

“Am I audible? Are my slides visible?”—Do we need to flatten the webinar curve?

The COVID-19 pandemic has disrupted medical education across all sections: undergraduate classes, curriculum-based residency, and fellowship training as well as continuing medical education programs for practicing ophthalmologists.^[1,2] Rules of social distancing have made traveling and physical gatherings impossible for the foreseeable future. In response to these changes, AIOS (All India Ophthalmological Society) and other sub-specialty associations have rightfully started conducting webinars and online meetings to bring knowledge directly into the homes of ophthalmologists and students. Webinars have been around for a long time but they seem to have found a new purpose during the COVID-19 pandemic.

Broadly speaking, webinars have multiple advantages: they completely eliminate the need to travel. The costs of webinars are much lower than organizing a physical event and hiring a venue. The travel and accommodation costs for the delegates and faculty are no longer issues. Ophthalmologists-in-training are now able to participate in conferences that they would probably not have traveled to, if they were physical meetings. Webinars also allow the organizers to reach and engage a very specific target group with interactive tools like real-time polls and quizzes. Furthermore, online meetings are essentially “green” events with very little carbon footprint.

But the ease of organizing and publicizing such meets has led to a mind-boggling spike in the number of webinars. Every state, district, and city chapter of every ophthalmic society has begun conducting meetings every other week or so. At last count, a total of at least 1015 ophthalmology webinars had been conducted between mid-April to the end of August 2020—an average of over 7 webinars a day!^[3] Which brings us to the questions we need to ask ourselves—Are so many webinars really needed? Are these webinars truly fulfilling their objectives?

There is growing evidence to show that not all webinars are effective across the board: compared to senior residents, their junior colleagues reported that they were less comfortable with online lectures. This may be explained by an increased need for educational guidance and accountability, which are best delivered through the nuances of in-person interaction.^[4] On the contrary, senior residents found online meetings less effective than junior residents, which may again be explained by the more personal nature of in-person communication.^[5] In a survey of ophthalmologists, 86% were not satisfied with e-Learning as the sole method for undergraduate teaching.^[6]

The Real Need: Training the Trainees (and the Trainers)!

In India, students and faculty in teaching institutes are being additionally tasked with COVID-19 duties, as a result, the biggest area of concern is the disruption of the structured curriculum-based classroom and clinical teaching for training

ophthalmologists. Addressing this should be the main thrust area for webinar organizers and societies. Engaging residents and fellows to identify areas of teaching that need to be addressed should be the first step. What follows should be putting together the list of topics and appropriate speakers for them. The choice of speakers for classroom sessions can be a tricky proposition: competent surgeons and clinicians don't necessarily make great teachers and perhaps vice versa as well. Hearing prominent ophthalmologists and leaders at the cutting-edge of research in their own sub-specialties may not always benefit the average trainee ophthalmologist, who probably wants to learn how to perform gonioscopy or indirect ophthalmoscopy or how to draw corneal and retinal lesions. Instructional hands-on training through web-based classrooms can be a challenge but ways must be worked out to impart the finer aspects of basic ophthalmic training such as refraction and interpretation of investigations. Basic sciences, anatomy, pathology and thesis-writing are topics that rarely figure in webinars. In fact, webinars targeted primarily at residents formed less than 15% of the 1000+ webinars conducted since April. This - at a time when nearly half of the residents in India felt that the COVID-19 pandemic has had a negative impact on their theoretical / classroom learning and 80% felt that it had adversely affected their surgical training.^[1]

Finally, seeking feedback from the audience helps in improving and fine-tuning content for future meetings. The online platform is new for speakers and audience alike – what works in a lecture hall may not necessarily work in an online meet. Furthermore, poor technical skills in both the students and the instructors in using e-learning platforms have been one of the teething troubles. Therefore, post-meeting evaluation should be a part of meetings as well and evaluation of web-based learning should focus on its outcomes or learning aims. A bright ray of hope has been the few refresher courses such as iFocus, Eye-PEP, Kalpavriksha as well as the classroom sessions conducted by the AIOS and YOSI (Young Ophthalmologists Society of India); some of which have gone virtual with no registration fees for delegates.

One More Webinar?

For the rest of us practicing ophthalmologists, it may be a time for us to introspect and ask ourselves what purpose does ‘one more webinar’ serve. The lack of standardized content, repetition of topics, speakers, presenting the same slides over multiple meetings; long hours and numerous simultaneous webinars—are indications for us, to self-analyze and self-regulate. At a time when ophthalmologists are in the middle of getting used to the new normal, and resuming clinical duties with additional precautions,^[7] a webinar should be conceived and conducted only if it truly adds value to the attendees' skill and knowledge.

