

## EDITORIAL

## How Should Medical Education Continue During COVID-19 Pandemic?

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Coronavirus pandemic which has started from China in late November 2019 overwhelmed the world. In response to this pandemic, governments took various recommended measures to curb the transmission of the virus. In Ethiopia, preparedness and response activities for COVID-19 began a bit earlier, but measures including school closures were put in place to limit the spread of the disease immediately after the report of the first laboratory confirmed COVID-19 case on the 13<sup>th</sup> of March 2020. From previous experiences on acute respiratory infections, since school closure has been considered effective in reducing the transmission; it was one of the prime measures taken throughout the world including Ethiopia during COVID-19 pandemic. School closure certainly reduces contact among students, teachers and families thereby having its own implications on the transmission of the disease. As a consequence, in Ethiopia, over 30 million students have been staying at home.

Most countries which closed schools in response to the pandemic are now re-opening the schools. Ethiopia is also re-opening schools including universities starting from October 2020. The drivers to reopen schools include the fact that the pandemic is taking a very prolonged period than initially thought, more is known about the disease than before and students are being affected by various problems while staying at home. Though the implementation could be challenging, preparations are made to make available possible prevention methods.

Likewise, medical schools in Ethiopia which were partially closed (were training only interns and residents) are now to fully re-open. Unlike other disciplines, medical education during this pandemic has additional risk since students could not only interact with each other and with their instructors, but also with patients and care takers. As a result, the pandemic poses practical and logistical challenges and concerns for patient

safety, recognizing that students may potentially spread the virus while asymptomatic and may acquire the virus in the course of training (1-3).

Whatever challenging it is, producing the future physicians need to endure in any way basing on the developments in medical education in recent years. In the past one decade, in most parts of the world, medical schools have been engaged in adapting medical education where lectures are reduced, active and self-directed learning is strengthened and individualized and interprofessional learnings are promoted. In doing so, using technology is given big emphasis (4,5). During this COVID-19 pandemic, utilizing the already started educational adaptation is inevitable, and further development is imperative. Educational adaptation in COVID-19 era is to embrace the safety and well-being of students in the context of providing patient-centered care. However, such adaptations must ensure that students acquired the required competencies.

In the traditional education system, during pre-clerkship phase of medical education, students gather in lecture halls, laboratory sessions, simulation and clinical instructions while social distancing is the most effective preventative strategy of COVID-19 (5). Likewise, during clerkship phase, students are supposed to be part of the hospital teams to attain real patient experiences during which students may transmit the virus unknowingly or contract the disease.

With the COVID-19 pandemic, the entire classroom-based education needs to be transitioned to digital formats and the community attachments to COVID-19 related activities. For clinical attachments, schools need to engage in digital clinical didactic sessions, utilize available virtual cases and make limited purposeful small group patient-based sessions (with maximum possible protections) so that students attain the required competencies. Similarly, adaptations need to be made on assessment framework where

online written examinations, minCEX, OSCE, online portfolio, e-logbook and workplace-based assessments are used rather than the previous routines.

What is more, the insightful educational adaptation in response to COVID-19 may forever change how future physicians are educated. While it is important to act quickly when making adaptations during COVID-19, it is equally important to foresee the long-term shifts that may become the new normal. Many adaptations such as effective online instruction are required by the urgency of the pandemic. Schools must work on sustaining these adaptations as they refresh medical education (6). While in the midst of this crisis, it is crucial that the academic community learns from the experience and prioritizes a forward-thinking and scholarly approach as practical solutions are implemented. The COVID-19 pandemic may represent an enduring transformation in medicine with the advancement of telehealth, adaptive research protocols, and clinical trials with flexible approaches to achieve solutions.

The current issue of the Ethiopian Journal of Health Sciences, the last regular issue for the year 2020, contains an editorial, twenty-one original articles, a brief communication and four case reports on various topics. The brief communication in this issue deals with Corona Virus Disease 2019.

I invite readers to read through these articles and appreciate or utilize the contents. I also urge readers to forward comments and suggestions to the editor or the corresponding authors.

## REFERENCES

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