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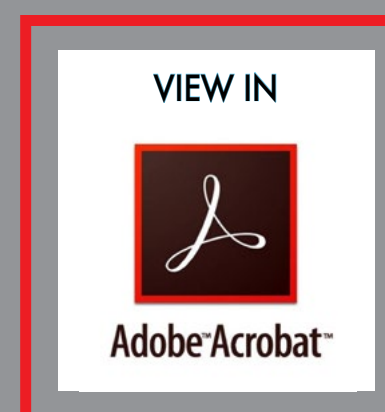
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Editorial

DR BIDYADHAR SA

Deputy Dean, Quality Assurance and Accreditation & Head, Centre for Medical Sciences Education, FMS, UWI, St. Augustine



We are pleased to present the sixth issue of MEDULINK, a cross campus collaboration Newsletter of the Faculty of Medical Sciences, the University of the West Indies (FMS, UWI). Ongoing disruption caused by COVID 19 is unprecedented. It has gravely shaken every sector of the world order. Education is not an exception and more

particularly medical education has been greatly affected. UWI as one entity has responded to the need in very timely and effective manner.

This issue of Medulink highlights a webinar hoisted by the UWI School of Dentistry, St Augustine focusing on ways to adapt to the new normal caused by COVID 19. The School of Pharmacy commemorated world cancer day by raising awareness through its series of outreach activities. Dr Marchan writes about effective use of team-based learning in the UWI School of Dentistry. The School Veterinary Medicine hoisted its students' research day with about 100 participants in attendance. The Contribution by Dr Cohall on brief history of

the prohibition to medicinal cannabis industries in the English-Speaking Caribbean from Cave Hill campus is quite informative and engaging. Dr Krishnamurthy is very much instrumental in bringing a course on Sepsis through ALIVE in the Caribbean!

The best practices low-cost assessment proctoring innovation and practical tips, logistics to set up an online OSCE and teaching MBBS Surgery Clerkships online during COVID-19 are well documented from Mona and Nassua. A great initiative of COVID-19 Health Education & Promotion Programme was successfully executed in Mona. Special study module on research with special focus on pharmacovigilance was developed in Mona campus which will allow to nurture analytical and communication skills among medical students. Dr Bowe journey of the UWI Gynecological Cancer two-year Fellowship Program at SCMR Nassua is impressive anecdotal of her experience.

Above all preparation for the Accreditation of the UWI MBBS Medical Programme is in full swing.

My special thanks to Mr Michael Khan, Graphic Artist, who again provided excellent graphic design expertise and Mr Marlon Sampson from the Centre for Medical Sciences Education (CMSE) for all technical support as usual. Special thanks for the support by the editorial board comprising Dr. Azim Majumder and Dr. Peter Adams from Cave Hill, Professor Russel Pierre and Professor Joseph Branday from Mona and Ms Marsha Ivey from St Augustine Campus. We look forward to your contributions, recommendations and suggestions of Medulink. Once again I express my thanks to our team who entrusted me to be the Editor for this issue and thankful to all who have contributed to its completion.

Post your comments and suggestions to:
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Navigating the Return to Dental Practice – A New Normal?

A webinar hosted by The UWI School of Dentistry, St. Augustine on Sunday 14th June 2020

DR WILLIAM SMITH

Director, School of Dentistry, The UWI, St. Augustine

Cross infection control has always been central to the practice of Dentistry. The COVID-19 pandemic has caused dental professionals to re-examine cross infection in the context of the novel SARS-COV-2 virus. There is a need to establish new protocols in dental treatment settings to ensure the safety of patients, staff and the general public.

In the early stages of the pandemic, guidance to the profession was scant. The guidelines that emerged from international regulatory bodies were varied - largely due to a lack of research evidence.

The idea behind the webinar was born out of observation of posts on social media commenting on the scant guidance available: "Where are the guidelines from the regulatory bodies? What should I do in my practice? "What are the medicolegal issues?"

Although the UWI is not a regulatory body for dentistry, it possesses the intellectual capacity and technical expertise to aid in the discussion of these questions. There certainly was a need and the school responded.

The webinar received widespread interest reaching full capacity of 500 registrants – with representation from most of the 15 Caribbean Community (CARICOM) member states and observer countries and a broad range of participants from dentists, dental hygienists, dental surgery assistants, office managers, government policy makers and dental students. It truly brought dental professionals of the Caribbean together on a scale and range like never before. The webinar was exemplary of what the UWI was set up to do.

The panellists assembled were from a wide range, including: The School of Veterinary Medicine, The Faculty of Engineering (St Augustine), The Faculty of Medical Sciences (Cave Hill), The School of Dentistry (St. Augustine) and a key partner in professional indemnity - Dental Protection from the UK.

The goals of the webinar were:

1. To share how this virus has affected us in the Caribbean, and share the similarities and differences in how the dental profession has responded;
2. To provide current information on COVID-19;
3. To guide the professional teams and the policy makers into making ethical and socially responsible decisions on the practice of dentistry.

The School challenged the participants to use

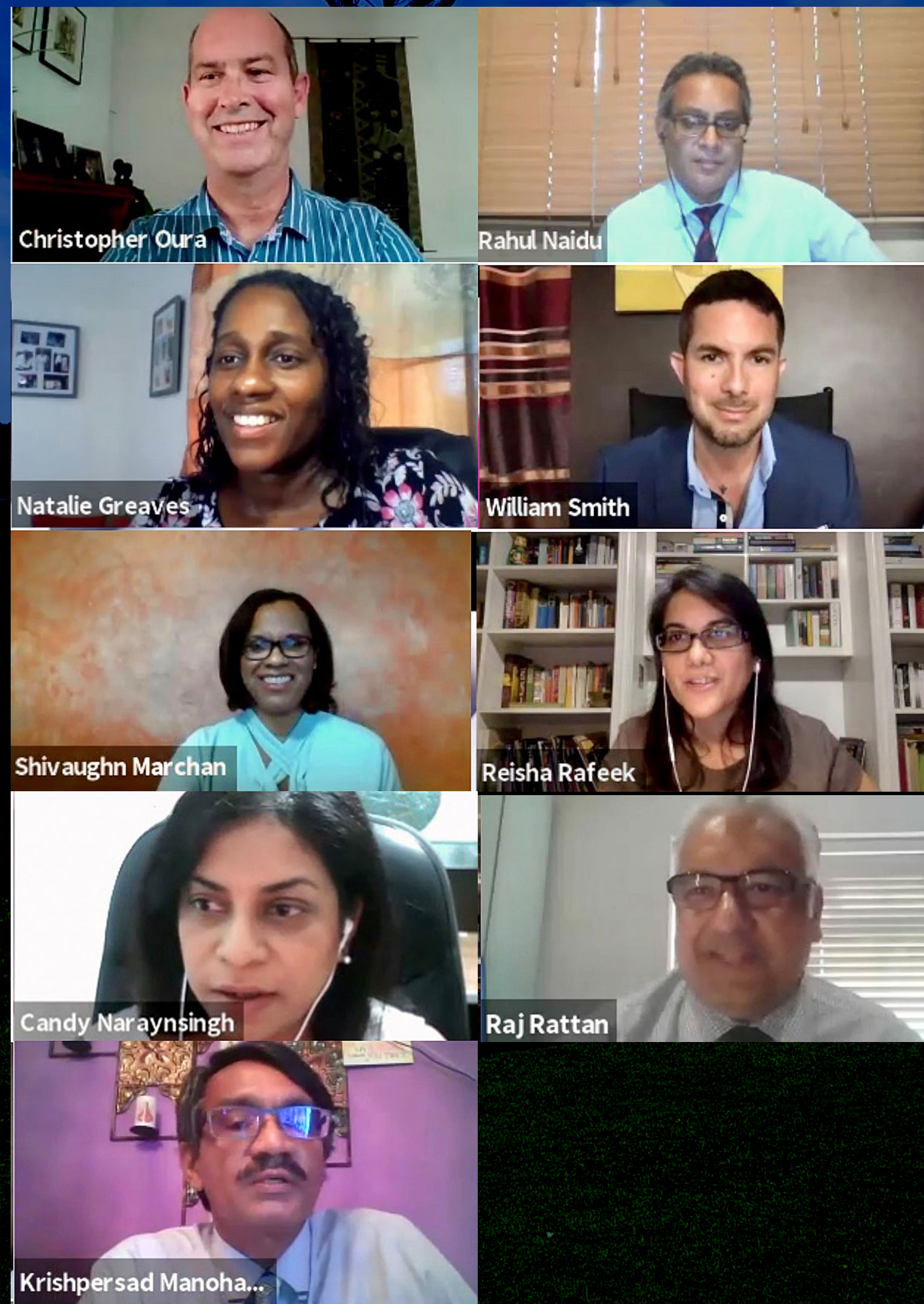
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the information from the webinar to implement changes in their clinical settings so that the Caribbean would be an international benchmark for managing oral health care to patients during the COVID-19 pandemic.