Missing Physical Meetings

Many of us who have spoken at online teaching sessions have observed that the meeting platforms give very little feedback to speakers: on most occasions, the speaker has no direct view of the audience. The occasional bit of humor, that typically feeds off the audience's laughter is now becoming

exceedingly scarce in online presentations, given that most of the viewers have their cameras and microphones turned off. The yawns, the dozing heads, the confused faces, and the occasional phone ringing amongst the audience are some of the things that are being missed by speakers and delegates! On a serious note though, with most participants viewing webinars on their phones, free-flowing Q&A sessions are rarely seen, unlike what we are accustomed to in traditional lecture halls. Simultaneous interactions between more than two people are extremely challenging. The flaring tempers and the occasional engaging ruckus of a live debate are rarely seen online.^[8] But physical meetings are beyond presentations in lecture halls—the silent, ruminant walks through the physical poster exhibits, the networking in the corridors, and the busy buzz of the trade and exhibition halls are equally missed. Physical meetings also allow networking opportunities, reuniting with old colleagues, warm friendly handshakes and hugs, making new connections—things that we now are longing for.

The Future

As we optimistically look ahead into a post-COVID future, webinars will find a place there, but we must use the power of webinars judiciously and responsibly – in a way that it truly benefits the intended audience. But webinars will only be a *part* of the educational armamentarium—and not be-all and end-all of how all meetings will be conducted. As for me, I am longing for those flights at unearthly hours, the overpriced stale airport coffee, reaching the conference venue, and picking up my badge at the registration counter. I look forward to the day I can tuck myself into the corner seat of the last row in the cold lecture hall and listen to the speaker at the podium begin their talk *without* asking “Am I audible? Are my slides visible?”

Akshay Gopinathan Nair^{1,2,3}

¹Ophthalmic Plastic Surgery and Ocular Oncology Services, Aditya Jyot Eye Hospital, ³Lokmanya Tilak Municipal Medical College and General Hospital, Dr. Babasaheb Ambedkar Road, Sion, Mumbai,

²Ophthalmic Plastic Surgery and Ocular Oncology Services, Advanced Eye Hospital and Institute, A Unit of Dr. Agarwal's Eye Hospitals, Navi Mumbai, Maharashtra, India
E-mail: akshaygn@gmail.com

References

1. Mishra D, Nair AG, Gandhi RA, Gogate PJ, Mathur S, Bhushan P, *et al.* The impact of COVID-19 related lockdown on ophthalmology training programs in India – Outcomes of a survey. *Indian J Ophthalmol* 2020;68:999-1004.
2. Nair AG, Gandhi RA, Natarajan S. Effect of COVID-19 related lockdown on ophthalmic practice and patient care in India: Results of a survey. *Indian J Ophthalmol* 2020;68:725-30.
3. Available from: <https://eventsinophthalmology.wordpress.com/> [Last cited on 2020 Sep 20].
4. Rana T, Hackett C, Quezada T, Chaturvedi A, Bakalov V, Leonardo J, *et al.* Medicine and surgery residents' perspectives on the impact of COVID-19 on graduate medical education. *Med Educ Online* 2020;25:1818439.
5. Miller PW. Body language in the classroom. *ERIC* 2005;80:28-30.
6. Alqudah NM, Jammal HM, Saleh O, Khader Y, Obeidat N, Alqudah J. Perception and experience of academic Jordanian ophthalmologists with E-Learning for undergraduate course during the COVID-19 pandemic. *Ann Med Surg (Lond)* 2020;59:44-7.
7. Honavar SG. Prepare or perish - Readiness is the key to reopen for routine eye care. *Indian J Ophthalmol* 2020;68:677-8.
8. Nolan GS, Gokani VJ. PLASTA National Webinar Series: A developing model for remote surgical education. *J Plast Reconstr Aesthet Surg* 2020. doi: 10.1016/j.bjps.2020.08.032.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

| Access this article online | |
|--|--|
| Quick Response Code: | Website: www.ijo.in |
|  | DOI: 10.4103/ijo.IJO_3038_20 |
| | |

Cite this article as: Nair AG. “Am I audible? Are my slides visible?”—Do we need to flatten the webinar curve? *Indian J Ophthalmol* 2020;68:2341-2.

About the author



Akshay Gopinathan Nair

Dr. Akshay Gopinathan Nair is affiliated to Aditya Jyot Eye Hospital and Advanced Eye Hospital and Institute in Mumbai, where he specializes in Oculoplastic Surgery and Ocular Oncology. He is also a faculty member at Lokmanya Tilak Municipal Medical College and General Hospital, Mumbai. He completed his residency training at Sankara Nethralaya, Chennai. Following this, he pursued a clinical fellowship in Oculoplastic Surgery and Ocular Oncology at L V Prasad Eye Institute, Hyderabad and also completed an ICO Fellowship at the New York Eye & Ear Infirmary of Mount Sinai, USA. Dr. Nair is also a surgical simulation consultant for HelpMeSee Inc.

He is a recipient of the International Ophthalmologist Education Award and the Achievement Award from the American Academy of Ophthalmology as well as the Achievement Award from the Asia Pacific Academy of Ophthalmology. He has co-authored over 90 indexed peer-reviewed papers and 15 textbook chapters. He is one of the few Indians to be inducted as a member of the American Society of Ophthalmic Plastic & Reconstructive Surgery.