

# CME WEBINARS

## DRINKING FROM THE ONLINE FOUNTAIN OF KNOWLEDGE

Text by Dr Roy Teow

Online Continuing Medical Education (CME) webinars took off in a big way due to COVID-19. The online camaraderie and gelling of our integrated efforts against the microscopic intruder through the unprecedented selfless sharing of knowledge is admirable.

For some of us, our nascent foray into social media sharing on CMEs started on 10 September 2012. A few of us came together to start a WhatsApp CME calendar group which listed the regional and city region CMEs for doctors in the north. We coordinated and shared the weekly collation of CMEs and notes, which led to the creation of a doctors' sharing group three years later on 24 August 2015.

This general CME chat group further expanded onto Telegram to include "Geriatrics @ KTPH" on 1 May 2018 and "GPFIRST" on 2 September 2018 (helmed by Prof Philip Yap and Prof Mohan Tiru, respectively). Both Prof Yap and Prof Mohan have been actively engaging GPs in these groups by sharing news, tips and fine pointers. CME points were also awarded on the GPFIRST chat group.

### Pandemic disruptions

COVID-19 descended upon us on the eve of Lunar New Year (LNY) 2020. We started our Telegram COVID-19

groups on 25 January 2020, the first day of LNY, to form a rallying point for doctors to come together and strategise. It was a memorable time for many of us in the SingHealth Delivery on Target Primary Care Network (DOT PCN), where over the long holiday weekend we brainstormed the protocol and workflow for handling COVID-19 patients in primary care. These were then quickly disseminated through the various groups on WhatsApp and Telegram.

We initially left the Telegram settings open to allow doctors to add their friends and colleagues for rapid updates and sharing. A separate Telegram group was set up for the administrators and specialists to discuss and brainstorm administrative matters.

As the COVID-19 situation became more settled, we created a new Telegram "[Secure] COVID-19 Townhall" group where all members were individually vetted. The original group was renamed "Kopitiam COVID-19" for general discussion and also vetted to only comprise medical doctors (local and overseas), dentists, paramedical colleagues and medical students. Many other affiliated splinter groups in WhatsApp and Telegram also sprouted then.

On-site CME gatherings ceased and there were concerns about obtaining CME points. This worry was short-lived with the appearance of webinars. The Singapore Medical Council (SMC) also permitted webinar attendances to be accredited.

The initial hiccups and security concerns with using the Zoom platform were addressed through familiarity and frequent software updates. Many local and even international webinars organised by institutions, professional boards and pharmaceutical companies mushroomed. It was a challenge keeping track of these explosive arrays of webinars shared via social media and emails, and it would indeed be a waste to miss attending useful ones. To this end, and to enhance better attendance of webinars, I collated, organised and shared information on webinars from all available sources into a master calendar on Google Drive and shared them daily on the WhatsApp and Telegram chat groups in the initial months.

I am grateful that the SingHealth DOT PCN's Clinical Networks team has volunteered to undertake this role of maintaining and disseminating the CME webinar calendar since 23 June 2020.

## A vast pool of knowledge

For me, this virtual CME period was marked with many memorable highlights.

The first webcast of the “Fighting Global COVID-19 Together” series, straight from the Wuhan epicentre, lasted three hours. Prof Zhong Nanshan shared in Mandarin the latest findings, practice and insights – in particular how lying prone helped oxygenation, the judicious use of steroids in ill patients, and the adding of hydrogen to oxygen (supplied to ventilator) produced water to reduce mucus plugging. This direct transmission and early sharing of knowledge to thousands of online viewers during an ongoing pandemic made one marvel at the advent of technology and the selfless sharing of information.

The “Resilience in Times of COVID-19” series by the College of Family Physicians Singapore was another great set of four Sunday night seminars. Imagine close to 400 GPs huddled together virtually on a Sunday night from 9 pm to 10.30 pm, listening to, learning about and discussing how to finetune our mental health care during this trying period. It was indeed a powerful and memorable series!

The SMA with its own series of webinars was another highlight. These included evening webinars hosted with the Medical Protection Society to discuss telemedicine (with the eventual rebate for MPS members), the Saturday afternoon “Telemedicine: Continued Care in a COVID-19 World” webinar as well as the recent “Understanding Indemnity and How to Deal with Difficult Situation” webinar. These were all very useful sessions.

Nowadays, I enjoy listening to our specialist colleagues share their thoughts, expertise and insights into their practice and the case studies which better illustrate the intricacies involved.

Presently, webinars abound with many local and international ones jostling for our limited time. On a typical Saturday afternoon, there may be up to nine separate concurrent webinars! Indeed, we have moved from a paucity of CME seminars to webinars galore! Webinar fatigue has since begun to set in.

## “ KNOWLEDGE IS POWER. SHARING KNOWLEDGE IS THE KEY TO UNLOCKING THAT POWER.”

- MARTIN UZOUCHUKWU UGWU

### Reflections

My main intention of creating the shared calendar group in WhatsApp was in response to how we may bring fellow doctors together and also prevent the wastage of excellent CMEs. Many primary care doctors work three shifts daily, often in silos. During these CME sessions, we chatted and compared notes, and continued the conversations in our WhatsApp groups. In all groups, many administrators are appointed to encourage membership, handle group moderation, allow better continuity and encourage group cohesion.

Through sharing a common calendar, we tried to prevent overlapping of on-site CMEs. With a deluge of webinars now, it is near impossible to prevent overlaps. Rather, the challenge now is to have the CMEs consolidated with timely updates for our easy selection and attendance. With the SingHealth DOT PCN's help, we have further enhanced our calendar by having the pharmaceutical companies, institutions and organisers provide updates to disseminate CME information early.

Ensuring better attendances at these CMEs also maximises the exposure for shared knowledge and ensures that the efforts of organisers and presenters are not wasted. There are so many interesting and useful webinars delivered by our esteemed colleagues that it is only beneficial to collate and share this knowledge with everyone to benefit our patients.

We are now much better connected than ever before. This current crisis has brought many of us closer – family physicians and specialists from the private and public institutions, along with our Ministry of Health colleagues – putting our heads together to brainstorm for solutions.

In this new spirit of togetherness, I wonder if the SMC may consider a practice environment in the future where a safe copyright-exempt zone is created for our medical fraternity to have free flow and exchange

of information. In this zone, the presenters could freely share their repository of knowledge and webinar recordings for members to learn at their convenience. All members will be enrolled in this zone if they do not opt out. This may be a zone with rules agreed upon for learning, better interaction, bonding and exchanges among members.

Perhaps for a start, SMC may consider accrediting a CME programme after the local organiser has submitted the recording and documents for sharing. Currently, the pharmaceutical companies have begun to collate and share their repositories of webinars.

Through purposeful sharing, we can build an official repository of knowledge for all registered medical practitioners to access and learn at their leisure, and everyone builds upon this repository. The education of our fellow colleagues is an important component of GP practice, as well as upkeeping the standards of medical practice for the better care of our patients.

Those of us who are still going strong on webinar attendance can access <https://bit.ly/2RTUy2U> for the latest CME webinar calendar and <https://bit.ly/2FWAjz4> for relevant flyers. ♦

Dr Teow runs a family practice at Khatib. He enjoys inducing the smoker to stop smoking. He hopes to improve cohesiveness among doctors through the social platforms of connectivity. Previously snapping lecture slides, he now collects webinars and looks forward to the day when he may freely share his library.

