

A 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?” [Letter]

Sajedah Shah
Shubhechha Chattopadhyay

Medical Student, St George's University
of London, London, UK

Dear editor

We read with great interest the paper written by Cooper et al evaluating the usefulness and acceptability of revision webinars for medical students on the topics of Paediatrics, Psychiatry and Obstetrics & Gynaecology.¹ Our compliments to Cooper et al for their diligence in ensuring feedback was gathered both before and after the webinars and from a large cohort of students as well, allowing for conclusions to be drawn from a diverse and representative sample. As final year medical students we would like to share our perspectives to further enhance the applicability of these findings.

Our first suggestion is regarding the central discussion on the efficacy of online seminars against in-person teaching during the COVID-19 pandemic. In their article, Cooper et al suggest that the majority of students reported an increase in perceived knowledgeability on the subject following the online course. We would like to highlight that the ability to deliver key learning points across to students is a more reliable measure of the effectiveness of a teaching session as opposed to perceived knowledge. This is because perceived knowledge does not correlate with actual knowledge or performance in the subject.² Therefore, it is essential that an objective assessment of knowledge retained by attendants of the webinar is carried out and compared against an assessment for those who received identical teaching in a traditional face-to-face format.

Secondly, the article reports that almost two-thirds of students prefer the teaching session to be repeated in webinar format in the future for the reasons of convenience, flexibility, and cost-effectiveness. However, this does not adequately acknowledge its impact on students from underrepresented and disadvantaged backgrounds, as an important aspect of attending and benefiting from online teaching is having a suitable learning environment. This may be a problem among students from already underrepresented backgrounds, whose home environments may not be appropriate for learning and cannot imitate a professional learning

Correspondence: Sajedah Shah
St George's University of London, Cranmer
Terrace, London, SW17 0RE, UK
Email M1502097@sgul.ac.uk



environment. Should webinars replace face-to-face teaching in future, it may risk further disadvantaging these students and widening the gap in achievement that already exists for those from lower socio-economic and BAME (Black, Asian and Minority Ethnic) backgrounds.³ We believe this potential negative impact needs to be explored before decisions are made about long-term use of webinars in medical education.

Lastly, for the benefit of kinaesthetic learners such as ourselves, a contributing factor to explore is preferred learning styles plotted against knowledge retained from the webinar, as there is limited literature exploring this in the context of the COVID-19 pandemic. This consideration could make the study more applicable as obstetrics, gynaecological surgery and paediatric surgery are hands-on specialties.

Without doubt, the use of webinars has many advantages, but we hope that our perspective on the above-mentioned areas, although not exhaustive, will positively contribute to this discussion.

Disclosure

The authors report no conflicts of interest in this communication.

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