Initial feedback on the webinar was positive with attendees thanking the School of Dentistry for taking leadership on the issue of COVID 19 and requesting more webinars to be conducted in the future.

The School is grateful for the assistance provided by the Marketing & Communications team at St. Augustine, the Caribbean Centre for Health Systems Research and Development, the CARICOM secretariat who helped disseminate the webinar to policy makers in the Caribbean, and the enthusiastic support of the panellists from UWI and Dental Protection of the UK.

A recording of the webinar can be viewed [here](#).



PROGRAMME

MODERATOR

Dr William Smith
Director, School of Dentistry,
UWI, St. Augustine

INTRODUCTION

Professor Terence Seemungal
Dean, Faculty of Medical Sciences,
UWI, St. Augustine

UPDATE ON SARS-COV-2: TRANSMISSION, CONTROL AND PREVENTION

Professor Christopher Oura
School of Veterinary Medicine,
UWI St. Augustine

STATUS REPORT OF COVID-19 ACROSS THE CARICOM TERRITORIES

Dr Natalie Greaves
Faculty of Medical Sciences,
Cave Hill

REGULATORY RESPONSES TO DENTAL PRACTICE DURING THE COVID-19 PANDEMIC

Dr Shivaughn Marchan
School of Dentistry, UWI St. Augustine

REVIEW OF CURRENT EVIDENCE AND GUIDELINES

Professor Rahul Naidu
School of Dentistry, UWI St. Augustine
Dr Reisha Rafeek
School of Dentistry, UWI St. Augustine
Dr Candy Naraynsingh
School of Dentistry, UWI St. Augustine

CONSIDERATIONS FOR AIR-QUALITY CONTROL IN DENTAL SETTINGS

Dr Krishpersad Manohar
Faculty of Engineering,
UWI St. Augustine

MEDICOLEGAL CONSIDERATIONS

Dr Raj Rattan
Dental Protection, UK

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Commemoration of World Cancer Day 2020

DR RAJIV DAHIYA

Director, School of Pharmacy, The UWI St. Augustine



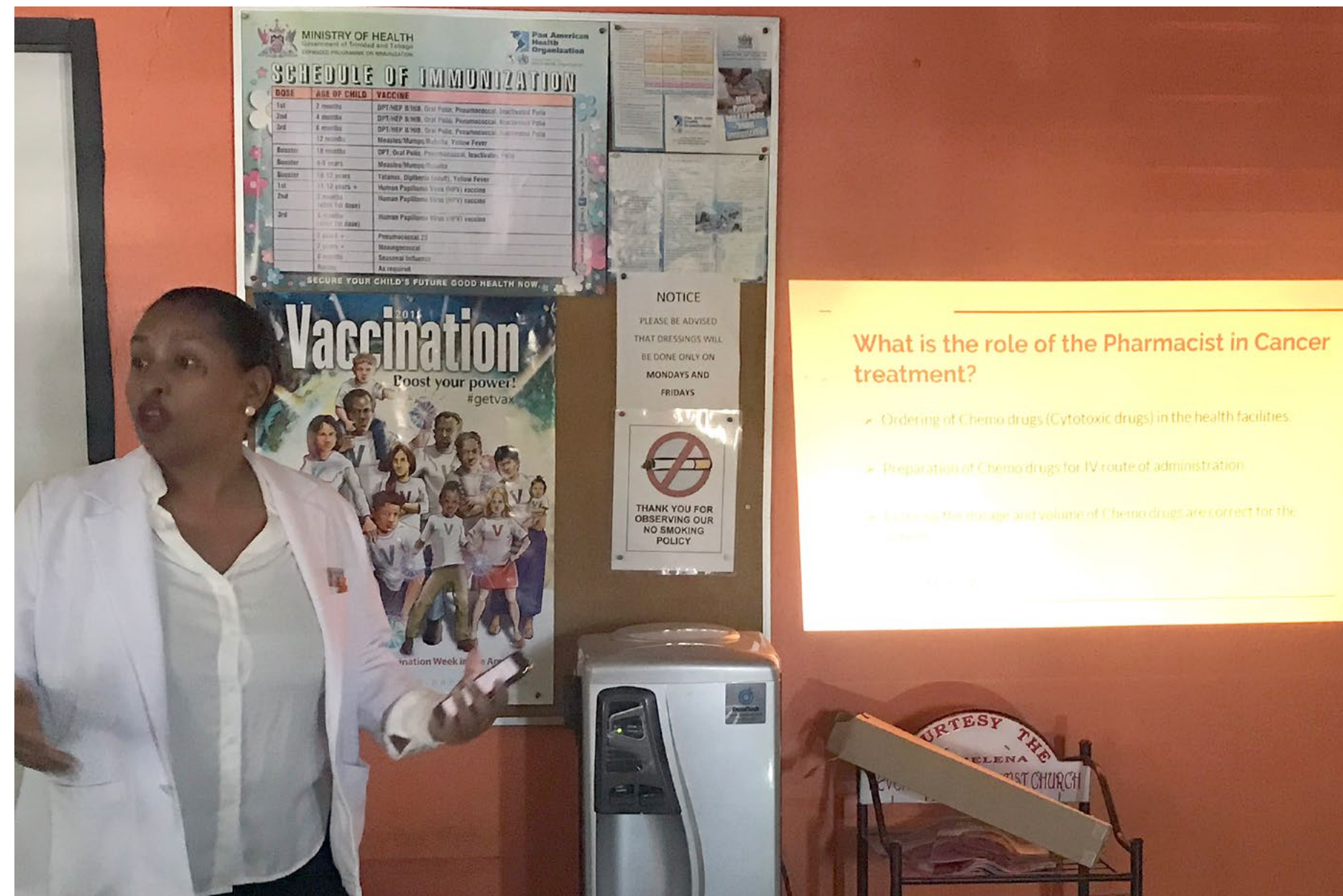
The School of Pharmacy commemorated World Cancer Day 2020 with staff and students being involved in a number of activities. On February 11, 2020, an outreach activity was conducted at the St. Helena Health Centre, located in Kelly Village, Trinidad and Tobago. Academic staff from the School of Pharmacy and School of Dentistry, together with students from each school delivered lectures to the public. The School of Pharmacy was represented by Dr. Rajiv Dahiya, Director, Dr. Satish Jankie, Lecturer, Department of Pharmacology and fourth year students. Dr. Jankie shared with the public some of the emerging trends



in cancer, international as well as local statistics, and the importance of team management for cancer by all healthcare workers. Dr. Dahiya highlighted the causes of cancers, the role of environmental factors like smoke and harmful UV rays, genetic predisposition, herbal remedies and gave useful tips for disease prevention. The fourth year pharmacy students were very engaging in their presentation on the role of the pharmacist in cancer management. The School of Dentistry, represented by Dr. Candy Naraynsingh, Lecturer, addressed oral cancer - its signs, symptoms and treatment in a very comprehensive presentation.

