Almost overnight, the game changed for us the Medical Educators. Just a few weeks ago, pre-Covid 19 pandemic, we seemed to be in a relatively stable situation where many factors like the student numbers and required resources were known and any concerns were almost predictable with ready-made plans for resolution. Achieving the delivery of good education and successful graduation of our young doctors nearly looked like business as usual.

Suddenly, what would have been an ordinary semester became extraordinary not just because of Covid 19 but also, how we as a fraternity rose to the challenge of online delivery of medical curriculum. Who would have believed we would be teaching without stepping into a classroom or without meeting our students in-person when the semester started? Under other circumstances that would be considered blasphemous by most. With changing reality (by the day or even by the hour), and no way of knowing with certainty what lies ahead or the best course of action to take, we began to prepare. Our past successes and usual approaches were suddenly not relevant anymore. Less than a week was all we had to turn ourselves into a millennial irrespective of the generation we belong to or tradition practiced as educationists. A quick adaptation was required to the new normal way of communication, holding meetings, making decisions, and implementing changes. We had a lot to learn, unlearn a few and sometimes make things up on the go.

The past few weeks have flown faster than usual for all the above reasons (and more) and soon would be nearing the end of first semester. A quick look at the records revealed nearly 60% of the curriculum delivery was modified and more than 50% of lectures were newly recorded for the early years while we maintained the same learning objectives. This would not have been possible without the support of our course management and technical support team. Clearly, collaboration, cooperation and teamwork has been vital in our journey thus far.

Each passing day seems to indicate online teaching will continue much longer than we anticipated. It is no doubt the experience and wisdom gained over the last few weeks will aid us immensely as we prepare for the second semester. This bulletin showcases some of the successful online teaching activities in the first post-Covid 19 semester which are a demonstration of our commitment to provide the best education to our students under the circumstances. Let us keep our spirits high and continue the good work!
Masters of Professional Counselling (MOPC) orientation was held online on 23 March after receiving news the day before that the campus would be on lockdown until further notice. Despite being disoriented for a moment, the staff and student helpers decided to convert the activities online with less than 6 hours to prepare. What really helped was that the orientation committee had a structure for the event already and since there were many uncertainties, they decided not to postpone the orientation again. At the start of the orientation, two student helpers led the ice-breaking games to build rapport among the staff and students. Almost all of the MOPC teaching staff joined in the Zoom orientation at certain points of time throughout 8 hours. It was a success as 24 out of 27 students joined our activity. They also broke into smaller groups and had a roundtable discussion.

Dr Rachel Ting is very thankful to the facilitators of the group (Dr. Goh Pei Hwa, Dr. Joel Low, Dr. Yeo Pei Li) for assisting the group discussion. Lastly, she did a presentation about the MOPC journey in professional identity development, and led the students to write their 2-year dream on the padlet. The feedback gathered from the students were mostly satisfying.
A SUDDEN CHANGE DURING THE MOVEMENT CONTROL ORDER

Ever since the Movement Control Order (MCO) was enforced on March 18th, staff and students alike had to have all their lessons transferred online. These experiences below capture what it's like currently to conduct classes and other events online.

"This semester I am teaching an undergrad first year class (PMH1011 Mental Health in Community). My online teaching tool mainly relies on Panopto, Zoom, Moodle chat, and Slido. I normally tried to break down the recording into 3 parts, so that students can digest better. Then I have discussion questions, asking students to post their answers on Moodle Forum. Every week I also make myself available for 2 hrs consultation on the chatroom, so that students can interact with me. However, most of the first year students are still learning how to make good use of Moodle. Many of them prefer to email me directly. After we split the Moodle page from our Australian counterparts, I feel we have more control over the content of the course and the autonomy in shaping the Moodle page. It is a good juncture to finally run my own Moodle page, so that students are also less confused by two different lecturers styles and class logistics. So far I am not sure if the outcome of teaching has been successful or not, but I am trying to integrate a lot of contextualized issues regarding the effect of pandemic on mental health issues into my teaching contents. Though there are still some technical glitches happening on the Moodle gradebook, I believe as long as we are being proactive in reassuring students that we are constantly being here for them, the online teaching could be run quite smoothly."

