12 Tips for a Successful Online Course for Interns During Covid-19 Pandemic

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Abstract

Medical education has been disrupted during the pandemic. We, as medical educators, have switched to online education. However, the approach of education for intern doctors varies between countries and even between faculties. Interns are the upcoming medical force to fight the pandemic on the front lines; therefore, providing proper education to them is essential. We have gathered some practical tips on how to perform an online education for interns before their graduation.

Keywords: Online Education; Education Management; Leadership; Health Professions Education

Introduction

As we all have experienced in this Covid-19 pandemic, there can be disruption and struggles in delivering medical education. Although we may find new ways to compensate for fewer years of medical education, the education of interns holds a unique position. They have a limited time to graduate, and they will be working to fight against the pandemic.

We are not just educators, but also role models for our students. What we do has an impact on our students, and this is often more on the negative side (Cruess, Cruess and Steinert, 2008). So we cannot ignore the need for intern training. How we cope with a crisis while trying to maintain excellence may have an impact as important as the content itself; if not more so. To deliver a well-designed course before their graduation may lead to a behaviour pattern for future doctors to value education over everything else, even in the most stressful environments.

Pandemics cause significant stress to health providers in the short term and increase the burnout risk in the long term (Dewey et al., 2020). While interns will be at the beginning of their careers, it may be hard to compensate for these negative effects toward their job if we do not prepare them for what they will encounter.

According to our experience, an online course for interns decreased their anxiety levels and motivated them toward...
their future careers. Therefore, in this paper, we gathered some practical tips for preparing an online course for interns prior to graduation.

**Tip 1: Keep the course simple, but also keep in mind that everyone's simple may be different.**

Since these are extraordinary times, it is better to start with a more achievable goal. We need to evaluate our resources carefully and objectively. While we are trying to form an online course appropriate for our students and educators, we will read or hear about what other medical schools are achieving; even though in some cases, this information may be baseless. Knowing other's achievements is very helpful and illuminating, but if what you hear is not approachable, it may cause pessimism for the course development team. While aiming for high quality, the last thing we want to do is create a sense of dejection for our team. To avoid discouragement, after securing the lower limit education we wish to deliver, we can add more sophisticated methods.

**Tip 2: Keep the leading team as small as possible to be more flexible.**

Typically, having various ideas from a larger group may lead to a better program, but it may also slow down the process. Communication may be more challenging for larger groups to create an education program. Keeping the team small helps it to be more flexible. Further, more people with stress because of the pandemics may increase the group's anxiety levels. While forming the team, try to find "early adopters" of technologies and changes to move forward efficiently and quickly (Sanders *et al.*, 2020). We think that faculty administrators can predetermine the early adopters beforehand and encourage them before they become demoralized.

**Tip 3: Add students to the course leading team.**

Consider letting the students join the leading team. According to our experience, including students causes a higher level of attachment to the program. Moreover, they will provide a different point of view.

For faculties with many students, we suggest dividing them into smaller groups and choosing a student leader from each group. This approach makes communication easy and saves time while solving problems.

**Tip 4: Keep in mind that both the students and educators may be affected emotionally and physically.**

Medical teachers are also on the front lines of the fight against the pandemic. Shifting education to online as a new method may aggravate anxiety. So while forming the course program, dependable leadership and transparency will help to lessen the burden of the educators (Wu, Styra and Gold, 2020). An online session can be delivered from anywhere if simulation is not attached. Deciding on a specific place with technical infrastructure and with materials to aid the lecturers, may help to avoid uncertainty, especially for those who are less comfortable with technology.

Before starting the program, we suggest analyzing the well-being of the students and their loved ones, and their concerns about education and the process of graduation. As we learned from the SARS example, maintaining regular communication with students helps to alleviate their anxieties (Rambaldini *et al.*, 2005).
Tip 5: Learn the internet availability and the online system familiarity of the students.

We are quick to assume that the younger generation is adept with the latest technology, but it may not be as easy for them as we presume. Also, all of the students may not have easy access to the internet, so we need to figure out how to solve these problems beforehand. Students may join the sessions using their computers or smartphones. The benefits of the course and student satisfaction may vary if they do not have a personal computer. Before the actual sessions, you may try a session with a more exciting and easier subject. Alternatively, you can do a trial with the students who are on the team.

