BETTER SURGICAL WARD ROUND: REPLICATING NEAR-PEER TEACHING (NPT) ON A VIRTUAL INTERNATIONAL PLATFORM DURING THE COVID-19 PANDEMIC ORGANIZED BY THE IASSS

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Introduction

Clinical based medical education has always been a major source of learning, and this has inevitably been impacted by the physical restrictions due to COVID-19. We conducted a near-peer teaching program called the “Better Surgical Ward Rounds” on an international virtual platform organized by the International Association of Student Surgical Societies (IASSS). IASSS is an official pre-specialist society of the International Society of Surgery (ISS-SIC) which aims to improve surgical training for medical students in low-middle-income-countries. This ward round template aims to standardize key aspects of care that otherwise may be neglected. We aim to describe how the program has benefited the participants.

Methods and Procedures

‘Better Surgical Ward Rounds’ program was conducted on 14th August 2021, on Zoom platform with 88 registered participants from 17 countries. We introduced a surgical ward round checklist which was based on the SHINE Surgical Ward Round Toolkit with modification from the speaker’s experience as a Singaporean surgical trainee in an Asian hospital setting. Pre and post program questionnaires were used to assess the participant’s confidence (on a scale of 1 to 7), sociodemographic, issues faced and usefulness of the checklist in performing during surgical ward rounds.

Result

There were 23 pre-program responses and 18 post-program responses from participants in eight countries (Figure 1). Up to 90% of participants felt that surgical ward rounds can be more organised. Common issues highlighted included unorganised case presentation, unstructured teaching of juniors, neglect of patients’ psychosocial issues and expectations. Introduction of a checklist as a template was generally agreed to be a solution for these issues but some felt that local adaptation is required due to differences in working culture. The result of the questionnaires is shown in Table 1.

Figure 1 Training level of participants

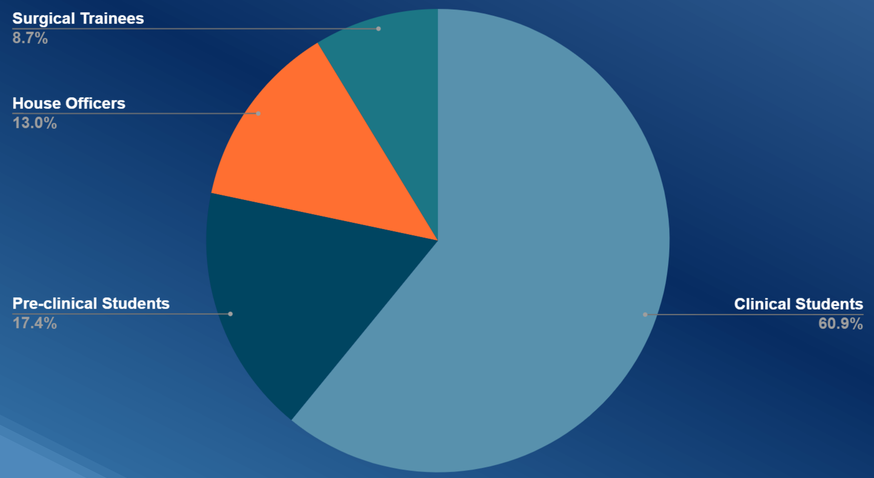


Table 1: Pre- and post- event feedback, where available. *1= Strongly disagree, 7= Strongly agree

Question	Pre-conference mean score (SD) (n=23)*	Post-conference mean score (SD) (n=17)*
Confident to conduct/participate in a surgical ward round before/after the talk	4.30 (1.58)	5.65 (1.17)
This template/checklist can improve Inconsistency in what information is checked during the ward round	-	6.59 (0.51)
This template/checklist can improve Inconsistency in delegating tasks among the surgical team	-	6.53 (0.62)
This template/checklist can prevent overloading of work among the surgical team	-	6.35 (0.61)
This template/checklist can improve Inconsistency in note-taking	-	6.59 (0.62)

Conclusion

In addition to imparting classroom knowledge through virtual learning, this program is an example of keeping near-peer teaching alive and providing organizational skills for students or junior doctors who are transitioning to clinical work in this pandemic.