## **COVID-19: UCT-Africa Virtual ENT** transcends academic silos through videoconferencing academic meetings and ward rounds

To the Editor: The COVID-19 pandemic has caused unprecedented disruption of specialist training globally. There has been a dramatic reduction in elective surgery and outpatient services;<sup>[1]</sup> social distancing practices have eliminated physical academic meetings and teaching ward rounds; and staff redeployment to other clinical areas further threatens teaching and training. MMed research has also been undermined. However, the COVID-19 crisis also presents opportunities.

The Division of Otolaryngology (ENT) at the University of Cape Town (UCT) is a small department, made up of only 15 members, that prior to the COVID-19 era maintained its strong ethos for excellence through biweekly academic meetings augmented by ward round and patient-based learning. In order to adapt to COVID-related challenges, we adopted Zoom videoconferencing for our academic presentations and introduced virtual academic ward rounds. It is a registrar-driven initiative. We have gone a step further by establishing a new online academic programme called UCT-Africa Virtual ENT that provides open access to our academic presentations and virtual academic ward rounds, initially to all ENT departments in South Africa (SA), and subsequently to the rest of Africa. The aims of UCT-Africa Virtual ENT are to cut across the academic silos so typical of centres of academic learning, and to promote institutional collaboration and innovation. Patients' confidentiality was maintained, and consent for public sharing of photographs and clinical details on the platform was obtained.

Since the establishment of UCT-Africa Virtual ENT in April 2020, >175 participants, including medical officers, registrars, fellows and consultants, have joined our twice-weekly virtual academic meetings and academic ward rounds, with an average of 80 participants per meeting. Registrars from other training centres have also given presentations, and pose questions and participate actively in discussions. Zoom was selected because its limited bandwidth makes it suitable for countries with limited internet facilities.

A survey was conducted to determine the value of UCT-Africa Virtual ENT, as well as how to improve it. There were 79 respondents. The survey revealed that all SA ENT training centres had participated. Trainees from other African countries, including Zimbabwe, Ethiopia, Ghana, Tanzania, Uganda, Kenya, Malawi, Libya, Rwanda, Nigeria, Democratic Republic of the Congo, Mauritius and Namibia, as well as from the UK and Canada, made up 49% of attendees.

Over 90% of respondents stated that their training had been compromised by the COVID pandemic, and 96% found UCT-Africa Virtual ENT beneficial. Participants accessed the meetings using various devices, and 82% used their personal data. Ninety percent stated that they would like to contribute academic material to the meetings, and almost all respondents agreed that such crossinstitutional collaboration enhanced their learning, with almost 90% agreeing that cross-institutional virtual academic meetings should be formally incorporated into their training programmes. Interestingly, 67% noted that virtual platforms such as UCT-Africa Virtual ENT had the potential to replace physical meetings and conferences. More than 97% agreed that this platform would be sustainable post-COVID. Overall, the Wednesday formal academic presentations received a 4.3/5-star rating, and the Friday case-based 'virtual ward rounds' received a 4.5/5-star rating. All respondents stated that the virtual meetings were very valuable or extremely valuable to their

UCT-Africa Virtual ENT has demonstrated how virtual academic meetings and teaching ward rounds provide an opportunity to transcend traditional educational barriers and to promote free access to learning and interinstitutional collaboration across Africa and beyond. Initiatives like ours may pave the way for innovative collaborative learning, which in the future may become the 'new normal'.

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