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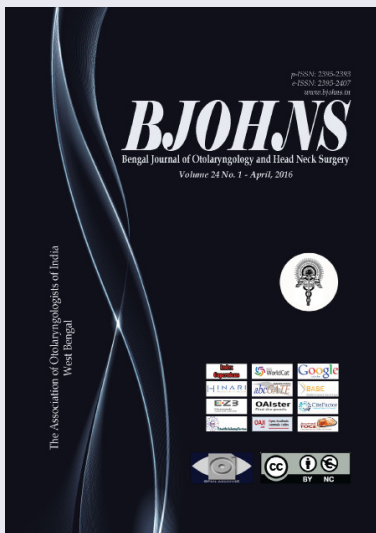
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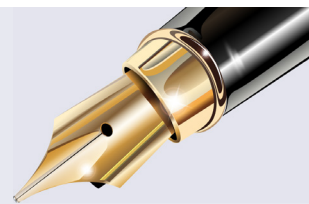
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From the Desk of the Editor



The medical student community has traditionally involved themselves by assisting/supplementing the workforce in managing natural calamities, accidents, fires and even wars, while continuing with their education. However, the unprecedented global emergence of the highly contagious pandemic of the coronavirus disease 2019 (COVID-19) has not only restricted the scope of participation of the students in combating the situation but also threatened the basic method of medical education that shapes the quality and confidence of the budding physicians in treating the ailing patients.

As COVID-19 infection rates increased during March, 2020, and it became clear that asymptomatic persons (including the students and doctors) may carry the virus and infect others, the medical students were withdrawn from the traditional hospital-based instructional classes. Cancellation of surgeries and suspension of traditional learning sessions denied students the opportunity to learn from face-to-face contact with patients or hands-on experience using equipment/gadgets in authentic patient care environments under the mentorship of their teachers. Uncertainties fed the feeling of insecurity and anxiety amongst the students. Medical educationists all over the world experimented and implemented different educational adaptations to convert panic into resolve to fight the problem, while keeping the students engaged and on track with the curriculum-driven coursework. Innovations in medical education technology aimed at maintaining standards of quality and performance.

The perspective of medical education has changed during the COVID-19 pandemic. Virtual medical education utilized the resources of digital learning management systems to reach out to the students on video communication platforms like Google Classroom, Skype, Zoom, etc. and tried to generate a classroom like experience in participation and interaction while maintaining physical distancing to keep the students safe. One Chinese medical school devised online problem-based learning techniques to complete the curricula in one session. These methods became so popular that the medical school continued with these methods in subsequent sessions too.

The clinical experience the students gather during the in-patient and out-patient rotations are considered to be invaluable. Different methods have been proposed that ranged from moving the didactic lectures forward while deferring the clinical rotations, to digital simulations of clinical situations/procedures where participants can discuss or assist in virtual team settings to develop their clinical skills.

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The pandemic catalysed greater cooperation between institutions in providing access to and sharing their teaching resources. While most of the institutions have created their platform to provide virtual education, many such institutions and professional bodies joined hands to create a repository to provide resources and educational content to the medical community, e.g., the Virtual University of Medical Sciences (VUMS) in Iran, e-learning for healthcare in the UK (e-lfh) hub of the NHS, etc. The professional bodies/associations in India (e.g., AOI, NES, IAOHNS) have conducted different instructional/lecture series and uploaded those on their websites for ready access. A number of dependable YouTube medical education channels are available with very good content. So now the students have more options to learn from the virtual platforms rather than the traditional didactic lectures. Development of resource bases have now enabled the students to choose the topics of their interest and learn it from the best teachers around the world.

The rapid spread of COVID-19 and persistence of the pandemic for a prolonged period have had serious implications for medical education. The medical educators lived up to the challenge and came out with innovative methods to make up for the scarcity of traditional teaching environment and reduced clinical exposure. Virtual medical education came into being utilising digital technologies and online platforms to give more clarity to teaching. Wider use of simulations, adaptive teaching-learning activities, greater flexibility in curriculum as also in the assessment methods appear to have transformed the medical education forever.

Suggested readings:

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