

Finally, there remains a tendency to report successful innovations or their positive aspects. Although this is useful, authors should not fear sharing less successful innovations so the community is not doomed to make the same mistakes. As Warren Buffet put it, 'It's good to learn from your mistakes. It's better to learn from other people's mistakes'.

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RGS provides a platform for educators in the health sciences to share experiences, opportunities, challenges and lessons learned when implementing novel and innovative ideas to improve training of health professionals. From my own experience reviewing these reports, I came to appreciate just how far educators are pushing the field to greater horizons. The diversity of projects showcases innovation and novelty across contexts. Although not all of them can be published in RGS, I will try to share here the lessons I learned from reading them.

RGS demands brevity. Meeting word limits while still conveying the intended central message is no mean feat. It has, therefore, been exceedingly exciting for me to see how developers pack their message and describe their contexts in just 500 words. This has provided a great learning opportunity regarding how to write clearly and to the point. Many of the submissions I reviewed have the potential to be expanded and eventually result in fuller papers, but they demonstrated more words are not always required to disseminate key lessons to a wider audience.

It was also noteworthy that many of the better projects I reviewed pushed boundaries beyond local contexts by framing overarching issues of relevance to address a more global goal. This

seemed invaluable to enable other educators to draw lessons that can be applied in their own settings. For example, describing how a mentorship programme was started is good, but as a reader I would like to know what worked, what did not, and what needs to be improved. More than reading about success, what is useful for readers to know is the processes enacted, the challenges experienced and the insight gained. By focusing one's writing in this way, a wider audience can be reached. Following the author guidelines, critically appraising the report to make sure that the central key message is evident and proofreading to make the language clear offer three additional crucial pieces of advice for preparing the RGS reports. Whether included or not, I was impressed by how well the comments from reviewers can be used to improve the projects described and hope that many, in the future, are turned into full papers.

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Mobile knowledge dissemination for clinical competencies education

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1 | WHAT PROBLEMS WERE ADDRESSED?

Clinical competencies (CC) are an important cornerstone of both pre- and postgraduate medical education. CC are usually taught in parallel with theoretical studies and prepare the student for clinical practice. Postgraduate trainees are exposed to more advanced procedures and evidence-based management plans. CC improve with experience and structured feedback from supervisors. Both students and trainees usually rely on references, often provided by their

institution in order to prepare themselves for the clinical environment. Nevertheless, finding readily accessible, validated references may not be an easy task as they are usually scattered among a vast number of sources, are of overwhelming amount and may not always reflect local practice. As smartphones become ubiquitous, learners may benefit from a solution to easily access validated and locally endorsed medical knowledge. Moreover, educational stakeholders may benefit from automatic feedback concerning content use and user activity in order to appraise learners' information needs.¹



2 | WHAT WAS TRIED?

We have developed a mobile platform for the dissemination of medical knowledge for pre- and postgraduate learners based on the humanistic expertise (Dreyfus model).¹ The platform provides access to information concerning clinical skills, treatment plans and more. Content is selected by experts from local university and hospital who act as curators of information and thus are responsible for content validation and updating. Each item provides information concerning its curator, revision date and expiration date. The platform provides planned obsolescence for each item thus limiting access to obsolete items. Automatic and anonymous statistics concerning activity and content use are collected. This concept may provide several advantages. Learners would have an easy access to validated medical knowledge, endorsed by their educators and thus meeting their expectations in terms of evidence and didactic features. Content is updated regularly, and obsolete content is automatically deleted. Automatic statistics provide educators knowledge about learners' information needs and would permit real-time content adaptation. Students could have early exposure to evidence-based postgraduate content. The main limitation would be the workload of sorting and updating content.

3 | WHAT LESSONS WERE LEARNED?

We have performed several evaluations during platform's development process. Qualitative assessments gave the platform high scores for user experience, usefulness, time effectiveness and content

pertinence. Quantitative assessments provided knowledge about users' usage patterns. For instance, a three-year analysis showed a constant pattern of increased usage among students one month before OCSE examination and allowed to identify frequently used content helping educators to identify subjects that need to be addressed.¹ This might suggest platform's utility for examination preparation. A recent quantitative assessment in the Children's Hospital in our institution showed increased daily user activity (+92% daily users, $P < .01$ and double the number of daily sessions, $P < .01$) and COVID-19-related content usage during current outbreak. The latter motivated leadership to disseminate all COVID-19 information through the platform to the entire hospital thus providing an example for platform's ability to allow real-time decisions using real-world data and its relevance in clinical practice. Assessing platform's impact on CC's and patient care's quality as well as on student's early exposure to postgraduate knowledge through a randomised controlled trial would be of interest.

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Teaching surgery during COVID-19: The experience of Albert Einstein Medical School, Brazil

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1 | WHAT PROBLEMS WERE ADDRESSED?

The crisis triggered by the coronavirus outbreak closed universities around the world, including medical schools in Brazil. Academic

activities were deferred, and the Albert Einstein Medical School (FICSAE) took two weeks to move from on-site education to online activities. We selected Zoom [<https://zoom.us/pt-pt/meetings.html>] for our online learning platform, mostly due to its 'breakout rooms' feature.

