

Letters to the editor We welcome

original letters of less than 300 words; we may edit them for clarity and length. Letters may be emailed to journal@doctorsofbc.ca, submitted online at bcmj.org/submit-letter, or sent through the post and must include your mailing address, telephone number, and email address. Please disclose any competing interests.

Re: Medical education during COVID-19

The COVID-19 pandemic is a global health threat that has challenged medical schools across the world to rapidly transition from conventional classroom training to virtual learning environments. As proposed by Dr Wong in his article (*BCM J* 2020;62:170-171), the strategies posed to secure medical training during this pandemic should be principle-based, forward-looking, and compassionate.¹

As medical students in the Dominican Republic, we have witnessed firsthand the effects of this pandemic in our professional formation. New obstacles—such as limited access to reliable Internet connections, faculty members and students without experience in virtual learning, and feelings of anxiety due to isolation and the unknown future—can affect the quality and delivery of medical education.

In low- and middle-income nations, available resources can be scarce, and medical schools should be creative when addressing the challenges experienced by faculty members and students. To ensure access to reliable Internet connections, some programs in the Dominican Republic have developed formal agreements with telecommunication companies.² Although the long-term impact of these agreements is unknown, they will surely offer valuable learning opportunities to students from urban and rural areas alike, while also providing faculty members with the tools to strengthen teachers' skills. By fostering intersectoral cooperation between medical schools and telecommunication companies, the One Health concept³ can be applied in a practical setting.

Additionally, when virtual simulations are integrated into didactic coursework, medical students can enhance their problem-solving and decision-making abilities on essential clinical

topics, and educators can provide feedback on their academic performance.⁴ As faculty members must remain up-to-date on the use of virtual interfaces, quarterly training sessions can familiarize them to minimize anxiety due to technological complexities.⁵

In light of these challenging circumstances in virtual learning, medical education must take advantage of innovative technologies to improve student competitiveness and prepare them for emerging health threats.

—Vielka Fernandez

—Priscila Hernandez

Santo Domingo, Dominican Republic

References

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4. Merchant A, Chastain II P. Role of case reports in modern medical education. *Clin Case Rep Rev* 2018;4:1-2.
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Acknowledgment of referral

As an old, retired specialist, I am driven nuts by a certain policy among some specialists! I am referring to the policy of making no contact with a patient who has been referred until an appointment can be arranged. As I understand this policy, each referral is filed, and when an appointment time becomes clear, the patient is contacted. This policy assumes that the referral process is infallible. It has been known for referrals to get lost in cyberspace. This means that the patient receives no recognition that a

referral has been received. How long should a patient who hears nothing wait to discover that the referral got lost?

I believe that all specialists' offices should contact the patient as soon as they receive a referral. The patient should be informed of the office policy. They may be told that they should expect a call in N weeks, when they will be given an appointment, if this is how the office works.

—Ben R. Wilkinson, MB, FRCSC

Yellow Point

The BC College of Physicians and Surgeons has published a guideline addressing the above concern in detail (www.cpsbc.ca/files/pdf/PSG-Referral-Consultation-Process.pdf). Briefly stated, the College recommends that consulting physicians acknowledge receipt of referrals as soon as possible, at the same time indicating if the referral is being accepted or rejected. The College also expects that the consultant will promptly advise both the patient and referring physician of the date and time of the appointment. —ED



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The Society of Obstetricians and Gynaecologists of Canada released a statement that supports offering the vaccine to pregnant and breastfeeding women.

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