts became more accessible for interaction. With virtual platforms, many training activities such as tumor board meetings

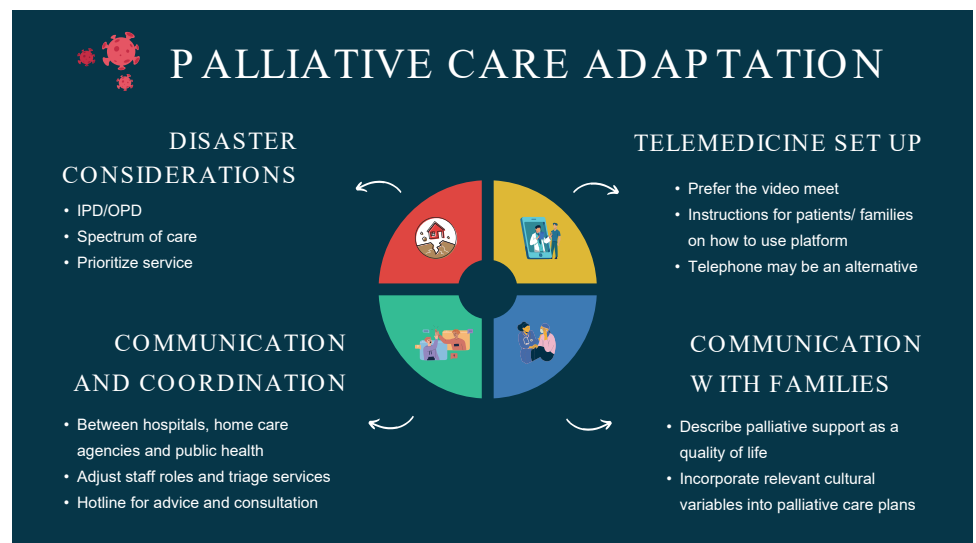


Fig. 9. Telemedicine set up.

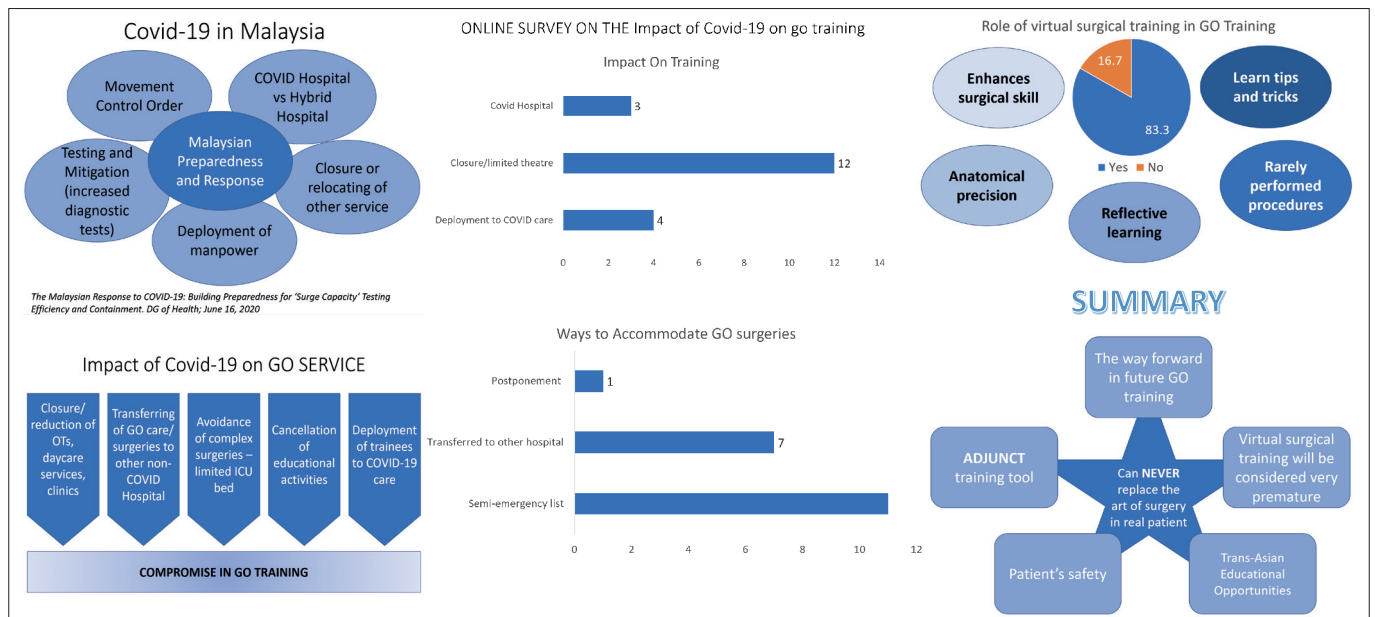


Fig. 10. Virtual training in gynecologic oncology during the pandemic: pain or gain? COVID-19, coronavirus disease 2019; GO, gynecologic oncology; ICU, intensive care unit; OT, occupational therapist.

