Clinical Education in COVID-19 Era: A Surgeon's Perspective

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Dear Editor in Chief,

The onslaught of coronavirus has been ongoing for 9 months in India. The impact of this pandemic in health services and medical education cannot be overstated. India was one of the earlier and faster countries to adopt and implement e-learning [1]. The recently concluded ASICON is one great example for the same.

However, as educators, are we truly satisfied with the current methods? Do we truly believe that e-learning can be as impactful as projected? Can we work towards a more fruitful method?

In our experience in imparting surgical education to students, we fully understand the need for proper clinical skills. This however is learnt through practice and patience, through patient interaction and prudence. Empathy is learnt by experience, not through disposition.

First and foremost, it is an apparent thing that online attendance for classes is definitely higher than in person attendance, probably because of ease of access [2]. However, we felt that it was difficult to sustain interest among the students for prolonged periods. The students felt there was no “student-teacher bond” in an online platform. The situation worsens in the event of a clinical class, as most teaching methods dissolve into showing demonstration videos.

Though theory classes are overall accepted on both sides, through innovative methods like “flipped learning” or “blended learning” methodology, clinical classes are a totally new ball game [3, 4]. We propose that newer more personal methods of clinical teaching can be considered as follows.

Having a direct patient to student interaction, either via

video conferencing or conference telecall, will facilitate students to develop the much-desired communication skills. Though widespread “virtual reality” is a farfetched notion still in India, the facilitator of the session could wear POV cameras while examining a patient to provide a “virtual 1st person view” for the students viewing the class. This, we feel, would create a more direct and visual enrichment for the students.

We also propose the introduction of open book examinations, in which students will be given a specific topic to prepare the previous day, and an online Viva can be done. This will remove the hesitancy on the student's side, alleviate their fear of being wrong, and promote more interpersonal communication, which is the biggest drawback of e-learning.

Another aspect of e-learning, we propose is that of “student reels” where we pick some students to role play with friends and family to enact a clinical situation. This will facilitate in developing empathy, which we feel is an important attribute in clinical learning.

To conclude, though this pandemic has been devastating to say the least, it definitely has sharpened our views in diversifying medical education to a more varied and evolving concept. We should take this as an opportunity to strengthen what we have learnt and not fall back to our old ways. We should learn to not react out of urgency but act out of preparedness and intent.

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