

Undergraduate Medical Education in the Post Covid Era

Syed Jaffar Zaidi¹, and Muhammad Shahid Shamim²

How to cite this article: Zaidi SJ, Shamim MS. Undergraduate medical education in the post covid era. Ann Jinnah Sindh Med Uni. 2022; 8(1):1-2
DOI 10.46663/ajsmu.v8i1.1-2

The healthcare contingency due to COVID-19 compelled social distancing measures that drastically altered day-to-day education delivery. The education of healthcare professionals was affected the most as they specifically require students to work collaboratively and closely with the patients. However, within this turmoil, the pandemic provided opportunities for institutes, faculty, and students to develop innovative methods for achieving learning outcomes through virtual or remote learning. Thereby, in several institutes, faculty and students adapted to virtual or remote learning methods to minimise the effects of social distancing¹ and attempted to create the “new normal” in healthcare education.

As the Covid pandemic decreases, and the educational activities are revived on campus, it is prudent to suggest if the “new normal” in healthcare education will continue. Therefore, this editorial looks at the potential variables that healthcare educators may contemplate while providing post Covid medical and dental education.

Technology-based Education

During the pandemic, virtual or remote learning has set a precedent in healthcare education and provided a universal learning experience to students and faculty. The students, thus, moved from a face-to-face educational scenario to a virtual learning environment. Furthermore, the move offered a chance to the institutes, the faculty, and the students to ponder how to best achieve the educational outcomes in the given situation. Consequently, the accessibility of various virtual

platforms, software applications and digital technologies during the pandemic provided the options for curriculum delivery.

The necessity for optimised Internet connectivity further compelled the institutes and other stakeholders for upgrading the provision. Although, the inequities related to access to Internet persisted in different parts of the country¹, as reliable Internet connectivity and availability was an issue for both teachers and students, the adoption of virtual or remote learning helped in sustaining the education process for many.

Technology-based education, therefore, can help prepare medical and dental students for the changing dynamics of healthcare practice in the “new normal”. Thus, proving to be a milestone towards the future healthcare education delivery.

Learning Management

The Covid pandemic opened the doors for broader and consistent use of the Learning Management Systems (LMS) in institutions in Pakistan. Several institutes developed their Virtual Learning Environments (VLE) or switched to Moodle, Google Classroom, or Canvas. Regular use of applications such as Zoom, Google Hangouts, and Teams became a norm in many educational arenas. Some may still be struggling to incorporate the LMS in their institutes². However, there is consensus among all stakeholders that the provision supports education management in multiple ways that help students, faculty, and institutes⁴. It provides the students a 24-hour access to the learning resources, helps faculty in managing their teaching and assessments, and facilitates the institute in organising information about enrolment, curriculum, announcements, and assessment records, to name a few.

Laboratory and Clinical Training

Practical and clinical training is considered an irreplaceable part of medical and dental education. Nevertheless, it involves close contact between peers and patients in hospital and community setups.

¹ Assistant Professor, Dow University of Health Sciences, Karachi, Pakistan

² Professor & Ad. Director, Dow Institute of Health Professionals Education, Dow University of Health Sciences, Karachi. Director, Enterprise for Medical Education & Research. Vice President, Pakistan Medical Association, Karachi, Pakistan

Correspondence: Syed Jaffar Zaidi, Assistant Professor, Dow University of Health Sciences, Karachi, Pakistan

Email: jaffar.zaidi@duhs.edu.pk

Therefore, the Covid pandemic social distancing requirements halted the delivery of effective skills to students³. Subsequently, alternate methods were tried and tested to fill in for the face-to-face skills training with variable success. One such method included fragmentation of skills education into three distinct components: description, demonstration, and practice. The initial two were delivered through remote methods, while the third was deferred for face-to-face sessions after the lockdown. The method intended to continue skills training and save students' time during the pandemic. The method not only achieved its intended outcome, but it also proved effective for the delivery of skills education with limited use of faculty and students' time.

Online Courses

Many online courses are available through various websites like Coursera, Udemy, Masterclass, LinkedIn Learning. They offer free and low-cost courses for developing the cognitive skills relevant to the needs of healthcare faculty and students. During the Covid pandemic lockdowns, Pakistan's Higher Education Commission (HEC) provided opportunities for the university faculty and students to acquire certification through online courses. The offer included courses on educational development and delivery, research methodologies, and other topics that can interest healthcare providers⁴. These capacity-building online courses were not popular among healthcare institutes previously⁵. However, many faculty members and students took the courses during the pandemic lockdown.

CONCLUSION

The primary purpose of undergraduate education for healthcare professionals is to ensure that the students are acquiring knowledge, skills, and behaviours that prepare them for a spectrum of functions, including, but not limited to, patient care, public health, collaboration, social interactions, and further education. The content and delivery of education in the knowledge, skills and behaviour domains vary significantly, necessitating various teaching and learning modalities.

As the educational activities are slowly moving towards the pre-pandemic situation, it would be pragmatic to continue certain aspects of virtual learning. The Covid-driven development of remote learning possibilities could add value to the process of education delivery of healthcare education in the post-Covid era. Additionally, the uncertainty of the pandemic situation still prevails as new Covid variants emerge. Therefore, the institutes, faculty, and students need to have contingency plans in place.

Author's contribution: SJZ and MSS Conceptualized the idea and planned the structure of the manuscript; SJZ wrote the first draft of the manuscript; MSS critically revised and added text in the draft; MSS and SJZ reviewed and edited the final draft before submission and did proofreading.

REFERENCES

1. Mumtaz N, Saqulain G, Mumtaz N. Online academics in Pakistan: COVID-19 and beyond. *Pakistan Journal of Medical Sciences*. 2021 Jan;37(1):283.
2. Dogar AA, Shah I, Ali SW, Ijaz A. Constraints to Online Teaching in Institutes of Higher Education during Pandemic COVID-19: A Case Study of CUI, Abbottabad Pakistan. *Revista Romaneasca Pentru Educatie Multidimensionala*. 2020 Sep 7;12(2Sup1):12-24.
3. Feroze N, Ans M, Mahmood K, Ali HA, Afzal H. Impact of covid-19 pandemic on training activities of general surgery residents in Pakistan Army. *PAFMJ*. 2020 Aug 7;70(1):S326-30.
4. Rafiq M, Batool SH, Ali AF, Ullah M. University libraries response to COVID-19 pandemic: A developing country perspective. *The Journal of Academic Librarianship*. 2021 Jan 1;47(1):102280.
5. Younos A. Online education for developing contexts. *XRDS: Crossroads, The ACM Magazine for Students*. 2012 Dec 1;19(2):27-9.