and histopathology conferences were able to resume. According to an online survey among gynecologic oncology trainees in Malaysia, education was affected by the pandemic for 100% of trainees, and 83.3% agreed that virtual training played a role in their training. However, virtual training could not replace the art of bedside patient assessment, surgical training, and hands-on exposure in trainees’ quest to become competent gynecologic oncologists.

PROPOSALS AND REQUESTS FOR EXPANSION OF MEDICAL EDUCATION THROUGHOUT ASIA

At the end of the Asian Young Doctors Session, the chairpersons examined responses from the speakers from each country/region to the last question of the survey, which was about proposals and requests for the expansion of medical education. The speaker from Japan suggested holding symposiums on education and building educational content on the website of the JSGO. The speaker from Taiwan recommended establishing study groups or educational workshops. The speaker from Singapore proposed regular informal/casual scientific meetings among trainees on Zoom. The speaker from India also proposed meetings to share new ideas and innovations and the establishment of tumor board meetings. The speaker from China suggested establishing education curricula with online courses, surgical “bootcamps,” and competitions for young doctors. The speaker from Hong Kong recommended holding simulation workshops to enhance surgical skills. The speaker from Malaysia advocated establishing a foundation and providing financial support. The speaker from Korea expressed interest in new technologies and other aids for learning.

On the basis of these opinions, the Chairperson of ASGO has stated that ASGO will take the following actions for the future of medical education in Asia: 1) hold a (small) virtual workshop on surgical skills, surgical “bootcamps,” and competitions for young doctors; 2) hold symposiums on education; 3) build educational content on the ASGO website; and

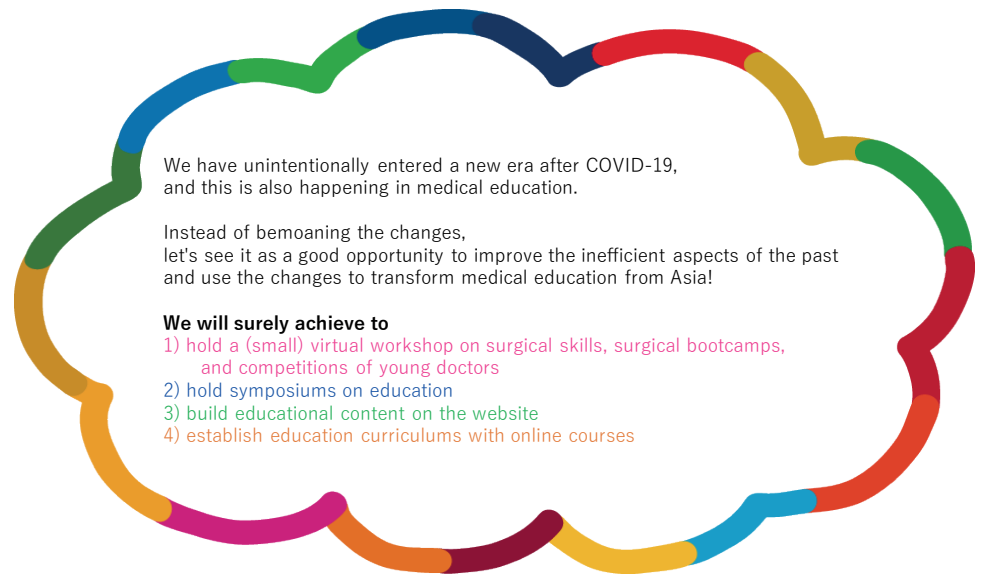


Fig. 11. Statement of Asian Young Doctors Session at the 64th Meeting of the JSGO. COVID-19, coronavirus disease 2019; JSGO, Japanese Society of Gynecologic Oncology.

4) establish educational curricula with online courses, in cooperation with the ASGO's Educational Committee (**Fig. 11**).

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