- Dr Rachel Ting Sing Kiat

"The MCO served us with the impossible task of converting the teaching of clinical medicine online. The guilt of having to graduate budding doctors without proper clinical exposure pricked hard at every clinician’s conscience. However, we at the Clinical School took this up as an opportunity rather than a challenge. Over the past month or so, a major part of the Years 3 & 4 curriculum was converted to online modules. The use of Zoom as a platform for education allowed academics to assimilate clinical videos, online quizzes, and the use of virtual break out rooms for workshops enriched the teaching process. The lack of clinical exposure is still the biggest challenge, especially with medical students. Other challenges faced were managing large groups of students, internet strength and connectivity. Nevertheless, the innovative use of stabilised patients on Zoom enabled patient interviews online, and have minimally overcome the lack of clinical exposure. Breaking large groups into virtual rooms on Zoom have enhanced group dynamics and group work among students which allowed academics and students to work separately in small groups within a larger group. It has been a success to a certain extent. However, there is never going to be a complete replacement for face to face clinical exposure. The experience that one derives from clinical exposure is more than mere clinical skills and knowledge, but it inculcates professionalism, ethics and interview skills."

- Dr Sivakumar Thurairajasingam
"With the MCO restrictions, there was a big change in the type of Scholarly Intensive Placement (SIP) projects offered. Students were not allowed to perform any work in clinical settings and thus, all finalised clinical based projects were modified to be done entirely online. The upcoming rotation projects are mostly related to literature reviews. Others involved research data analysis/management, research protocol design, questionnaire design, etc. In terms of tasks completion, students are provided additional online resources developed by the school library. On the coordinators' part, our main challenge is to source and finalize a large number of projects that comply with the current restrictions within short notice. On the students' part, they are mainly concerned about logistics and lack of clinical exposure in their learning. Online and remote supervision is fitting mainly because SIP involves independent student work with intermittent supervisor's guidance. Strategies that were employed have been successful so far - thanks to supportive and responsive academics who submit new projects to meet the current demand, excellent teamwork and valuable guidance from members of the Year 5 management group. We keep close contact with the students and readily provide assistance when needed."

- Dr Cindy Niap & Dr Jeevitha Mariapun

"Some of the biochemistry teachings have been contextualised to support online teaching and learning activities. Tutorials and syndicates activities are available via Online Module SCORM Packages. Tutorials are team-based learning led by the tutors. Syndicates are without tutors and is a guided team-based learning led by the students. All these activities were conducted through face to face interactions including the syndicates where the tutors did a brief introduction on the activities to be conducted before the students continued on their own. We provided the students with comprehensive and detailed instructions on how the tutorial and syndicate sessions will be conducted. Some of the instructions were modified based on the content of the sessions. Both of the sessions ran simultaneously; tutorials were conducted through Zoom and Moodle Discussion Forum, syndicate was conducted through Moodle. Each tutorial group, led by the group leader, was divided into sub-groups utilising breakout rooms in the zoom platform to have an interactive discussion on the assigned questions or activities among the members prior to the live session with the tutors. For tutorials, the tutors had live interactions with the students through Zoom as well as posted on the discussion board. For syndicates, sub-groups were formed and activities were assigned to discuss among the members of the sub-groups through Zoom or any other means to have an interactive discussion. The answers were posted on the discussion forum during the timetabled syndicate session and the whole group had the opportunity to discuss by posting any relevant questions and responses/opinions."