We should evaluate the preferences and behavioural patterns of students and educators. We learned from the feedback of the educators that they felt awkward and as if they were "speaking to the wall" during class sessions when all of the participants’ cameras were off. On the other hand, students pointed out that if they joined the sessions while the camera was on, they tended to check themselves to see how they looked or they found themselves staring at others and lost focus. As a result, they turned their cameras off. After sharing this information with the educators, they also felt more relaxed about that subject. As this one example showed us, effective communication and transparency are important aspects during a crisis.

Tip 6: Have a Plan B; aim for synchronized education while recording the sessions.

Synchronous online education has its difficulties, but it helps to ease the feeling of isolation and boost motivation (Jones et al., 2009). In our experience, the students claim that they felt more valued by lecturers and more strongly attached to the school. They said, "they felt as if they were inside the classes” during online sessions. Moreover, based on educators’ feedback, they felt more connected to their students, although it was not even close to a face-to-face interaction. Both students and educators said their anxiety lessened as one of the stressors that the pandemic has caused is a lack of human interactions. This effect may have more impact on the societies where social interactions are more valued.

In case of problems connecting to the sessions, recording the sessions is essential as a backup plan to perform an unsynchronized education for those who could not attend.

Tip 7: Keep theoretical sessions to a minimum; instead, use the flipped classroom method and simulation.

Even before the pandemic, medical education was in the process of keeping theoretical sessions to a minimum and using flipped classrooms (Hew and Lo, 2018). Using a flipped classroom model would be very suitable for online lessons (Galway et al., 2014), and if your faculty has not tried it yet, maybe this would be the best time to change the approach.

If possible, add simulation. There are many simulation methods to use online, from virtual-reality simulators to virtual patients (Lim et al., 2009). What we can provide to our students may vary according to the university facilities, but simulation can be achieved even with scarce resources. In our experience, we divided our students into smaller groups. All students took turns being the team leader in emergency situations and gave commands to the nurses in a mannequin-based simulation room that they observed online. Using different camera angles made the simulation more realistic.
Tip 8: Be on the clock; make sure to start and finish the sessions on time.

According to our experience, starting online sessions on time had a significant effect on students’ satisfaction. To achieve time management, social media programs such as WhatsApp are convenient. Dividing students into groups, and selecting a leader in each group also helps to organize the session quickly.

Sending the course program to the educators may not be sufficient, as they have other duties as health providers, so we suggest assigning someone to remind the lecturers before the sessions.

Prior knowledge of the lecturers’ needs for sessions, such as simulation mannequins, types of equipment, computer program, or even assistants to help with the simulation, is vital for starting lessons on time. If educators need to use the whiteboard, make sure the lighting is appropriate and the markers are thick enough to be seen through the video. Alternatively, you can offer using online whiteboard programs.

Tip 9: The course developers must be accessed easily to recognize and solve problems immediately.

Having a course developer attend the lessons to recognize the problems timely is very helpful, even if it takes time and energy. Also, keeping available technical staff at the location where the course takes place saves time. If attendance is mandatory, we advise that someone from the team take attendance to relieve the lecturers of that burden.

Tip 10: Share feedback to keep the educators motivated.

Share feedback, especially the positive ones, with the educators to help them remain motivated. We observed even the most skeptical teachers of online education started to become more open-minded after reading the kind comments from students for the other educators.

Tip 11: Do not forget to evaluate the program.

As you start to design the program, you need to think about how to evaluate it. After the program, write a report and share it with the stakeholders, the university, or even with society in general.

Tip 12: Plan for the future.

We live in an era of advertisement. This crisis will come to an end, and we will back to normal, trying to lure the best students to our schools. If you think you managed to achieve a successful program, do not forget to use it for your faculties’ advertisement.

The recorded sessions of online education are useful for flipped classrooms. These videos can be effective for students to elevate the learning process and a time saver for future educators.

Evaluate whether the new approaches you used during this crisis can be adapted to the regular program. Maybe we will discover ways to enlighten our future education system.
Conclusion

With every difficulty, comfort eventually comes. Establishing fast reactions during difficult situations needs an organized team response. Although each problem and each team are different, we can learn a tremendous amount of experience from other teams and occasions. This paper should not be used as a checklist; instead, it gives realistic and straightforward suggestions to the medical teachers who aim to make a difference.

Take Home Messages

- Medical Teachers are role models for their students and young doctors. One of our responsibility is to show that education has to be continued in every circumstance.
- Student involvement is crucial in every step in medical education.
- Faculty administrators can predetermine the early adopters of new situations and crisis beforehand and encourage them to move forward.
- Effective communication and transparency are important aspects during a crisis.

Notes On Contributors

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Bibliography/References


**Appendices**

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