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In another area of outreach, Dr. Dahiya, was invited to Radio 102.7fm/TV Jaagrati, February 14, 2020, for a live 30-minute interview on their programme “Conversations”. The show, hosted by Mr. Dave Ramsuchit, served as a platform for Dr. Dahiya to discuss and share with the public the global, Caribbean and T&T cancer situation, steps to prevent cancer, most effective foods, powerful anticancer supplements and effects of overweight, alcohol, smoking and physical inactivity and much more.



World Cancer Day is an international day marked on February 4 every year to raise awareness of cancer and to encourage its prevention, detection, and treatment. World Cancer Day is led by the Union for International Cancer Control (UICC) to support the goals of the World Cancer Declaration, written in 2008. The primary goal of World Cancer Day is to significantly reduce illness and death caused by cancer and is an opportunity to rally the international community to end the injustice of preventable suffering from cancer.

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Team Based Learning in Dental Materials

DR SHIVAUGHN MARCHAN

Senior Lecturer, School of Dentistry, The UWI, St. Augustine



Team based learning in Dental Materials Science is now in its second year at the School of Dentistry, FMS, St Augustine. Dental Materials Science is a compulsory prerequisite course prior to dental students entering the clinical phase of training.

An in-depth understanding of clinical and lab based materials, indications and handling characteristics, and factors that influence material behavior and performance are necessary in order for students to appreciate the materials they work with in a day to day setting.

Historically the performance of dental students in final assessments of the dental materials course has been poor due to students not fully engaging in the subject content and not appreciating the importance of the course. The curricula delivery has transitioned from a purely didactic mode of

instruction to one of team based learning. Team based learning, as opposed to problem based learning, is more suited to courses where students are required to engage and assimilate large amounts of subject content as opposed to using that content in the application of complex problem solving.

The students were introduced to the basic concepts of dental materials science via two in depth didactic lectures. They were then randomly divided into groups of four, where they would have to work together for the duration of the course. The course lecturer, in addition to supplying the course outline at the start of the course, supplied specific learning objectives for each topic on a weekly basis together with all required readings (texts and journal articles). Students would be given anywhere from 4 days to one week to interact with the material in a self-directed manner while ensuring they covered

the learning outcomes. Students at the next class session would convene in their groups and be given questions that were mapped to the learning outcomes previously distributed. These questions would have to be discussed at the group level where students' helped each other to come up with the correct answers. The entire class then reconvenes and a discussion of the answers take place with the course lecturer clarifying any content and concepts, if the need arose. Interaction of the various groups also gives depth and breadth to the answers being discussed.

Over the implementation period there have been challenges for both for both the course lecturer and students. However, the significant improvements in the continuous and final assessment grades of the participating cohorts, compared to preceding class years, have certainly been worth the efforts of all involved.

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Medicinal Cannabis: A Brief History of the Prohibition to Medicinal Cannabis Industries in the English Speaking Caribbean

DR DAMIAN COHALL

Senior Lecturer (Pharmacology) and Deputy Dean (Pre-clinical), The UWI, Cave Hill



Historically, the prohibition of Cannabis in the Anglophone Caribbean can be dated to The Hague (1912) and Geneva (1924-25) Opium Conventions which led to the reclassification of Cannabis in the West Indies under the 1937 Dangerous Drug Ordinance.¹ By way of scheduling, Cannabis and its resins are categorised as controlled narcotic and psychotropic substances under UN Single Convention for Narcotic Drugs 1961 and UN Convention for Psychotropic Drugs 1971 respectively.^{2,3}

Reform of the prohibitive legislation and policies on the use of Cannabis in the Caribbean initiated with Jamaica amending its Dangerous Drugs Act in 2015 to facilitate the development of its medicinal Cannabis industry among other policy shifts on the use of the Cannabis plant. This was possible through the provisions in Article 4(c) of the Single Convention on Narcotics 1961 under General Obligations, which allows the scientific exploration, development of a medicinal Cannabis industry and the use of

Cannabis for medicinal purposes.² In 2018, the CARICOM Commission on Marijuana recommended the classification of the plant to highlight its medicinal properties to regional governments.⁴ Subsequently, St. Vincent and the Grenadines and Barbados along with other Caribbean territories have pursued the development of medicinal Cannabis industries.

So, what is a medicinal Cannabis industry? This is an industry, which includes activities and professionals that are involved directly or indirectly in the legal production, transport, sale and consumption or use of medicinal Cannabis. It contributes significantly to the global Cannabis industry, which is considered lucrative with a market size of about US\$10.6 billion in 2018 and is expected to reach US\$73.6 billion by the end of 2027. It

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is estimated that medicinal Cannabis comprised about 71% of the total Cannabis market revenue share in 2019.⁵

Cannabis as a medicine is not a new concept to the Caribbean and The University of the West Indies (UWI). The late Professor Manley West, esteemed Professor of Pharmacology at the Mona campus and Dr. Albert Lockhart, ophthalmologist, developed Canasol in 1976. Academics in the Faculties of Science and Technology and Medical Sciences have subsequently contributed immensely to the exploration of Cannabis and its phytoconstituents to derive efficacious and safe medicines.

In 2014, the Faculty of Medical Sciences (FMS), Cave Hill developed a Doctor of Philosophy (PhD) Programme in Pharmacology, which currently has a critical mass

in medicinal Cannabis research. Current research areas are the investigation of cannabinoid ligands in anti-seizure activity in temporal lobe epilepsy, and the modulation of vascular reactivity and glucose homeostasis in ex vivo and in vivo preclinical study models. Apart from the applied medical research, the FMS at Cave Hill is a part of the Principal's Steering Committee on Medicinal Cannabis Initiatives.

The initiatives under the purview of this committee include public education, training, research and rendering quality assurance services. These initiatives are to assist the Government of Barbados and other territories in the Eastern Caribbean to develop their medicinal Cannabis industries. Dr. Damian Cohall, Senior Lecturer in Pharmacology and Deputy Dean, Faculty of Medical

Sciences is a member of this committee and has also contributed to the implementation of the local industry through the Ministry of Agriculture and Food Security in Barbados.

In closing, The UWI's continued contribution to the development of the medicinal Cannabis industry in the Caribbean must be highlighted. While, progressive steps have been identified so far, the rollout of medicinal Cannabis industries in the Caribbean have had their challenges⁶, some of which present opportunities for growth with The UWI as a key strategic partner. The Caribbean must continue its legacy of Cannabis research and maintain its intellectual property. Harm reduction policies must be pursued as we continue to navigate legislative reform for the use of Cannabis which promotes public and patient safety, while contributing to the economic diversification of the territories.

1. Griffith A and Cohall D. Conceptualising a policy framework for the implementation of medical marijuana in the Caribbean territory of Barbados. *Drug Science, Policy and Law* 2018, 4:1-8 [doi]
2. United Nations Single Convention on Narcotic Drugs 1961.
3. United Nations Convention on Psychotropic Substances 1971
4. CARICOM. The Final Report of the CARICOM Regional Commission on Marijuana. Georgetown, Guyana: CARICOM Secretariat; 2018.
5. Forbes (2018). Legal cannabis Industry Poised for Big Growth, In North America and Around the World. Available at: [forbes] (accessed August 25, 2019)
6. Jones S, Porter R, Bishop C. The implementation of medical ganja in Jamaica. *International Journal of Drug Policy* 2017, 42: 115–117.