- A/P Dr Rakesh Naidu
"The design of Monash-Malaysia Anatomy Practicals Online (MAPO) was proposed and then implemented, since our students cannot be present physically for the usual face-to-face practical sessions in order to comply with the MCO. The main objective was to engage online interaction amongst the students and with their tutors. The anatomy practical content was divided into 2 sections; Part A (gross conceptual anatomy) and Part B (applied/clinical anatomy). As students worked on Part A tasks/activities individually first and then within their groups (Group Collaborative Learning [GCL] similar to face-to-face practicals), they would post relevant queries through their group leaders on a dedicated Moodle Discussion Forum. Student to tutor interaction was generated through Student Peer Teaching Demo (SPTD) with Feedback. A novel PADLET digital platform was used for live collaboration and creative presentation of practical tasks in various formats (documents/images/videos/slides with narrative). A post-practical Zoom review session was conducted by each tutor for their respective groups on student experiences, the practical process and to clarify any key issues with content. Students reported that they miss the MAPEL Lab-based face-to-face sessions and hands-on engagement with physical learning resources, but they were very appreciative that anatomy practicals had re-started and were grateful for anatomy tutor efforts, the live tutor guidance and timely instructions. Using Moodle Live chat by tutors was helpful for instant clarifications and instructions."

- Dr Lakshmi Selvaratnam, Dr Narendra Pamidi, Dr Arkendu Sen

"The PBL tutors had an initial Zoom Meeting/Tutorial on the 24th March. The meeting was attended by all tutors, lasted for an hour. The objective of the meeting was to familiarise with Zoom features. The intuitive features of Zoom helped the tutors to quickly grasp how to use the platform with confidence. Four out of ten of our tutors logged in from their respective hospitals using their handheld devices. Following the initial training session; our tutor group was confident to go ahead with a live synchronous session. During the meet & greet session, all ten PBL groups logged in with relative ease. We spoke about the PBL processes and the rules and responsibilities of each group member. We also went over the features of Zoom and how to use them in an efficient and smooth manner. Once the tutors and students were well versed with the online processes, the first brainstorming and the following PBL session went on smoothly. Students were proficient in utilising the Zoom features to present, share, highlight and ask questions regarding the subject matter. Due to the feedback from students regarding how (slow reception) of internet can impact their learning and concern regarding delivery of the session, a decision was made to release the Learning Objectives after the Brainstorming Session. One of the many challenges, along with unstable internet connections that can impact PBL learning sessions, is that we may not be able to cover all the 10 PBL cases in Semester 1."

- Dr Badariah Ahmad
Dr Yogarabindranath joined Jeffrey Cheah School of Medicine and Health Sciences as a Senior Lecturer (General Practice) in April 2020. He received his MBBS in 2005, MBA (Health Management) in 2011, and has been working on his PhD since 2018 at Monash University Malaysia. His research interest include behavioral change, self-management behaviour in Type 2 Diabetes, food addiction, health services research, latent tuberculosis infection, and the optimization of anticoagulation monitoring in primary care.
**TIPS FOR YOUR SAFE RETURN TO WORK**

**BEFORE LEAVING HOME**
- Do a self-check to make sure you do not have a fever or cough.
- Pack a home-cooked meal as your lunch or pre-order your lunch delivery to avoid the lunch crowds.
- Prepare your mask, sanitiser, wet tissues, own water bottle & cutlery.
- Preferably commute with your own vehicle instead of public transport.

**AT WORK**
- Wash or sanitise your hands before entering the building & subject yourself to a temperature check.
- Avoid physical contact, greet with a wave, a nod or a simple “hello”.
- Maintain a minimum 1-meter distance with others at all times, e.g., discussion, washrooms, pantry etc.
- Avoid sharing utensils e.g. phone, pen, computer, mouse, keyboard etc. Otherwise, wipe down the surfaces with a disinfectant before and after using it.
- **Use the stairs** instead of the lift whenever possible.
- Avoid touching hand railings, door handles & lift buttons. **Use your elbow** or wear gloves.
- Adhere to your company’s S.O.P. if you are developing a fever or cough.
- Wash your hands and wipe down your workstation before leaving for home.

**RETURNING HOME**
- Do not expose yourself to your family before cleaning or sanitising yourself.
- Disinfect all your accessories e.g. bag, wallet, handphone etc. Wash your clothes immediately.
- **Take a shower**, clean yourself from head to toe.
- Eat balanced meals, workout & sleep well to boost your immunity.

Source: Allianz

**UPCOMING EVENTS & NEWS**

If you would like to share any news (past and/or upcoming events, achievement, student events, grants, etc.) with the School via newsletter, please email to gurmeet.kaur@monash.edu.