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Medical education in psychiatry and addiction medicine: pandemic education as usual or the new normal?

Dear Sir,

For the 2022 academic year, medical schools still face uncertainty regarding the ongoing impact of the Coronavirus Disease 2019 (COVID-19) pandemic on teaching and summative assessment. Innovation in medical education, including remote assessment has been effective in the Severe Acute Respiratory Syndrome (SARS) pandemic, as well as with recent online-platform-mediated assessments.¹ During the pandemic, our Medical School successfully conducted and validated invigilated-online summative written (multiple choice and extended matching) and Objective Structured Clinical Examination (OSCE) summative assessments for 100 students in Psychiatry and Addiction Medicine in 2020, and 2021.^{2–4} Students' performance was comparable to face-to-face written and clinical assessments for prior years, and comparable for the 2020 and 2021 online assessments.^{3,4}

Currently, there remain outbreaks of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) variants (Delta, Omicron and BA.2) in Australia and specific public health measures for healthcare (masks, distancing). Face-to-face clinical teaching is preserved, but group face-to-face teaching remains limited due to physical distancing requirements. Accordingly, we have retained group online didactic and interactive workshop teaching.

For 2022, we have recommended that written summative assessments

(multiple choice and extended matching questions) be again conducted online, and for the foreseeable future. Online assessments obviate the need for physical quarantine and invigilation.

Pandemic mask requirements make face-to-face OSCEs difficult for simulated patient interviews, which are a core component of the summative assessment of clinical skills in Psychiatry and Addiction Medicine. We have planned that our OSCE summative assessments be entirely conducted synchronously online, as in 2021, during a local travel lockdown.⁴ There are advantages of increased clinical examiner availability due to off-site participation (e.g., home or office), as well as increased flexibility to schedule alongside clinical duties, especially since staffing has contracted with COVID-19 furloughs and those exiting the professions. The main disadvantages include: connectivity issues, interruptions and background noise, which can be overcome by scheduling extra assessment time slots and backups for examiners and simulated patients.⁴

Are ongoing online summative OSCE assessments desirable for clinical fidelity? Arguably, synchronous tele-assessment is analogous to synchronous telehealth delivery – which seems here to stay. This, combined with the efficiencies gained from online written summative assessments, points towards the possibility that pandemic medical education as usual may be a benchmark for the post-pandemic new normal.

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Disneyland's castle: A psychiatric history with relevance for modern practice?

Dear Sir,

An Australasian Disneyland periodically captures the popular imagination.¹ Adorning Disney's resorts, Sleeping Beauty's Castle constitutes a predominant cultural landmark. Equally, it encapsulates a long-disputed and pertinent incident in psychiatric history, involving a King's deposition on mental health grounds.