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Pharmacovigilance Research Special Study Module for Medical Students

DR MAXINE GOSSELL-WILLIAMS

Senior Lecturer, Basic Medical Sciences, The UWI, Mona

DR TOMLIN PAUL

Dean, FMS, The UWI, Mona

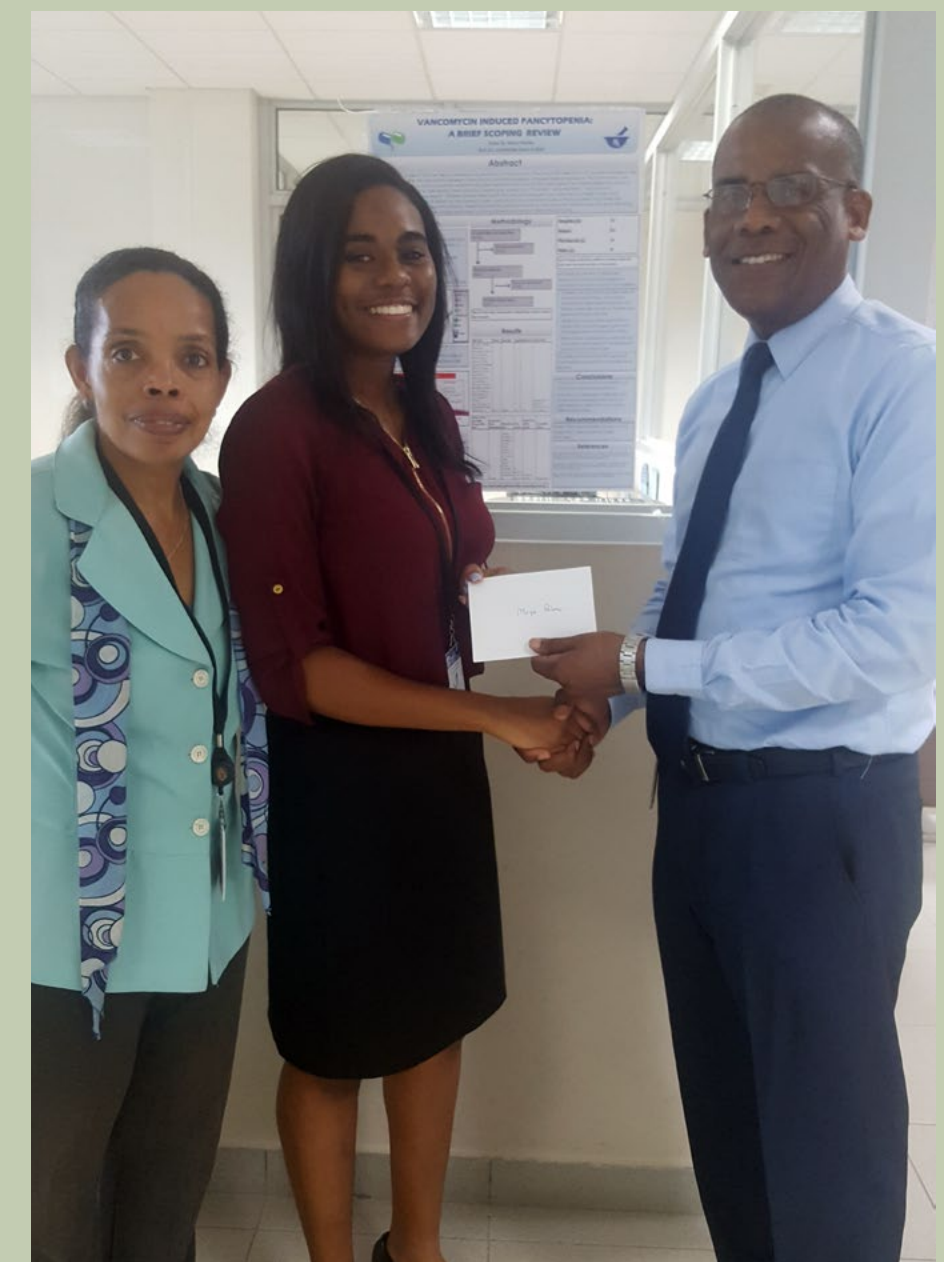
The Special Study Module (SSM) implemented by the Faculty of Medical Sciences provides students with an opportunity to explore subjects of particular interest in greater depth than the core medical programme allows and to assist them in developing analytical and communication skills. A basic research skills' SSM to introduce medical students to pharmacovigilance was developed. For four weeks in the summer of 2019, ten students from the preclinical medical groups participated in a secondary data research project focused on adverse drug

reactions. Seminar sessions were first conducted to introduce the importance of the pharmacovigilance and its relevance to professional practice. Each student was then charged to identify a published patient case study which involved an adverse reaction to one drug learnt in the medical programme.

In a group session they were guided through using PubMed to identify all the case reports of the adverse drug reaction published in English between the years 2013 to 2018. Each student was then charged to conduct research to answer the following questions: Is the adverse

drug reaction known or unknown to occur with the drug? What is known about the frequency of the adverse drug reaction? What is the mechanism associated with adverse drug reaction? Do any of the cases have factors that would increase their risk of the adverse drug reaction? Possible guidelines for monitoring/preventing the adverse drug reaction? Students were instructed to use only PubMed to identify published literature to complete the project. They were then guided through the article selection process and the reporting of their project in poster form.

Viewing by Dean Dr Tomlin Paul



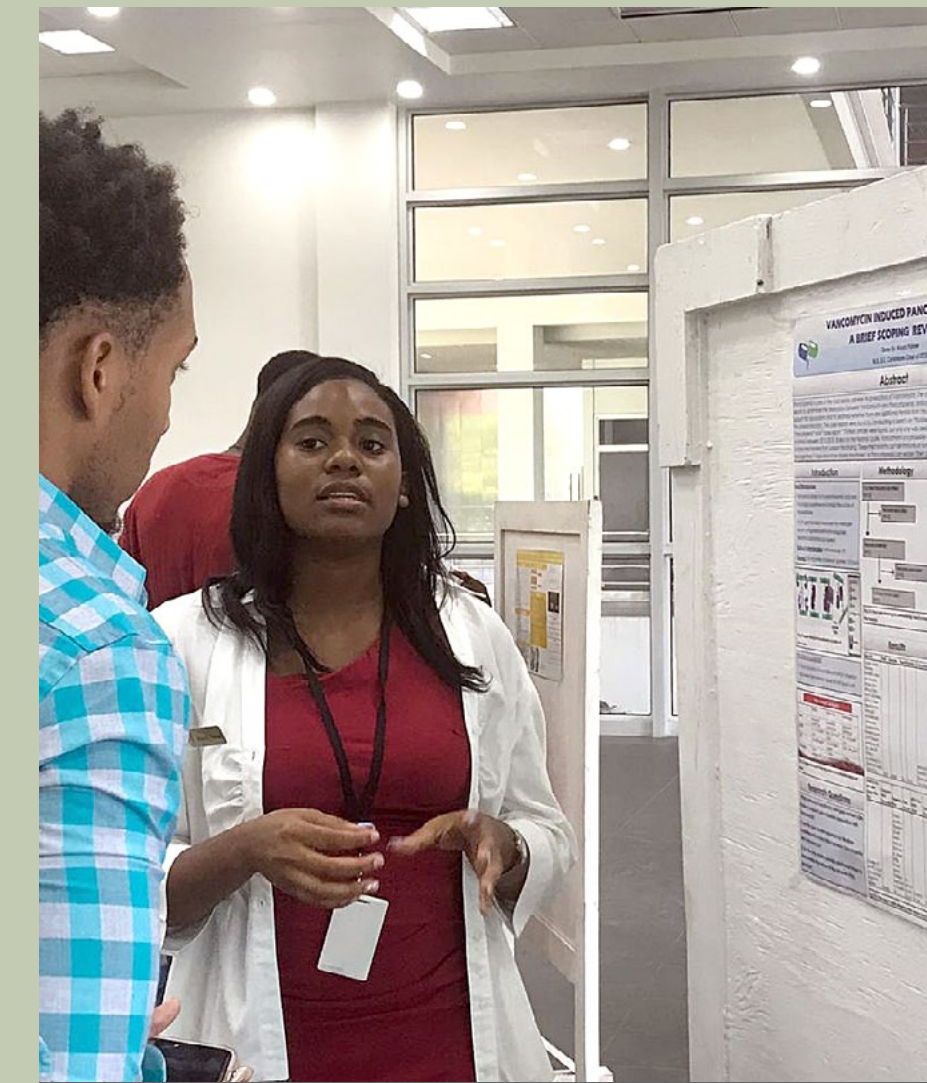
Moya Palmer (centre)
1st place

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The SSM culminated in a mini-symposium poster presentation held June 12 2019 that was open to the public and each student made a five minute oral presentation. Posters were assessed for compliance with content guidelines, relevant graphics, attractiveness and the oral presentation. Miss Moya Palmer (Vancomycin induced Pancytopenia: A Brief Scoping Review), Mr Matthew-Daniel White (Mivacurium-induced Bronchospasm: A Rapid Scoping Review) and Miss Danielle-Lauren Riley (Vincristine induced Ptosis: A Review of Case Studies and Literature Review) were the top three winners of the poster judging and were awarded book vouchers sponsored through an initiative of the Faculty of Medical Sciences to encourage undergraduate student research.



