

# Medical Pedagogy in the Time of COVID-19

Sasidharan S,<sup>1</sup> Dhillon HS,<sup>2</sup> Singh S<sup>3</sup>

<sup>1</sup>Department of Anaesthesia and Critical care,

<sup>2</sup>Department of Psychiatry

Level III IFH Hospital, Goma.

<sup>3</sup>Department of Anaesthesia & Critical Care,

AFMC, Pune, India.

## Corresponding Author

Shibu Sasidharan

Department of Anaesthesia and Critical care,

Level III IFH Hospital, Goma.

E-mail: shibusasi@gmail.com

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## INTRODUCTION

Medical teaching is about giving a student a collaborative experience of the art and skill of the practice of medicine. This is acquired through authentic patient experiences. A clinical teacher uses clinical lectures, simulations, lab sessions, small group interactions, cadaver dissection and technical classes (eg: ultrasound) to create a complete clinical immersion experience. For this we use both the in-patient and out-patient facilities.

For centuries, teaching has been a purely human endeavour

COVID-19 pandemic is a fractious time for medical education. While many natural disasters, attacks and epidemics have challenged the delivery of education in the past, nothing compares to the level this potentially fatal pandemic has wrecked. While the need for medically trained doctors have never been so important globally, preparing doctors for the same hasn't been more challenging. The practical and logistics trials are immense. While we fear that the medical students might acquire the infection from the patients or each other, we also fear the spread of the contagion as asymptomatic virus carriers.<sup>1</sup>

Clinical methods – the skills doctors use to diagnose and treat disease – are best learnt by the bedside of real patients.<sup>2</sup> Over time, experience and maturity, the methods do evolve and change as new techniques and new concepts arise, but the start of this learning curve begins at the bedside, or in the clinic and with an educator teaching you how clinical examination is done, by example. But to flatten the curve, medical education is being imparted as virtual teaching in the form of recorded lectures, webinars and live-streams. But this unquestionably hampers the real time feedback and 'back-and forth' that develops in the class. While e-classes can teach the theory of medicine, it cannot replicate the practise of medicine. The skills of therapeutic touch required during examination and treatment, compassion, empathy etc. cannot be taught using AV modalities. Lack of social Interaction barricades the growth of teamwork and communication skills, which will prepare the future doctors for effective, comprehensive patient care and multidisciplinary, inter-professional practice.

Other factors affecting teaching/classes are:

1. Lack of COVID-19 testing facilities
2. Decreased attendance of patients in OPDs
3. Cancellation of elective surgical cases
4. Lack of PPEs

Learning in medicine is a conglomerate of acquiring knowledge, skill and art of dealing with the patients. As we adapt ourselves to this "new – normal", medical education hasn't been more unhinged. While integration of technology is a critical and required part of medical education, it should not cause over-reliance to it and decrease our human skills like compassion and empathy.<sup>3</sup> Apart from academics, some important aspects of

medical education are forming bonds of friendships, personal identity development, acquaintance to diversity and self-care skills, which will be impossible to achieve in an exclusively 'online' environment. So, as we cultivate plans to re-introduce elements of face to face teaching, we need to ensure that these nuances are also integrated with medical education. The need of the hour is to think outside the box, and set objective standards for the online format of classes.

## CONCLUSION

We need forward thinking and scholarly approach to review the curriculum for future doctors and find solutions to have a near-authentic patient experience.<sup>4</sup> While this is a time for both students and medical educators to help contribute to the advance of medical education, and to formulate skills for the times ahead, this could also be the defining time in history while the new code of medical education is written.

## REFERENCES

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