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Medical Education During the COVID-19 Pandemics – Challenges Ahead

We read with interest the study on medical education during the coronavirus disease (COVID-19) Pandemic by Singh, *et al.* [1]. The authors have succinctly described the effect of social distancing on medical education in the wake of the pandemic.

Medical education is based essentially on pillars of knowledge, skills, behavior and communication skills, which need to be developed in medical students. While knowledge and deep learning actively require teacher-learner interaction in a conducive environment; skills, behavior and communication are difficult to cultivate without real time student-patient interaction.

Although didactic class room teaching, presentations, demonstrations and bed side teaching learning have largely been replaced by self-directed learning (SDL) and online teaching learning platforms, but the benefits of direct teacher student contact and real time two-way feedback are difficult to replicate at online forums [2]. Well-structured small group online teaching during this pandemic can improve teacher student interaction and initiate a deeper learning experience too [2]. Although adopting this format of teaching learning may not be easy for students with low motivation and from lower socioeconomic strata due to lack of equipment and connectivity, adapting to these new changes in medical education is the only way forward [2].

At our institute, we are using WebX platform for imparting online teaching to four hundred and twenty undergraduate students from four undergraduate medical batches. It is a real time large group teaching for all the subjects of the respective batch; each class lasting forty five minutes as per the approved curriculum. The presented lectures are posted online and are

accessible to all for future reference. Small group teaching (4 to 5 learners in each group) for active participation and in-depth learning is also conducted through this platform. Some guidelines are available to conduct student assessments, but the modalities of conducting annual assessments is open to discussion [3,4].

In the era of social and physical distancing, actual student-patient interaction may not be possible but practical skills still can be facilitated by online videos on patient examination followed by students practicing on simulation and virtual reality platforms, while attributes like attitude and communication skills can be practiced on inpatients, maintaining social and physical distance. As development of clinical skills, attitude and communication in a medical student are integral part of medical education, we have to discuss and deliberate how these attributes can be addressed on online platforms.

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