Matthew-Daniel White (right)
2nd place



Moya Palmer (winner)
poster presentation



Students who completed the SSM with
Dr Maxine Gossell-Williams (centre)



Danielle-Lauren Riley
3rd place

The Students were competently able to complete this structure basic research skills SSM and expressed overall satisfaction with the use of this innovative active learning methodology to increase exposure to pharmacovigilance, conducting and sharing research. The initiative has added to our scholarship of teaching and learning at Mona and was published in the International Journal of Risk & Safety in Medicine 31 (2020) 81–87.

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The Implementation of the COVID-19 Health Education & Promotion Programme

NIDHI THOMAS

COVID-19 Health Education & Promotion Coordinator,
Standing Committee on Medical Education, JAMSA,
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National Officer on Medical Education,
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Deputy Student Leader for Social Accountability and Interprofessional Education,
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On March 10, 2020, Jamaica confirmed its first case of COVID-19. Despite the Ministry of Health and Wellness (MOHW) implementing several strategies to safeguard the well-being of the nation, false information threatened the effectiveness of these initiatives. Similarly, the dissemination of scientifically sound information from the World Health Organization (WHO), Caribbean Public Health Agency (CARPHA)

and Pan American Health Organization (PAHO) and other reputable sources, has been beset by a rise in false information and the popularization of conspiracy inspired misconceptions which have led to undesirable consequences such as chemical poisoning. To address the spread of misconceptions and myths, and reach those in receipt of potentially life threatening information, the COVID-19 Health Education &

Promotion Programme was conceived.

With the assent of the Dean of The UWI's FMS (Mona), the Standing Committee on Medical Education (SCOME), one of the six standing committees of the Jamaica Medical Students' Association (JAMSA), on March 14th, implemented the COVID-19 Health Education & Promotion Programme. This programme is also an enrolled activity

under the International Federation of Medical Students' Associations (IFMSA). Currently, the programme has over a hundred participants and is composed of students from all programmes within the FMS (Mona) and the Caribbean School of Medical Sciences, Jamaica, as well as fully licensed healthcare workers including nurses, interns, consultants and faculty lecturers. This diverse array of students and professionals were recruited to ensure that a variety of perspectives were considered while supporting meaningful youth participation, and public learning in health education.

For optimal dissemination of credible information, participants utilized social media to approach community, family and church groups. The disseminated material is carefully vetted for ease of comprehensibility. An initial analysis by participants

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is conducted, then, non-medical personnel are invited to review the content to ensure that laypersons can understand the message being communicated.

To systematically identify the potential informational gaps, four working groups were formed within the program.

These include:

- A. Graphics - responsible for the generation of culturally appropriate infographics;
- B. Information Analysis - responsible for evaluating sources and determining information in need of additional promotion;
- C. Misconceptions and Myth Debunkers - tasked with staying abreast of global research and the use of peer review to counteract misinformation; and
- D. Question and Answer - tasked with finding COVID-19 related questions being asked within the Jamaican

What to do if you're in Quarantine



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- 1. STAY ALONE IN A WELL VENTILATED ROOM** (where air can enter and flow freely)
 - 2. ALWAYS COVER YOUR COUGH OR SNEEZE WITH A TISSUE AND THROW IT AWAY IN A COVERED BIN**
 - 3. WASH HANDS:**
 - FOR AT LEAST 20 SECONDS
 - USING SOAP AND WATER
 - BEFORE AND AFTER USING THE BATHROOM
 - AFTER COUGHING AND SNEEZING
 - 4. AVOID HAVING ANY CONTACT WITH HOUSEHOLD MEMBERS. DON'T MEET WITH FRIENDS/FAMILY**
 - 5. RESTRICT MEMBERS OF THE HOUSEHOLD FROM USING THE SAME BATHROOM**
- AVOID TOUCHING EYES AND MOUTH ESPECIALLY AFTER SNEEZING OR COUGHING**

community and then using scientific data and input from experts in the field.

The programme has mostly been received positively and more persons seek members to clarify their misconceptions. Challenges, however, do exist. Many student

participants require special consideration to ensure their volunteerism does not impact their academic studies. As initial interest waned, content production decreased, leading to a need for innovative strategies to reignite student engagement. Health education and promotion are positively

linked to increased Health Literacy, which in turn drives positive behavioural changes. Engaging health professions students in this initiative supports social accountable outreach that may result in long term healthcare benefits for Jamaica and the Caribbean.

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Low Cost Assessment Proctoring Innovation in Era of COVID-19

DR THAON JONES

Senior Lecturer and Head, School of Dentistry, The UWI, Mona

Background

On March 13th 2020, The University of the West Indies (UWI), Mona suspended classes due to the Covid-19 Pandemic. The university mandated that the semester resumption date of April 14th 2020 would not involve face-to-face teaching, and by extension, all assessments were to be administered online.

The Mona School of Dentistry (MSOD), since 2011, has administered all its dental-specific course assessments (formative and summative) online. Thus,

this transition to online assessments was potentially not a challenge for the MSOD. We were initially informed that the UWI was exploring procurement of an online remote proctoring software. However, the cost was prohibitive, and it was clear that this option would not be in place before the MSOD's next set of Final Examinations. We wanted to maintain the proctored and synchronous nature of the Final Examinations, and therefore developed and implemented a low-cost proctoring option that optimized the examinations' integrity.

Method

The proctoring solution involved using the MSOD's Zoom account and the UWI's virtual learning management system (Moodle platform), OurVLE. Revisions were made to the existing online examination regulations to accommodate the assessments being done remotely. Previously, students sat their examinations in the Faculty of Medical Sciences' Computer Laboratory under invigilation by an invigilator from the Examination Section and monitoring by the IT Administrator, Mona Information Technology Services in the event of

any computer hardware and software challenges. In addition, the MSOD added a communications protocol to govern the online interaction between the invigilator, candidates, examiners, administrative staff and Examinations Coordinator. The Examinations Section still assigned the invigilator.

Procedure

- The students, invigilator and examiners are sent the Zoom link at least 20 minutes before the start of the Final Examination, with the students being required to be seated 15 minutes before the start.

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- The students log onto the Zoom platform first and are directed to open their microphone and show their video for the duration of the examination.
- The students then complete the online Examination Receipt and Class Identifier question before using the password to log onto the examination.
- Communication between the candidates and the invigilator is through the Zoom Chat feature. The invigilator focusses on monitoring the body and eye movements of the candidates and communicates directly with the candidates in any instance where a breach of the Regulations is detected.
- The examiners are asked to attend to answer any queries from the candidates for the duration of the examination, and not just for the first 30 minutes. Examiners communicate with the candidates through the invigilator.
- At the end of the examination, the invigilator completes and submits online, the MSOD's Examination Signing Form, which has the students' names and pictures. In addition to the direct proctoring, the school's administrative staff record the examination and save the chat.
- All challenges from candidates are directed to the examiners and to the Examination Coordinator for resolution, and if students have connectivity issues, they are accommodated until they complete the examination under the supervision of the invigilator.

