Indian Journal of Clinical Anaesthesia 2021;8(1):148–149

Content available at: https://www.ipinnovative.com/open-access-journals

Indian Journal of Clinical Anaesthesia

Journal homepage: www.ijca.in

Brief Communication

Paradigm shift in medical education

Anish Gupta[1], Bhavna Gupta[2], Pallavi Ahluwalia[3,*]

[1]*Dept. of CTVS, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India*
[2]*Dept. of Anaesthesia, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India*
[3]*Dept. of Anaesthesia, Teerthanker Mahaveer Medical College, Moradabad, Uttar Pradesh, India*

ARTICLE INFO

Article history:
Received 22-12-2020
Accepted 28-12-2020
Available online 15-03-2021

Keywords:
Tele teaching
Tele medicine
COVID -19

ABSTRACT

With the introduction of telemedicine, integrated testing protocols, and clinical studies with versatile approaches to developing solutions, the COVID-19 outbreak can reflect a lasting transition in medicine. Education providers can help plan and measure the impacts of current revelations in learning and adapting new beliefs and norms to the future. Not only is now a moment to assist in improving medical training in the light of successful curriculum development and change, but it can also be a crucial moment for many clinical specialties.

1. Introduction

Though many will recall the COVID-19 contagion as a cause of devastation, it is also likely to be seen as a stimulus for the revolution of medical training that has been evolving for the past several years. The significant restriction of clinical learning opportunities for medical students was an especially daunting feature of education during the pandemic. Medical schools were hesitant to include students in the treatment of patients with or suspected of having COVID-19, given the lack of personal protective kit/ equipment (PPE), restricted COVID-19 testing capacity, and concern about how easily the virus could spread. The decrease in the number of patients seeking treatment for conditions other than COVID-19 has further complicated the issue. There was minimal capacity for supervising medical students for faculty and residents, dealing with patient spikes and innovative care delivery strategies such as telemedicine.[1]

The clinical training effect of COVID-19 is enormous, far-reaching, and confronts medical students with particular challenges. It should be concept, forward, conscientious about counteracting strategies. Lessons learned during the pandemic from medical education changes can theoretically be extrapolated to other circumstances of crisis. Pending the production of a vaccine, medication, or both, social distancing is the most successful prevention technique since the advent of COVID-19. This prohibits students from assembling in learning studios, conference rooms, or tight rooms, by necessity. Students will need to be engaged as part of the workforce and integrated with the clinical setting, considering the risk that the COVID-19 pandemic may result in a health care worker shortage. This situation could change quickly, and in their response, medical schools will need to be dexterous and versatile.

In order to train fourth-year students to serve as either volunteer or as residents earlier in the clinical setting, some schools recommend early graduation. With the advent of telehealth,[2] adaptive testing protocols, and clinical trials with versatile approaches to achieving solutions, the COVID-19 epidemic can represent an enduring transformation in medicine. Several examples have improved discovery, science, and patient care through learning from traumatic experiences. In order to understand and apply new principles and strategies to the future, students and educators can help track and evaluate the

* *Corresponding author.*
E-mail address: drpallaviahluwalia@yahoo.com (P. Ahluwalia).

https://doi.org/10.18231/j.ijca.2021.030

impact of present changes. This is not only a time to contribute to the development of medical education in the sense of active curriculum innovation and change, but it may be a landmark moment for many medical disciplines. In this uncertain age of COVID-19, we can be sure that medical education will never be the same.[3] There has been a significant disruption to both undergraduate and graduate medical education, forcing educators and learners to adjust to distance learning while striving for normalcy. When used optimally and despite their inherent limitations, both learners and educators may use virtual resources to achieve a common purpose of delivering efficient and effective medical education to educate our next generation of doctors. This pandemic has presented educators with an unexpected opportunity to drive forward advances in drug education and rigorously research this new educational model's effect on our trainees. A great deal of confusion has arisen as a result of the COVID-19 pandemic and has thus contributed to Medical colleges and universities use various online channels. The Web Initiative Learning has also been funded by governmental bodies such as the Indian Medical Council. There were no other opportunities left uninterrupted to continue schooling.

Professionals with different specialisations have warmly accepted the opportunity to learn and improve through online media. With the outbreak of COVID-19, we have seen a major rise in the usage of online learning platforms for medical students. Although online teaching and learning are becoming a new norm, it is difficult for medical students to achieve their learning objectives. Since online practices, clinical ward rounds, outpatient department (OPD) and OT posts, internal assessment assessments can hardly be carried out. Replicating similar teaching experience and clinical exposure can also be a challenge for medical faculty members, as areas like Out Patient Departments and ward posts help medical students connect with patients.[2] It therefore adds value to the development of both communication and clinical skills. The care of patients today includes a holistic approach that, apart from just clinical experience, incorporates technical competence and assertive communication skills. Students at medical colleges need to be motivated to develop strong communication skills with adequate instruction.

2. Conflict of Interest

None.

References

1. Salawu A, Green A, Crooks MG, Brixey N, Ross DH, Sivan M. A Proposal for Multidisciplinary Tele-Rehabilitation in the Assessment and Rehabilitation of COVID-19 Survivors. *Int J Environ Res Public Health*. 2020;17(13):4890. doi:10.3390/ijerph17134890.
2. Sharma D, Bhaskar S. Addressing the Covid-19 Burden on Medical Education and Training: The Role of Telemedicine and Tele-Education During and Beyond the Pandemic. *Front Public Health*. 2020;doi:10.3389/fpubh.2020.589669.
3. Ahluwalia P. Tackling education issues and maintaining professional training during pandemic. *Indian J Clin Anaesth*. 2020;7(3):367–8. doi:10.18231/j.ijca.2020.067.

Author biography

Anish Gupta, Assistant Professor

Bhavna Gupta, Assistant Professor

Pallavi Ahluwalia, Professor https://orcid.org/0000-0001-8730-3730

Cite this article: Gupta A, Gupta B, Ahluwalia P. Paradigm shift in medical education. *Indian J Clin Anaesth* 2021;8(1):148-149.