Almost overnight, a new reality impacted every part of our lives with travel restrictions, physical distancing, and cancellation of in-person educational activities. With the global pandemic came an immediate desire for information. In March, we saw an opportunity for SCA to connect with its membership, as invaluable lessons could be learned from other parts of the world having already experienced the worst-case scenario. The idea was not to add to information overload, or “infodemic” as paraphrased by SCA member Dr. Hillary Grocott, but to help cardiothoracic anesthesiologists brace for impact.

SCA’s first webinar, “COVID 19: Challenges Facing Cardiothoracic Anesthesiologists,” (April 4, 2020) led by an international panel representing the United States, Italy, China, Canada, and England, had more than 1,500 individuals registered from 65 countries. Following this success, SCA was invited to co-host the first-ever combined cardiac surgery and anesthesia webinar with the Cardiothoracic Surgery Network. We designed “Cardiac Surgery during Covid-19” with a focus on looking forward to emerging from this
crisis, and on April 27, a mixed panel of anesthesiologists and surgeons presented to 2,900 registrants from 103 countries. These numbers emphasize the reach and tremendous opportunities of web-based learning.

What did we learn? The COVID-19 pandemic may well be a spark, an evolutionary push, for breaking from educational norms. Running these webinars was not technically challenging and required only current management resources. Participants were able to join from the comfort of their homes and offices, and post-event viewing of the recorded sessions is possible. Experts had no need to travel, opening opportunities to engage speakers who can’t easily travel even under normal circumstances. Organizers for virtual education must be careful to vet speakers not only for expertise and presentation skills, but also connectivity prowess and broadband connection. Clear guidelines for content and timing are essential. Answering audience questions in real time and enabling interactive features is an important feature of web-based learning, but operationalizing this is more complicated, requiring careful planning and dedicated attention. The financial perspective is also complex—individual travel and associated costs are avoided, but this means revenue loss for others. Lastly, while many of these current webinars are sponsored and often free of charge, this model may not be sustainable.

True to the saying “necessity is the mother of invention,” the disruption caused by COVID-19 comes with new opportunities. Let’s embrace the opportunities and lean into an evolution that may well permanently change how, when, and where we deliver medical education.

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