Lessons Learned

The cost to the MSOD and the university is minimal. The school has a Zoom account, and the Examination Section has verbally agreed to pay the invigilator for the sessions. MSOD's class complement is within the university's regulations for one invigilator to be assigned, and all students are seen on one Zoom screen. This is the added advantage since the invigilator is able to visualize the faces of all the candidates on one screen without having to move around the Examination Room, and thus is able to monitor the candidates more comprehensively.

Conclusion

This low-cost option has enabled the school to continue the synchronous delivery of its Final Examinations, without

the benefit of more sophisticated and expensive secure exam browser software. This low-cost innovation has provided much needed emergency remote and structured proctoring in the milieu of financial challenges associated with COVID-19. We look forward to the UWI's planned investment in a sophisticated secure examination software being realized, with the added benefits of providing data insights to guide student remediation, promoting improvements in curriculum and exams, and enhancing the accreditation process.

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Setting up an Online OSCE: Practical Tips & Logistics (COVID-19 Era)

MR DAMIEN BROWN

IT Administrator, FMS, The UWI Mona

PROFESSOR RUSSELL PIERRE

Director of Medical Education, Health Professions Education Unit, The UWI Mona

Overview

The Covid-19 pandemic has ushered in a new paradigm in education. With the order on March 12, 2020 by the by the Government of Jamaica, that all institutions of learning, including tertiary level institutions were to stop all forms of face to face teaching and convert to modalities of distance learning, the Faculty of Medical Sciences (FMS), Mona had to plan for emergency remote learning. Government mandated precautions and restrictions also called for non-pharmaceutical

interventions including physical distancing, use of face masks and small group gatherings (limited to 10 or less individuals).

Teaching officially restarted at UWI, Mona on April 14, 2020 in an online modality, following a one-month period of emergency strategy and preparations. The health professions in the FMS were forced therefore to consider innovative means to optimize teaching and learning despite the restrictions of no direct patient-student interactions. The interrupted clerkships,

courses and clinical rotations recommenced using the Learning Management System (LMS) Moodle & Blackboard Collaborate (BbC) as a replacement for Face-to-Face synchronous instruction.

Assessment was one of the challenges to consider, since the modality of Objective Structured Clinical Examination (OSCE) could not be administered in the usual manner. The safety of clients, students, examiners and administrators was paramount in the face of the pandemic. While

written exams may easily be administered via the LMS (branded OurVLE at the Mona Campus), with proctoring unavailable, an online solution to administer the OSCE needed to be identified. This virtual model had to allow examiners to evaluate the demonstration of clinical skills (history taking, counselling etc). The following are key Practice Points which were developed for implementing an online OSCE in settings with limited resources.

Resources Required

- Stable internet connection for all individuals
- Zoom video conferencing platform
- Patients/Simulated patients
- Examiner
- Moderator to oversee the exam
- Laptops with microphones and cameras
- Telephone and phone numbers for all involved

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Methodology

Pre-Preparation:

- i. Creation of a Zoom meeting to cover the duration of the exam
- ii. Communicate the meeting information to all involved in a timely manner with expected code of conduct for the exam:
 - Examiners
 - Students
 - Patients
 - Attendees will all be expected to log in at least 15 mins prior to start of exam
 - All microphones off
 - Exam candidates will use their official names (pseudonyms will not be accepted) along with their UWI ID # eg John White 95xxxxxxx
- iii. Preparation of a working list which documents examiners names, patient names, student names and ID numbers of those who are expected to participate; Contact phone numbers should be made available for all

- iv. Assignments of candidates to examiner and patient will be done prior to exam

On the day of the Exam

- The moderator will configure a waiting room in Zoom to allow persons to enter the meeting
- Breakout rooms will be created and assigned the actual examination room
- Examiner and Patient will be placed into assigned breakout rooms where they will wait until the start of the exam
- At the start of the exam the student/candidate will be allowed into their designated breakout room
- As this is a timed exam it is suggested that either the examiner or the patient will be timing the exam. This can be done easily as the Zoom room can be scheduled to last for example 15 minutes and will display a countdown clock
- At 15 minutes the examiner will close the exam and request

that the student leave the meeting. Once this occurs, a 3 minute turn-around time will be provided before the entrance of the other candidate

- When each person enters the meeting, the moderator will assign them to their respective breakout room based on the list provided
- The moderator will ensure that the examiner is able to record each breakout room
- The moderator will monitor the meeting and maintain contact with the examiners
- The moderator will end the breakout rooms, returning examiner and patient to the main room
- When everyone has reported the moderator will end the meeting

Lessons Learned

Caveats

- i. Conduct a practice “mock” examination for troubleshooting

- ii. Training of examiners, clients, administrators is critical
- iii. Internet connectivity and stability at each location is paramount
- iv. If using laptop, the charger must be plugged in to the laptop and a reliable electrical outlet to ensure stable power throughout the exam

Potential issues and resolutions

If a student loses connectivity an examiner is required to inform the moderator so they will allow the student to return and re-assign them to the respective room. Should there be connectivity loss or an emergency situation, participants can then communicate using a telephone.

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Undergraduate Students' Research Day

School of Veterinary Medicine, The UWI, St. Augustine

The School of Veterinary Medicine hosted their annual Undergraduate Students' Research Day on Thursday 30th of January, 2020. There were more than 100 persons in attendance including the Director of the Caribbean Centre for Health Systems Research and Development - Professor Donald Simeon and the Deputy Dean for Quality Assurance, Head of the Medical Sciences Education Centre - Dr. Bidyadhar Sa.

A total of six groups of 4th Year students, presented on very consequential and trending topics (following page).

We wish to thank all members of staff who made the day a success and invite you to next year's presentation which takes place annually on the last Thursday of January.



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The Veterinary Students Groups



Identification of coccidia species found in farmed rabbits of Trinidad and Tobago using Conventional Polymerase Chain Reaction. (1st place)

STUDENTS
(2nd L to R) C Blair, R Oakley, and A Sharpe.

SUPERVISORS
Prof C Oura (L), Dr J Johnson and Dr R Charles.



The knowledge and attitude of the general public on the use of Tetrahydrocannabinol (THC) and Cannabidiol (CBD) products for medicinal purposes in humans and animals in Trinidad and Tobago. (2nd place)

STUDENTS
K Annamunthodo, A Ali, J Henry, R Heffes.

SUPERVISORS
Dr J Johnson and Dr R Mohamed.



Factors affecting the prevalence of depression, stress and anxiety in Veterinary Students, at the School of Veterinary Medicine, UWI (3rd place).

STUDENTS
M Heeraman, A Ganpat, S Roopchan.

SUPERVISORS
Dr J Johnson and Dr A Persad.



Herd and reproductive management practices relating to production on small ruminant farms in Trinidad.

STUDENTS
D Mohess, K Sylvester.

SUPERVISORS
Dr M Morris, Dr A Persad, Dr L Benjamin, Dr M Driscoll.



A pilot study assessing and identifying endoparasites and the presence of Salmonella and Shigella spp. from the native monkeys in Trinidad and Barbados.

STUDENTS
N Borneo, S Gunness, J St John, R Vernon.

SUPERVISORS
Dr R Charles, Dr J Johnson, Dr S Suepaul.



An investigation into the health and humane control of the feral pigeon (Columba livia) population at the School of Veterinary Medicine, EWMSC.

STUDENTS
A Dickson, R Celestine, N Bachan, P Augustine.

SUPERVISORS
Dr S Suepaul and Dr J Johnson.

