

The impact of the COVID-19 pandemic on medical education

IN REPLY: We thank Kirk and Mitchell for their thoughtful response to our letter.¹ As they point out, unexpected external factors have dramatically changed how we deliver education in the tertiary setting in 2020. This now gives us the opportunity to capitalise on advances made during the rapid transition to largely online learning and to review the essential components of our medical curricula. We also have the opportunity to come back to a blended educational environment that is better than previously.

The ongoing development of our educators is essential so that they will continue to deliver high quality educational materials in effective ways to students across all platforms: face-to-face and online. Our best educators are probably those who can adapt what and

how they teach according to changes in best educational practice.

Perhaps, in line with Kirk's and Mitchells' description of a major shift in the content traditionally delivered in medical programs, we now need to look around at the changes in the medical workforce and needs, both in Australia generally and as a result of the coronavirus disease 2019 (COVID-19) pandemic. Telehealth is here to stay² and needs to be incorporated into our curricula. Medical students also need to understand the complex health issues that affect rural, Indigenous and ageing populations,³ and to understand health systems, including quality improvement, patient safety, value-based health care, population health, informatics, and systems thinking.⁴ In addition to this newer content, most medical schools are also working to incorporate development of students' professional identity, as well as capabilities in leadership and advocacy.

As stated by Kirk and Mitchell, preparing our students to work in a rapidly changing environment and equipping them with lifelong learning skills are crucial to enabling their success both at university and thereafter.⁵ Developing students' skills in self-directed learning, problem solving and reflective practice is key. Integrating these more contemporary skills with mastery in basic and clinical sciences to create a truly meaningful curriculum⁶ delivered using effective student-centred approaches is the ultimate goal.

Adrienne J Torda 
Gary Velan
Vlado Perkovic

UNSW Sydney, Sydney, NSW.

a.torda@unsw.edu.au

Competing interests: No relevant disclosures. ■

doi: [10.5694/mja2.50762](https://doi.org/10.5694/mja2.50762)

© 2020 AMPCo Pty Ltd

References are available online.

- 1 Torda AJ, Velan G, Perkovic V. The impact of the COVID-19 pandemic on medical education. *Med J Aust* 2020; 213: 188. <https://www.mja.com.au/journal/2020/213/4/impact-covid-19-pandemic-medical-education>
- 2 Rose S. Medical student education in the time of COVID-19. *JAMA* 2020; 323: 2131–2132.
- 3 Hudson JN, Weston KM, Farmer EA. Changes in medical education to help physicians meet future health care needs. *Med J Aust* 2017; 206: 378–379. <https://www.mja.com.au/journal/2017/206/9/changes-medical-education-help-physicians-meet-future-health-care-needs>
- 4 Gonzalo JD, Chang A, Dekhtyar M, et al. Health systems science in medical education: unifying the components to catalyze transformation. *Acad Med* 2020; <https://doi.org/10.1097/ACM.0000000000003400> [Epub ahead of print].
- 5 Murdoch-Eaton D, Whittle S. Generic skills in medical education: developing the tools for successful lifelong learning. *Med Educ* 2012; 46: 120–128.
- 6 Buja LM. Medical education today: all that glitters is not gold. *BMC Med Educ* 2019; 19: 110. ■