

LETTER

Webinars as a mode of e-discussion by Indian dermatologists during the COVID-19 era: A boon or a bane?

Dear Editor,

A novel coronavirus (SARS-CoV-2) that recently emerged from China in late 2019, has become a global pandemic. Presently, most countries are either under partial or total lockdown. COVID-19 pandemic is creating collateral damage to patients, as medical, surgical, and rehabilitation services have been disrupted across the globe. Telemedicine has been thus advocated as a possible solution.¹ Major dermatology and other specialty meetings have been canceled, postponed, or programmed virtually.² Since dermatologists are not required as front-line warriors and have plenty of time on hand being at home, they have started to discuss some common and challenging topics with their fellow colleagues via webinars.

The term “webinar” is composed of two words “web” (from the Worldwide Web) and “seminar.” A live presentation, recorded video, or lecture broadcast online in real-time using the software defines “webinar.” The interaction between the speaker and participants usually takes place via webcam and microphone. In different parts of the world, virtual education has been implemented even for school students and higher education during these trying times.^{3,4} Online webinars make it interesting for the speakers as well as for the participants in the following ways:

- Real-time audio-visual communication.
- Text communication through chat either to ask questions or answer.
- Sharing of slideshows/ screen content with participants.
- Designing survey questions for participants.

Webinars save time and money, for both the speaker and the participants, since they do not need to travel to a conference or CME location. It facilitates the exchange of knowledge before, during, and after the event. The total number of participants for the webinar reckon on the technical conditions or the software used. An online survey circulated between 10th to 30th April, 2020 to Indian dermatologists by the authors, revealed that 83.3% (219/263) of them were willing to attend these webinars, where 59.3% (156/263) volunteered to even conduct them and share their expertise and knowledge. They have accessed approximately 60 dermatology webinars over last 50 days regarding the management of commonly encountered conditions like dermatophytosis (twelve), hyperpigmentary disorders (eight), acne vulgaris (five), alopecia (five), use of immunosuppressants (four), aesthetics (four), and the ways to restart procedures in private practice (three) once the lockdown restrictions are removed and various others.

On the other hand, these webinars are very much dependent on technology, which is not always so reliable. In the case of poor internet connection or of an inadequate bandwidth, attendees are unable to participate. And when technical problems are on the organizer's side, the webinar gets either canceled or postponed. Dermatologists in India now feel that they are overburdened by the number of webinars planned and hence they have become reluctant to attend them.

Hence webinar is like a “double-edged sword” which can be beneficial for some while others (non-qualified healthcare workers and those practicing traditional medicine) can misuse it by implementing the information incorrectly on patients (they are mostly not aware about pharmacokinetics, pharmacodynamics, interactions, and contraindications of allopathic medications), especially those without appropriate qualifications and knowledge. It also increases the chances of quackery in dermatology practice if not properly monitored, although knowledge is also available in books. Webinars are definitely a game-changer, only if practiced and conducted ethically without doing much damage to the healthcare system. In the future, we hope to profit more from virtual teachings,⁵ and the latest technologies that have to offer nothing but the best!

CONFLICT OF INTEREST



The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS

The content in this letter has not been published or submitted for publication elsewhere. All authors have contributed significantly and are in agreement with the content of the letter.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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