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EDITORIAL

Pulmonology (is) on the air

''We are what we think. All that we are arises with our thoughts. With our thoughts we make our world''. Buddha

The coronavirus disease 2019 (COVID-19), caused by a betacoronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), represents a new global challenge.

As I write this Editorial, there are almost 3 million people infected with SARS-Cov-2 worldwide and more than 200,000 people have died.

This pandemic scenario, of a dimension not experienced for over a century, has globally determined extreme measures that can mitigate, as far as possible, the most serious consequences for public health.

Just one week after the first cases occurred in Portugal and when there were still no deaths registered, the Portuguese Medical Schools decided, on March 9, to suspend all classroom teaching activities, implementing distance-learning measures, which was the lever for the first universities to take the decision, on March 11, to suspend classes and other face-to-face activities.

Before that, on February 25, the Faculty of Medicine of the University of Coimbra (FMUC) had already suspended any teaching which involved direct contact with patients, due to the circulation of students from areas that in Italy were starting a cordon scenario.

In fact, in an unprecedented mobilization, involving teachers, students and administrative staff, all Portuguese Medical Schools set up, in record time, distance learning models, using the latest technology at their disposal. This also proved to be an excellent opportunity to explore new pedagogical methodologies in Medical Education in Portugal, highlighting the proactive role of the Academy and the University in a modern country.

Teaching pulmonology in this period of lock down has been quite a challenge.

How can face-to-face teaching be effectively replaced, specifically with regard to contact with the patient?

In recent years, the use of Biomedical Simulation and Virtual Clinical Cases has been progressively implemented in the teaching-learning of FMUC as a very useful tool in the development of the clinical reasoning of our students.

Using the Body Interact platform, students, through their personal computers or other portable devices, can remain active and apply their clinical reasoning skills, safely and faithfully to the clinical reality. This platform also includes integrated and automated feedback tools, which provide students with information about their individual performance in the different phases of the management of each clinical case, thus promoting the processes of self-assessment and learning regulation.

During this period of distance learning, a new series of Virtual Clinical Cases have been made available in FMUC, adding to the experience acquired in previous years, new Pulmonology cases of different levels of complexity and performance, such as Community acquired pneumonia (basic level), Asthma and COPD (intermediate level), COPD and pneumonia (advanced level).

On March 19, FMUC, with national and international collaboration, made available virtual clinical cases of patients infected with the new coronavirus, simulating patients who answer questions, who have had changes in auscultation and the other aspects of observation, allowing diagnostic tests, preventive measures against further spread, promoting appropriate isolation and reporting to health authorities and even improving and curing patients when they have the right treatment.

These virtual cases of SARS-CoV-2 infection, available at https://covid19.bodyinteract.com, are a good example of the scope and timeliness of these methodologies.

A further challenge is to develop the remote assessment process, a task that the Medical Schools have also set up in an exemplary and diversified manner in a short period of time.

It is true that the means and technology have evolved in an overwhelming way. We live in the era of artificial intelligence and robotics, but the medical act remains immutable; the voice and hand of the doctor and health professionals have a power that is irreplaceable.

It is a fact that the best a medical student can and should take out of their university experience is essentially knowing how to be with a patient.

Because the doctor–patient relationship, a candidate for humanity's intangible cultural heritage, is the most deci-

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sive timeless element of Medicine, it is expected that the teacher should impart not only what he knows but above all what he does and the student must not only grasp this knowledge but more importantly learn how to apply it.

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