Medical Edification curated for COVID-19

Dear Editor,

Medical teaching comprises giving a student a collaborative experience of the art and skill of the practice of medicine. As doctors, we know that this is acquired through authentic patient experiences. For the same, a clinical teacher uses clinical lectures, simulations, laboratory sessions, small group interactions, cadaver dissection, etc., to create a complete clinical immersion experience.

COVID-19 pandemic is a fractious time for medical education. Many natural disasters, attacks and epidemics have challenged the delivery of education in the past, yet 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 have not been more challenging. World over, 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 through them as asymptomatic virus carriers.[1]

Clinical methods are best learnt by the bedside of real patients.[2] 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 with an educator teaching you how the clinical examination is done, by example. However to flatten the curve, medical education is being imparted as virtual teaching in the form of recorded lectures, webinars, and live-streams. However, 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 audio-visual 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 lack of COVID-19 testing facilities, decreased attendance of patients in outpatient departments, cancellation of elective surgical cases, and lack of personal protection equipments.

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 has not been more unhinged. While the integration of technology is a critical and required part of medical education, it should not cause over-reliance on it and decrease our human skills like compassion and empathy.[3] The need of the hour is to think outside the box and set objective standards for the online format of classes. We need forward-thinking and scholarly approach to review the curriculum for future doctors and find solutions to have near-authentic patient experience.[4] 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.

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Conflicts of interest

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