

Editorial



Post Covid-19 Impact and Adaptations of Undergraduate Medical Education in Bangladesh

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By the end of 2019 spread and emergence of the SARS-CoV-2 pandemic (COVID-19) has become a global health disaster and has had a significant impact on medical education. Due to pandemicity, the medical education system was changed from a physical face-to-face and bed-side learning model to a internet based virtual method to reduce the spread of COVID-19. These changes disturbed the medical education and hospital service systems as well. To maintain and to ensure the integrity of medical education, we needed to have a logic education method and firmness of administrative leadership. The objectives of this type of medical education process were safe lecture or tutorial delivery. These exceptional conditions that lasted more than a year gave various responses from both teachers and learners perspectives.

The government of Bangladesh announced to close all in/on campus educational activities due to the COVID-19 pandemic starting from 18th of March 2020. This sudden closure of traditional teaching-learning activities threw Bangladeshi medical students to a new era. A few weeks later, the online education started. Though the access to virtual system was different between rural and urban areas and social and economic impact on these virtual classes had significant role.

At the onset of the pandemic, many countries adopting strategies to precede the unprecedented decision to suspend clinical rotations, and issued guidance for medical students to avoid activities involving direct patient contact.¹

The classes were delivered by Zoom or Google Classroom videos which were capable to count attendance of the participant students. As medical education is highly professional one, involving /including lectures, clinical examination and classes, lab tests and patient management learning – the virtual classes could not gave the full satisfaction to the teachers and students. Online classes in KYAMC started in mid November 2020, 4-months after the closure of the College. The online examination of the students did not meet-up the real objectives of the professional exams. These circumstances led a delayed holding of exams along with a prolongation of the medical course.

At KYAMC classes started physically since 10th August, 2021 after the confirmation of having vaccination of the students. The students were detached from medical college for about one year and a half, though the online classes were going on. The professional exam remained stopped for a year between December, 2020 to March, 2022. The MBBS Profession exam of Rajshahi Medical University and Rajshahi University started in March 2022 (exam of May 2021).

The physical and psychological impact of Covid-19 on the students can't be ignored.^{2,3} Generally, doctors and medical

students are recognized as a vulnerable population, suffering from higher levels of anxiety, depression, substance abuse, and disordered eating compared to the general population. Therefore, when the nature of their working/ educational system changed radically, during the COVID-19 pandemic, the burden on the mental health of this medical professionals was increased many folds.

The impact of the COVID-19 pandemic on the education and assessment of undergraduate medical students, was very significant.³ With the spreading of coronavirus rapidly across the globe, countries have taken swift and decisive actions to mitigate the development of a full-blown pandemic.

COVID-19 is expected to directly affect students by disengaging them from learning (either at college or home), as the longer time students stay away from studying/learning activities, the more likely it is that their skills would deteriorate, resulting in the formation of learning gaps.⁴ Students from privileged families are more likely to have access to internet and other facilities.

Though the number cases of Covid-19 are reduced, medical education including all kinds of education was hampered and session jams appeared throughout.

We have gone through and examined the relevant articles^{3,5} using search engines like Scopus and PubMed. The COVID-19 pandemic crisis has unlocked a creative horizon in accepting an appropriate hybrid educational methodology. This conveyed safe health professionalism, with the human-centered ethical values.

A direct, hands-on scientific learning method develops graduates' skills and experience that ensure the quality of medical education. However, to combat the crisis of the COVID-19 pandemic, medical colleges and other health profession education institutions globally must adjust their curriculum and educational strategies. Innovative distant learning modes, using extended technology, e-learning tools, and simulation amenities can provide a good educational methodology. From experience gained through a pandemic, medical schools should perform best practices for a dynamic shift to blended learning and assessment. Moreover, medical educators should develop practical guidelines or protective actions to conduct clinical teaching without negotiating safety, health, and quality of medical education.

The pandemic attack of COVID-19 has changed the students' life style and education delivery and reception around the world in a very short time. COVID-19 pandemic has imposed big challenges on medical education worldwide. Undergraduate

medical students of Bangladesh expressed their concern about disruption of medical education, losing of clinical skill, increased level of anxiety and stress, and changing aspect of future career plan.⁶ In addition, financial burden, lacking of opportunities for meaningful learning, possibility of maintenance of social distancing and fear of getting infected were reported. Innovative transformations are expected to overcome the impact of COVID-19 pandemic on medical education of Bangladesh.

We need to understand the scale of impact of learning and teaching contents of modified / hybrid education during the Covid-19 time. Our observation may give some insight to prevent the further damage of these effected students in their higher education in future.⁷

The COVID-19 pandemic created new challenges to medical education, and such a disruption of the learning environment requires leadership and coordination across sectors. Some of the strategies used by different medical colleges may have power beyond the pandemic, reshaping how tomorrow's health professionals are trained.

Post-Pandemic medical education needs a stronger focus on public health and the community's needs.⁸ In response to the COVID-19 pandemic, medical students should engage with public health activities. Importance of inter-professional education, collaboration and knowledge exchange approach should be included in medical curricula. Even though the pandemic has affected medical education, Tech-based teaching-learning played a great role to minimize the damage during the pandemic. This hybrid educational model may play a great role in future crisis. The pandemic highlighted the need for more robust mental health education for the medical students as part of the medical curriculum.

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