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The UWI Gynecological Cancer 2-Year Fellowship Program

School of Clinical Medicine and Research, The UWI, The Bahamas

DR SAIDA BOWE, MBBS, DM

Fellow, School of Clinical Medicine and Research, The UWI Bahamas

The International Gynecological Cancer Society (IGCS) is committed to advance Postgraduate Fellowship programmes for low resourced countries and curb their high disease burden of gynecological cancers. The Caribbean Society of Gynecological Cancers established in 2016, advocated for The UWI Faculty of Medical Sciences in collaboration with the University of Miami (UM) to implement the inaugural programme in 2017. The curriculum's goal is to train Caribbean nationals predominantly in the

region, with international rotations in high resourced centres. Applicants must be funded by and bonded to the respective Caribbean country in which they reside and practice.

I was privileged to enroll in the programme as the first Bahamian Fellow in 2019. It's been an exciting journey of travel, adventure, research, conferences and plenty of "cutting". That's just for starters. MeduLink provides a great opportunity to share my experiences, so far.

The first few months of the program, required some personal and professional adjustments for me, but with my DM in OB/GYN, I was up to the challenge. To gain additional surgical experience I rotated with our inhouse General/ Vascular surgical team assisting with bowel repair, vascular access and port-a-cath placement, intermingled with attendance at the weekly tumor board rounds and the gynecologic oncology clinic.

My three months spent at UM afforded me the

opportunity to witness the comprehensive care of cancer patients. There were several clinical trials accruing patients at the time; I observed the process of patient selection and follow up. The UM ensured clinical time in pathology, radiology and radiation oncology. The research experience was phenomenal. I immersed in the lab of Dr. Sophia George, a Research Associate lecturer investigating the genetic differences in gynecologic cancers in women of Caribbean descent

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versus African American women. In collaboration, we have extended this research to our Bahamian population. Currently I am working with Dr. Sophia George to investigate the BRCA1 and BRCA2 rates in women with ovarian cancers using germline testing. The abstract for this retrospective study was accepted at the IGCS meeting in Rio De Janeiro, Brazil and the AC3 meeting in Kingston, Jamaica. My attendance at both meetings increased my appreciation for the future direction of the subspecialty - the molecular characterization of the cancers.

I was also afforded the opportunity to have a one-month elective at the University of Calgary in Alberta, Canada. I furthered my surgical skills assisting in procedures that I previously only read about for example, Hyperthermic Intraperitoneal Chemotherapy.



25th April 2019: Signing of Memorandum of Understanding: University of Miami Leonard M. Miller School of Medicine and The UWI School of Clinical Medicine and Research, The Bahamas

Seated:

- Dr. Matthew Schlumbrecht, Director, Gynecologic Oncology Fellowship and Co-Director of Cancer Control and Prevention for Gynecologic Oncology, UM
- Mrs. Mary Eiken, CEO, International Gynecologic Cancer Society
- Dr. Robin Roberts, Director, The UWI SCMR, The Bahamas
- Dr. Michael Paidas, Chairman, Department of Obstetrics and Gynecology, UM
- Dr. Raleigh Butler, Consultant, Coordinator Gynecologic Oncology Fellowships, The UWI SCMR and President of the Caribbean Gynecologic Oncology Society
- Dr. Brian Slomovitz, Director, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, UM

Standing:

- Dr. Geremias Rangel, Gynecological Cancer Fellow, Guyana
- Dr. Saida Bowe, Gynecological Cancer Fellow, Bahamas
- Dr. Darron Halliday, Associate Lecturer, Consultant Gynecologic Oncologist, The UWI SCMR

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The current practice of oncology during this COVID pandemic, has created yet another new experience. Patients are being managed by telemedicine and if the need arises for urgent examination or surgical intervention, arrangements are made while ensuring patient's safety. I affirm my resolve and resilience to improve outcomes for my patients. A gynecologic oncologist renders care as a surgeon and medical oncologist; it is my personal mandate to be the supportive friend during each patient's cancer care journey.

One year down, and I have negotiated an additional year in Calgary. The Rocky Mountain Ski slopes – here I come!



Case Presentation at IGCS Conference in Rio De Janeiro, Brazil, 2019

- Dr. Geremias Rangel
- Dr. Saida Bowe
- Dr. Raleigh Butler



Dr Saida Bowe with her mentors:

- Dr. Darron Halliday
- Dr. Raleigh Butler

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The COVID-19 Experience of Online Teaching in the Surgery MBBS Clinical Clerkships

Lessons learned so far

DR SRIKANTH GARIKAPARTHI

Lecturer (Surgery), School of Clinical Medicine and Research, The UWI, The Bahamas



The final year MBBS students had completed four weeks of their surgery rotation when the COVID19 pandemic hit the shores of the Bahamas in mid-March 2020. Overnight the school closed, classes along with clinical clerkships and electives were suspended as the hospital went into an emergency mode. The students were advised to stay home following the government imposition of a complete lockdown. This was the last clinical rotation before they proceeded to do their final MBBS exit exams for graduation.

Within hours, surgical teaching was moved to an online moodle teaching platform. Our [online portal](#) was in use for end of rotation examinations in the major disciplines. It was also used for our annual research day and some disciplines were conducting online teaching. All of the students and the full time faculty had access to the platform. It was quickly realized that there were opportunities as well as challenges to overcome in using such a platform.



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Our advantage was being a campus with small numbers of students, localized to the same geographical location and time zone. Many of them had access to a laptop or tablet; in fact all of them had a smart phone. We also had excellent broadband internet connectivity on the island. Without the time constraints of travel or other clinical work, online classes were scheduled easily. We could readily reach out to the students via various platforms (email, whatsapp messaging etc). Learning happened at the students pace and not constrained by time or space.

But online teaching requires a lot more preparation from both the teacher and the student. The teachers needed training to deliver these sessions virtually. Merging discipline content, knowledge, and teaching strategies with technology can be challenging and mentally taxing. In Distance Learning, the educator and learner are separated in both time and space.

Alternatively in Blended Learning we combine traditional classroom methods of learning delivered online.

For this to be effective the students were to be given reading assignments with objectives. The students needed self-discipline, organizational skills and most importantly time management¹. But most online sessions ended up being a monologue instead of a dialogue as there was no face to face interaction. Also Teachers can become facilitators rather than being the primary source of knowledge. We were also aware of the social challenges students had in studying at home facing other household responsibilities. There was also issue of having a dedicated space for learning with a reliable power supply and the added cost of internet.

In spite of these, we foresee a lot of opportunities as online teaching is here to

stay. The internet has erased boundaries and educational resources are available freely from a variety of reputable sources. We can freely collaborate and incorporate many teaching tools into our platform that are readily available for the students to access all the time. Online teaching can achieve standardization and minimize individual teaching personality traits.

Finally the strength of UWI MBBS graduate is their clinical skills. Clinical clerkships and actual patient interaction cannot be replaced. That is the existential threat and fear of online teaching².

1. O'Doherty, D., Dromey, M., Loughheed, J. et al. Barriers and solutions to online learning in medical education – an integrative review. BMC Med Educ 18, 130 (2018). <https://doi.org/10.1186/s12909-018-1240->
2. An adaptation of Peyton's 4-stage approach to deliver clinical skills teaching remotely. Hamed Khan[1] St Georges, University of London, DOI: <https://doi.org/10.15694/mep.2020.000073.1> Published Date: 23/04/2020



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ALIVE Delivers Sepsis Course to the Caribbean!

DR KANDAMARAN KRISHNAMURTHY

Pediatric Intensive Care Consultant, The Queen Elizabeth Hospital, Barbados
Associate Lecturer, Child Health, The UWI, Cave Hill

Sepsis remains one of the most common and least-recognized illnesses in both the developed and developing world. Sepsis is not just an infection alone. The term 'sepsis' connotes a systemic inflammatory response syndrome triggered by a source of infection and manifests

when the body's response mechanism to an infection injures one's own tissues and organs. Sepsis leads to shock, multiple organ failure, disability and death, especially if not recognized early and treated promptly. Sepsis is a global health crisis.

