Zoom simulation in diagnostic interview training for medical students – a lockdown experiment

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Clearly, students in health sciences educations cannot learn to suture or take a blood sample over Zoom. But could there be an underestimated potential in training communication skills over Zoom? As access to real-life meeting with patients was challenged during the COVID lockdown, the question went from curiosity to necessity.

In the 4th year of the medical education programme, students must learn to conduct a diagnostic interview with psychiatric patients. Communicating with patients in a diagnostic interview situation is not an intuitive practice. It requires training, experience, empathy and good communication skills. In addition to a focus on the patients, students must also learn awareness of their own reactions. The training takes place in small groups, where students have the opportunity to observe and conduct an interview with a psychiatric patient under the supervision of an experienced doctor. A training session lasts approx. 2 hours. Due to the cancelled training sessions during lockdown, I – in collaboration with a medical educator in psychiatry – crash-tested a spontaneous idea on how to ensure medical students diagnostic interview training during their 4-week clerkship in psychiatry. The idea originated by the vast introductions to Zoom, at the Faculty of Health, Aarhus University, in the massive pursue of reorganising alternatives to clinical on-site training.

We wrote a fictional clinical scenario about a patient (Katinka) referred to an acute psychiatric assessment (diagnostic interview) by her general practitioner. Katinka was the mother of 3 sons at the age of 8-14 undertaking homeschooling and related homework due to the lockdown. In addition, she had executive responsibilities in a COVID-compromised company. Her spouse, working as a resident doctor at a medical ward, was largely absent under the circumstances. The sons needed assistance to structure their day and attention to get engaged in their school homework. Noisy behaviour, insecurity of the COVID situation and fierce (sibling) conflicts challenged the home environment. In recent days, Katinka had experienced anxiety symptoms and had locked herself in the bedroom for long periods with panic attacks and fleeting thoughts of jumping out of the window from their high-rise flat. Katinka had agreed to participate in the psychiatric assessment over Zoom and with the involvement of medical student trainees.

In the scheduled 'consultation' organised via Zoom session organised scheduled 'consultation, the students observed an experienced psychiatrist, conduct a diagnostic interview with Katinka. The students were allowed to ask follow-up questions to the patient as they would have done in an on-site training session. After saying goodbye to Katinka, who left the Zoom session, students actively participated in a discussion of the experience

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and their observations of symptoms with the supervisor. The students were not informed that the patient was simulated, which was not intended, but forgotten by the teacher as well as the 'patient'.

Increased contemporary use of telemedicine services, with information and communication technology, has been found effective to replace some physical meetings in the health care sector. Yet we lack knowledge about student learning and clinical training within these digital spaces. Data security considerations are required when consultations with real patients occur over digital infrastructures to which students need access from their own home in a training situation. Such setup requires the involvement of many different parties as well as time set aside for implementation in the clinic, recruitment of patients and integration in the curriculum. The same measures are not required with the use of simulated patients.

Although simulated patients are widely used in health sciences educations, literature has indicated that simulated patients can be experienced as 'artificial' by students, and they prefer meeting 'real' patients. It seems reasonable. But if students cannot access real patients, the potential of using simulated patients in simulated telemedical learning environments could be an alternative.

In this experiment, the students' experience of the teaching was not evaluated, and therefore we have no information about the effect of the format on their learning compared to other teaching methods.

The lockdown in the health sciences educations demonstrates a need to build a thorough knowledge base that can guide decision-makers and educators in the clinical environments when compromised on-site clinical training enforces digital spaces. We need more knowledge whether and how the didactic reorganisation of clinical teaching may prepare students sufficiently for the meeting with patients. How digital learning setting, using simulated patients for teaching and training may be established and maintained in relation to organisational structures is also an important point of attention. These perspectives are relevant in the future research of imposed digital necessity in clinical training, and how these learning formats ultimately influence patient care.