

## 2 | WHAT WAS TRIED?

Cognitive apprenticeship concepts were adopted when designing and implementing the training workshop. We started with full instructions on how to use Zoom™ cloud (Zoom Video Communications Inc., San Jose, CA, USA) through video and a technical training session offered before the workshop. Video-recording of a lecture explained the guidelines adopted by the assessment unit regarding the MCQ design. A document including frequently asked questions regarding the design of MCQs was also disseminated 2 days before the synchronous meeting. During the meeting, we started by 'modelling' with a short presentation on how to write a high-quality MCQ. Then, 'coaching' and 'scaffolding' was achieved by dividing participants into groups based on their specialty, with each group having an online coach (facilitator). Using breakout rooms in Zoom cloud, each group worked together and received tips from their coach for correcting poorly constructed MCQs. One coach was assigned to each group of 3-4 trainees. 'Reflection' was then performed individually and asynchronously by sending the trainee an email containing a file of MCQs' designed by them previously' with a request to critique and reflect on their quality. Upon returning the file the trainee received feedback. Additionally, 'articulation' was performed by asking learners to write down step-by-step instructions on how to modify their previously constructed MCQs, leading to a second round of feedback. Finally, learners engaged in 'exploration' as they were asked

to create new MCQs and send them via email for further feedback. The quality of the newly designed questions was judged against a checklist for assessing the quality of MCQs adopted, revealing newly designed MCQs that were higher in quality than those submitted pre-workshop.

## 3 | WHAT LESSONS WERE LEARNED?

1. Proper design of hands-on activities can change faculty staff minds.
2. Offering multiple and different opportunities for hands-on activities to the trainee with constructive feedback can improve the outcomes of faculty development activities.
3. It is important to provide appropriate scaffolding to faculty staff when they perform assigned activities to support their learning.
4. Providing additional experience to practice (and check ability to transfer newly acquired knowledge and skills) is valuable.
5. Unexpectedly, when we were able to achieve what had been done in previous face to face training sessions, trainees reported less interference and better participation was achieved by conducting the workshop online.

### ORCID

Ayat Nabil Eltayar  <https://orcid.org/0000-0001-7177-1126>

DOI: 10.1111/medu.14198

# Online team-based learning sessions as interactive methodologies during the pandemic

Dalia A. Gaber  | Mohamed Hany Shehata | Hebat Allah A. Amin

**Correspondence:** Dalia A. Gaber, Faculty of Medicine, Helwan University, Cairo Egypt.  
Email: [dalia.ali@med.helwan.edu.eg](mailto:dalia.ali@med.helwan.edu.eg)

## 1 | WHAT PROBLEMS WERE ADDRESSED?

The medical education system is currently facing robust challenges as a consequence of the coronavirus disease (COVID-19) pandemic. One of them is the maintenance of interactive learning techniques such as team-based learning (TBL). Team-based learning is an interactive teaching method that is learner centred and instructor directed. It sequentially involves self-work followed by teamwork.

After providing the reading material, students are commonly asked to solve 10-20 multiple choice questions, known as the individual readiness assurance test (iRAT). Students are then assigned to answer the same questions when working together in teams, the team readiness assurance test (tRAT).

Immediate feedback, often facilitated by using scratch-off cards, is one of the cornerstones of TBL. Afterwards, the instructor may clarify additional points as needed.<sup>1</sup>

## 2 | WHAT WAS TRIED?

The breakout room feature in the Zoom™ (Zoom Video Communications, Inc., San Jose, CA, USA) platform was used to split students into teams where they could assemble to work together on their tRAT. We needed to do this for 35 teams of 25 students, whereas a single Zoom meeting can accommodate four groups. As such, nine meetings were scheduled, with a leader assigned for each team who created a WhatsApp (WhatsApp, Inc., Menlo Park, CA, USA) group to facilitate communication with team members prior to the session beginning.

To accommodate any unexpected internet problems, students were allowed 1 week to arrange the session. Pre-reading material was uploaded on the students' website and the day before the scheduled sessions, an orientation session on the Zoom application was delivered to the team leaders.

When the session started, teams were logged into the breakout rooms. Each team leader presented the questions to his peers and they were given enough time to undergo the iRAT and tRAT. Team leaders were asked to send their answers on the zoom chat simultaneously. Afterwards, all rooms united with the tutor for the feedback session.

There was a 96.5% attendance rate. A survey was disseminated amongst participants to test their feedback; 50.7% of students responded to the questionnaire with 85.0% satisfaction rate.

After conducting all the sessions, an educational video (<https://youtu.be/3Duic3zFbpc>) was recorded and uploaded for faculty members who would like to go through the same experience. Positive feedback from multiple colleagues in various Egyptian universities was received.

## 3 | WHAT LESSONS WERE LEARNED?

Medical educators faced a sudden shift to digitalisation. This experience was not only enabled by adapting to the unexpected by using a free application to conduct online TBL, but also required dedicated teachers who can think outside the box and collaborative students.

It also involved providing support for those who have no access to internet services. This model can be replicated in other teaching and learning modalities. It could be of utmost benefits for assessment methods.

### ORCID

Dalia A. Gaber  <https://orcid.org/0000-0003-2676-9152>

### REFERENCE

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DOI: 10.1111/medu.14196

# What can we do for part-time nursing students during the COVID-19 pandemic?

Edmond P. H. Choi  | Mandy Ho | Robert Smith

**Correspondence:** Edmond P. H. Choi, School of Nursing, The University of Hong Kong, 4/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong. Email: h0714919@connect.hku.hk

## 1 | What problems were addressed?

In our Bachelor of Nursing programme (part-time), students are registered nurses working within various clinical and primary care settings. Because of the coronavirus disease 2019 (COVID-19) pandemic, all face to face teaching has been suspended since early February and our epidemiology course has moved entirely to online teaching. We needed to address the challenges associated with the fact that the course is offered to final-year students who are simultaneously working on the frontline. It was thought imperative that

students graduate on time and that the online learning activities be flexible.

## 2 | What was tried?

Our flexible learning environment was developed in partnership with students in a manner that allowed their preferences and feedback to shape how the teaching and learning activities were to be delivered. First, we have made the learning resources more flexible