

# COVID Era: Rethinking Postgraduate Education

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## ABSTRACT

With the number of patients suffering from COVID-19 increasing all over our country, many teaching hospitals are getting converted to dedicated COVID hospitals. This would mean admission of only COVID- proven/suspect patients with suspension of elective surgeries, preanesthetic clinics, chronic pain, and palliative clinics. Newly joined junior residents are being harnessed to meet the ever-increasing demand in critical care setups. This is a difficult situation as they not only have to provide optimum care to patients, but also work in stressful real-life scenarios. In 2003, severe acute respiratory syndrome (SARS) outbreak in Hong Kong affected healthcare workers, and 17 medical students got infected. This led to the closure of the university. During this period, there was growth of technology-based learning as a continuum to clinical teaching. The various modalities used were webcasting, videotaped vignettes, audio recordings, problem-based learning tutorials on online chat rooms, and mannequin simulators. Though all these modalities sound impressive, implementing all these requires time, adequate resources, and planning. Implementing all these might not be feasible in the present scenario, but this pandemic has taught us one important lesson. It is time that the institutions and government develop and establish customized technology-based learning and assessment for the postgraduate students, in view of any future pandemics.

**Keywords:** COVID-19, Medical education, Postgraduates.

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With the number of patients suffering from COVID-19 increasing all over our country, many teaching hospitals are getting converted to dedicated COVID hospitals. This would mean admission of only COVID proven/suspect patients with suspension of elective surgeries, preanesthetic clinics, chronic pain, and palliative clinics. Newly joined junior residents are being harnessed to meet the ever-increasing demand for critical care. This is a difficult situation as they not only have to provide optimal care to patients, but also innovate the teaching and training of residents.

Therefore, the indirect impact of this pandemic on medical education of the residents cannot be ignored. The mandate of physical distancing has led to suspension of teaching classes and lectures. In majority of the teaching institutes, the focus has shifted to online classes. Though the advantages are obvious, a few issues include the use of conventional didactic lectures, reduced interaction with peers coupled with fluctuating Internet connectivity.<sup>1,2</sup> Faculties have the responsibility of teaching, research, and publications. Taking classes digitally adds to their commitments. Students also find it cumbersome to sit in front of a screen for long hours leading to mental and mechanical stress. There is less emphasis on assessment modalities. Conduction of exit exams has also been affected. Face-to-face assessment is not possible and chances of online cheating are high. Use of pedagogical innovations like flash multimedia, virtual patients (for clinical examination, procedural, diagnostic skills, and communication skills), and virtual-reality simulators (for examination, surgical, and resuscitation skills) can be useful.<sup>3,4</sup> These would include advantages of physical distancing and noncontact among students and patients.

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Though all these modalities appear impressive, implementing all these requires time, patience, adequate resources, and planning. It is time that the institutions and government develop and establish customized technology-based learning and assessment for the postgraduate students, in view of any future pandemics.

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