The impact of the COVID-19 pandemic on medical education

To the Editor: Before the coronavirus disease 2019 (COVID-19) pandemic, we had been thinking about how best to re-imagine our university medical program to enhance student experience and learning outcomes. Globally, questions have been raised regarding the utility and format of the pre-clinical content taught in medical programs in the junior years,¹ particularly lectures, which have increasingly low attendance rates. There is emerging evidence that blended approaches to education meet the connectivity, flexibility and interactivity expectations of learners,² and have potential to combine the best of both online and face-to-face teaching. Packaging content in digestible chunks, combined with active learning activities online such as adaptive tutorials, discussions and reflections, results in more meaningful educational experiences for students than didactic lectures.^{3,4}

The COVID-19 pandemic forced a rapid transition to entirely online teaching for junior medical students. Even components of clinical teaching (other than physical examination) had to proceed in this format. Despite the pace of this transition, both formal and informal student feedback indicated that students have an extremely high level of satisfaction and engagement with online learning activities. The clinical training components of the program have, by necessity, also become more streamlined.

COVID-19 has forced us to examine all elements of our medical program. This is an opportunity to review the curriculum for future doctors, especially its alignment with the skills and capabilities they will need in their careers. Clearly, we need to facilitate the development of teamwork and communication skills, which will prepare students for effective patient care and multidisciplinary, interprofessional practice. Additionally, we have an obligation to support medical students in developing skills in reflection, adaptive problem solving, leadership and lifelong learning, all of which are needed to adapt to a rapidly changing health care environment.⁵

Some important aspects of university life, such as such as friendships, personal identity development, exposure to diversity and self-care skills, will be much harder to achieve in a solely online environment, but as we develop plans to reintroduce elements of face-to-face teaching, we need to ensure that these are integrated with, and informed by, the advances made in medical education during the past few months.

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