The Global Burden of Disease Sepsis Report January 2020 estimated that sepsis affects between 47 and 50 million people every year and at least 11 million die. The burden of sepsis is significantly higher than the number of lives lost to cancer and/or coronary disease. Despite its

very high incidence, sepsis is practically unknown to the public. The public health threat from sepsis coexists along with threat of antimicrobial resistance (AMR) and hence requires appropriate public, political and media attention. World Sepsis Day was initiated by the Global Sepsis Alliance



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in 2012. Every year on September 13th, events in all parts of the world raise awareness for sepsis worldwide.

An ALIVE Sepsis course was held in the Queen Elizabeth Hospital Auditorium, Barbados on 28 Feb -1st March 2020. The ALIVE course was developed by Global Intensive Care group and funded by the European Society of Intensive Care Medicine (ESICM) (<https://www.esicm.org/the-esicm/alive-2/>). The first course was organized in Uganda, followed by Pakistan and Barbados. The CME focused on the ability to apply sepsis principles in clinical practice and to increase the knowledge of developments in management of sepsis. The event was open to all healthcare providers

ALIVE SEPSIS COURSE

28th February 2020 - 1st March 2020

COURSE SCHEDULE

28th and 29th February 2020 - Queen Elizabeth Auditorium

TOPICS

Definitions Pathogenesis & Principles of Sepsis
Principles and Practical Elements of Organ Support
Antimicrobials - Principles of Prudent Practice & Prescription
Meningitis
Community Acquired Pneumonia
Tuberculosis
Infection Prevention Control Practices and Vaccination
Lines and Line Sepsis

Relevant Paediatric infections and Paediatric Pearls and Pointers
Diarrhoeal Diseases
Intra-Abdominal, Pelvic and Urinary Tract Infections
Malaria
Viral Haemorrhagic Fevers
Skin and Soft Tissue Infections
HIV Practical Aspects
Fungal Infections




1st March 2020 - MICU/PICU/SICU/AED
Bedside Teaching by International Faculty

MEDICAL STUDENTS WELCOME TO ATTEND ALL LECTURES
Registration Fee: FREE
Contact: Dr. Dionne Grannum Tel: 836-5888

COURSE DEVELOPED BY:
Global Intensive Care (GIC)
Group of European Society of Intensive Care Medicine (ESISM)
Presented and Supported by ALIVE Sepsis under auspices of ESICM

INTERNATIONAL COURSE FACULTY

Dr. Mervyn Mer (South Africa)	Dr. Laura Hawryluck (Canada)	Dr. Niranjana "Tex" Kissoon (Canada)
Dr. Jeroen Schouten (Netherlands)	Dr. Nathan Nielson (USA)	Dr. Armand Mekontso Dessap (France)

REGIONAL FACULTY

Professor Seetharaman Hariharan (Trinidad) Dr. Kandamaran Krishnamurthy (Barbados)

LOCAL FACULTY

Dr. Corey Forde (Barbados) Consultant, Infectious Diseases	Dr. Tamara Greaves (Barbados) SICU Consultant
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COMMITTEE MEMBERS

Dr. Azim Majumder, Director Medical Education UWI	Dr. Reginald King, Emergency Medicine, UWI
Dr. Dionne Grannum, Senior Registrar, Paediatrics	Dr. Corey Ford, Consultant, Infectious Diseases
Dr. Kandamaran Krishnamurthy, Head PICU	Dr. Anne-Marie Hassell, Consultant, and Head MICU
Mr. Anthony Harris, Director, Medical Services	Dr. Michael Fakoori, Consultant, Head Anaesthesia

CME Credits
are applicable
for this
Conference

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free of cost. Medical students, doctors, nurses, pharmacists and other health professional were registered for the course. A total of 135 participants on day 1, 155 on day 2, and 21 on day 3 attended. The third day was the clinical component of the course which involved small group bedside teaching (A&E and ICU) of selected healthcare professionals. During the event, attendees actively shared opinions, thoughts and suggestions. This course was accredited by Barbados Medical Council and was awarded 15 CME credits.

Prof. Mervyn Mer (Johannesburg Academic Hospital, South Africa), Prof. Tex Kissoon (University of British Columbia, Canada), Dr. Laura Hawryluck (Toronto Western Hospital, Canada), Dr. Jeroen Schouten (European Society of Clinical Microbiology

and Infectious Diseases, Netherlands), Dr. Nathan Neilsen (University of New Mexico School of Medicine, USA), Prof S Hariharan (Trinidad and Tobago), Dr. Corey Forde (ID Consultant, Barbados), Dr.

Tamara Greaves (Barbados) and Dr. Kandamaran Krishnamurthy (Barbados) acted as the resource persons. A number of current topics related to sepsis management were presented and discussed

in the conference. The feedback from the participants was positive and they enjoyed the presentations. The next ALIVE Sepsis Conference 2021 will be held in Trinidad and Tobago.



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Accreditation of the UWI MBBS Medical Programme

Faculties prepare for the 2021 Site Visit of the Caribbean Accreditation Authority

PROF MICHAEL BRANDAY

Office of the Dean, FMS, The UWI, Mona

The Faculty of Medical Sciences is currently preparing for a site visit from the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) which is scheduled to take place in March-April 2021.

In 2006, The University of the West Indies was the first medical school in the region to be granted accreditation by the CAAM-HP. The last visit of the Authority to The UWI Medical School was in 2016 and the Medical Programme is currently accredited until 2021.

Why is Accreditation Important?

Accreditation provides assurance to medical students, the medical profession, healthcare institutions and the general public that undergraduate medical training programmes lead to qualifications that meet national and international standards of quality.

What is CAAM-HP?

CAAM-HP was established under CARICOM in 2004 and is now recognized as the legitimate authority for accreditation of medical schools in the region by the Educational Council

for Foreign Medical Graduates (ECFMG) in the United States, the General Medical Council (GMC) in the United Kingdom and the World Federation for Medical Education (WFME).

What are the steps in getting accredited?

The process of accreditation comprises a series of cyclical activities based on the scheduled dates of site visits. These include:

- Conducting a comprehensive self-study (data gathering, analysis and reporting)
- Submission of the report to the CAAM-HP Secretariat



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- Site visit (all campuses) by an accreditation team
- Team's report of the site visit
- Determination of accreditation status by the CAAM-HP at its annual board meeting in July

In the intervals between site visits, the School submits annual progress reports to the CAAM-HP.

What does the self-study involve?

The self-study requires compilation and submission of comprehensive data that covers the most recently concluded academic year along with an analytical summary report of performance across more than 100 standards. The self-study involves all campuses and teaching sites involved in the delivery of the MB BS (Bachelor of Medicine, Bachelor of Surgery) Programme. The completed self-study documents are submitted to CAAM-HP at least 3 months prior to the scheduled site visit.

The CAAM-HP standards for Medicine are organized under 5 main headings listed below and are available at [\[here\]](#):

The Institutional Setting

- Governance and Administration
- The Academic Environment

Medical Students

- Entry Requirements
- Selection
- Visiting & Transfer Students
- Student Services
- The Learning Environment

The Educational Programme

- Educational Objectives
- Structure
- Content
- Teaching and Assessment
- Curriculum Management
- Evaluation of Programme Effectiveness

Faculty

- Number, qualifications and functions
- Personnel Policies
- Governance

Educational Resources Finances

- General Facilities
- Clinical Teaching Facilities
- Information Resources/Library Services

Self-study preparation

Led by the University Medical Dean, a cross campus Steering Committee was established in September 2019 to oversee the process. Each campus, has set up a task force, including students, with working groups assigned to each area specified by the CAAM-HP. Preparation of the final report is the responsibility of the FMS Quality Enhancement Officer based at St. Augustine with oversight from the Steering Committee and the Committee of Medical Deans.



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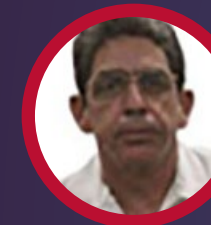
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