



To see or not to see: Should medical educators require students to turn on cameras in online teaching?

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Dear Editor

In response to social distancing guidance to control the COVID-19 pandemic, much of medical education delivery has migrated to online platforms (Gordon et al. 2020). Although synchronous online teaching may be the best approximation of face-to-face delivery, online platforms separate the communication between teacher and learner into video, audio, and typed 'chat'. From primary to higher education, there have been discussions about whether educators should require students to turn on their cameras during online teaching. This debate adopts additional nuances within medical education because of its role in professional qualification, socialisation and subjectification (Biesta and van Braak 2020).

For teachers, it can be disheartening to teach to a blank screen. When cameras are off, teachers are deprived of the visual cues which ordinarily give an indication of students' attention and understanding. For learners, 'cameras off' can potentiate feelings of loneliness from social distancing; conversely, 'cameras on' may facilitate a sense of camaraderie and community. Following the pandemic, it is likely that video-conferencing will assume a greater role in consultations. Undergraduate curricula, therefore, need to nurture the development of online consultation skills and digital professionalism. Requiring 'cameras on' may foster appropriate video-conferencing behaviour and allow students to practise monitoring how they present to others on camera, including non-verbal aspects that represent much of human communication. Equally, any communication skills training where a teacher cannot see the student would be vastly impoverished.

Yet the need for students constantly to ensure that their person and environment are presentable can result in 'Zoom fatigue' and hinder learning. In lectures, teachers' screens would be occupied by their presentation so there is little need for 'cameras on.' Some students may not wish to show their environments to others; insisting on 'cameras on' can threaten the psychological safety required for self-actualisation. Given concerns about student wellbeing and physician burnout, allowing cameras to be off may educate

students about work-life balance. Some students may not have access to the infrastructure required for cameras to remain reliably on, such as adequate hardware and bandwidth. Requiring 'cameras on' exposes digital inequities that threaten progress in widening participation. For these reasons, we would not advocate that medical educators mandate 'cameras on' in online teaching, but it is important that 'cameras off' does not become common practice.

Dialogue between medical educators and students is critical in addressing concerns and establishing expectations. It may be that cameras are required to be on for certain learning activities such as communication skills training, but students are warned in advance so that they can make appropriate arrangements. Universities need to help by making equipment and socially-distanced spaces available for students to access online teaching in a neutral environment.

Disclosure statement

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References

- Biesta GJJ, van Braak M. 2020. Beyond the medical model: thinking differently about medical education and medical education research. *Teach Learn Med.* 32(4):449–456.
- Gordon M, Patricio M, Horne L, Muston A, Alston SR, Pammi M, Thammasitboon S, Park S, Pawlikowska T, Rees EL, et al. 2020. Developments in medical education in response to the COVID-19 pandemic: a rapid BEME systematic review: BEME Guide No. 63. *Med Teach.* 42(11):1202–1215.

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