



Sharing Covid experience throughout Europe

Webinar. *Noun* A word born in the 1980s that is suddenly in everyone's daily vocabulary

During the COVID-19 confinement, the overwhelming response to this invisible enemy has been unanimous: "We are not going to be stopped!"

At EADV School, the energetic Bibi van Montfrans (Netherlands) gave a kick-start idea: "How are we Europeans dealing with this?". She sent a message in a virtual bottle and some accepted to participate in this curious Brady Bunch-way of communicating: a webinar.

The chairman of EADV Education Committee, Myrto-Georgia Trakatelli (Greece) stated clearly that in difficult and stressful times, solidarity and the sharing of knowledge among physicians is very important to help us manage ourselves and our patients in the best possible way, contributing to an intellectual exchange and to support colleagues around the world.

Elena Rossi (Italy), who works in one of the most affected countries, condensed her message in an acronym: PPE (personal protective equipment). As in airplanes, one needs to wear the oxygen mask first before helping others. Protection is mandatory during and after this pandemic, during our face-to-face consultations and

surgical acts. Safety first is the ethical way to act.

Sarah Walsh (UK) conveyed the importance of self-care for doctors and nurses delivering care for others during the pandemic – the need for relaxation spaces, ready access to refreshments, and environments for both formal and informal debriefing to take place. Her hospital has set up online and in-person guided meditation sessions three times a day, with psychological services at their disposal and the deployment of chaplaincy teams to staff rest areas. Daily communications from the Chief Executive of the hospital have been crucial in ensuring everyone is kept informed. In addition, they had been delivering a staff drop-in hand dermatitis clinic at lunchtimes to help colleagues to manage their hand health and stay at work!

Christian Vestergaard (Denmark) gave the unique insight as doctor-patient as he got Covid-19: as doctors, the most important thing is to control our own fears and anxiety, otherwise we will not be able to convey reassurance to our patients. Using the up-to-date resources from EADV, SPIN, AAD and WHO, doctors will be able to take rational decisions, leaving irrational fears aside.

Nicole Basset Seguin (France) had words of caution about what we have missed and raised her concern about elderly patients who could be one of the main targets of teleconsultation to avoid unnecessary travel to the hospital but who are not very familiar or even equipped with computers.

Herm Martens (Netherlands) finds videoconsultation very helpful for clinicians and has seen how much patients like it. Specifically for dermatologists, an additional sharp still image would be needed to answer diagnostic questions though.

For Christian Posch (Germany) his main concern is for patients with dermatological diagnoses. As they fear contracting COVID-19, they have stopped going to see their dermatologists. We have to design strategies to regain their trust as they cannot be left unprotected from the consequences of untreated skin cancers. Monika Arenbergerova (Czech Republic) covered with thorough detail the management of patients under immunosuppressive and oncological treatment in times of pandemics.

This will only be the beginning of a series of EADV webinars where experts from different countries will share their knowledge on patient management during the pandemic. You are all invited to participate. ●

Welcome to the future!

Paola Pasquali MD
EADV School member

Find out more about EADV webinars and how to participate [here](#)

As for my teledermatology perspective (Spain), we have advanced in one month what we have been preaching for 25 years. Even the more sceptical have realised that teledermatology is not only possible, it is a requirement that is here to stay - and a demand we can no longer postpone.

