

## Optimizing education for dermatology residents during the COVID-19 pandemic



*To the Editor:* A recent letter by Oldenburg and Marsch<sup>1</sup> notes the importance of resident education with regards to teledermatology during the coronavirus disease 2019 (COVID-19) pandemic. Indeed, an important concern amidst this crisis is the interruption of traditional academic curricula, especially for those deployed dermatology residents as they put their specialty education on hold to help their medical colleagues.

To minimize training disruption during this pandemic, we have developed a virtual lecture curriculum led by faculty attendings and residency alumni. Our alumni network, no longer bound by physical distance through the use of videoconferencing, dramatically expands our base of knowledge and subspecialty expertise. The content of our virtual curriculum is focused on clinical images, treatment algorithms, dermatopathology, and other high-yield board-review topics, using examination content outlines<sup>2,3</sup> by the American Board of Dermatology as a guide.

To narrow the list for practical implementation, our residents are selecting topics they would prefer for review. We are using both remote live lectures that allow question and answer sessions and prerecorded lectures that review weekly “unknown” histology slides. For live lectures, we are using videoconferencing software with screen sharing and recording capabilities such as Zoom (Zoom Video Communications, Inc, San Jose, CA) or WebEx (Cisco Webex, Milpitas, CA), and for prerecorded lectures we are using PowerPoint software (Microsoft, Redmond, WA) with its built-in narrative voiceover or screen recording function.

Weekly live lectures are set for 1-hour time slots, are scheduled to optimize resident availability, and are recorded for playback convenience. The benefit of PowerPoint with narrative voiceover, as opposed to any screen recording, is that the file size is smaller and easier to share. Additional potential platforms for virtual lectures include Skype (Skype Technologies, Palo Alto, CA), GoToMeeting (LogMeIn, Boston, MA), Google Hangouts Meet (Google, Mountain View, CA), and Adobe Connect (Adobe, San Jose, CA), among others. We are sharing all lecture types with our residents via e-mail links to a department computer drive.

Fortunately, dermatology is a visually oriented field, and virtual lectures<sup>4</sup> have been successfully

implemented in the past. Notable free virtual curricula for dermatology residents are provided in Supplemental Table I (available via Mendeley at <https://data.mendeley.com/datasets/ptcxh923hj/1>). In this unprecedented time, we call on our dermatology colleagues for collaboration in preserving academic curricula. We must share access to academic resources to support those whose education has been disrupted by the COVID-19 outbreak.

We hope this letter serves as a jumping point to follow in the footsteps of our otolaryngology colleagues at the University of Southern California, who have already established a collaborative, multi-institutional education program<sup>5</sup> for otolaryngology residents. We believe other programs like ours, with limited faculty and alumni, would benefit from collaboration to provide a more robust number of lectures per week. Perhaps local and national dermatology societies could aid in collaboration at the local and national level, respectively.

Foreseen obstacles in implementation of collaborative efforts include lack of financial support for organizational staff, lecturing faculty, and technology services, as well as sharing limitations in the setting of the Health Insurance Portability and Accountability Act. Given the current crisis, we strongly urge our dermatology community to support our residents in furthering their dermatology education.

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