

## **Covid-19 and Teaching Challenges**

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Dear editor,

The coronavirus 2019 (COVID-19) pandemic has impacted all aspects of the healthcare system, particularly education. Educators were required to re-evaluate and fundamentally alter the way medical students are being taught, balancing concerns of safety and sufficient clinical learning. Of particular interest is the impact of COVID-19 on clinical obstetrics and gynaecology (OBGYN) rotations for medical students.

As a fourth-year medical student at the Royal College of Surgeons in Ireland (RCSI) in Dublin, the curriculum included five weeks of clinical rotations in hospitals throughout Ireland.

Smaller class sizes, in accordance with COVID-19 social distancing guidelines, allowed for a personalised learning approach; targeted case-based learning with increased student participation and discussion, and flexibility to focus on specific learning objectives, led to solid understanding of concepts.

In order to facilitate teaching, increased number of sessions, for shorter durations is required. Due to limited teaching time, educators are required to consolidate teaching plans and focus on important learning points, resulting in more efficient teaching styles. The end result is positive for educators and students, as learning objectives are conveyed more efficiently, leaving time for questions.

When reviewing medical school teaching to meet COVID-19 guidelines, a critical appraisal of prior curriculum was required to address safety concerns, which inadvertently strengthened the program<sup>1</sup>.

While many positives changes have been brought about as a result of COVID-19, it begs the question whether these improvements outweigh the drawbacks felt on the clinical practice front<sup>2</sup>. While RCSI has maintained significant clinical time, time spent in hospital does not always translate to insightful learning experiences. Due to COVID-19 restrictions, many important clinical experiences could not occur because hospitals stopped seeing certain patients<sup>3</sup> like gynaecology outpatients at Our Lady of Lourdes Hospital in Drogheda and gynaecology ward at Cavan General Hospital.

While the missing clinical experience did not negatively impact on the rotation experience, it may have detracted from the specialty, resulting in less consideration by students to pursue OBGYN in training schemes after medical school.

Due to hospital guidelines, restructuring of OBGYN teams left medical students with limited face time with experienced clinicians in the field. Seeking out mentorship was difficult, preventing insightful discussions about OBGYN career development. Furthermore, it was difficult to appreciate the value of the multi-disciplinary team approach often employed in OBGYN. Specifically, when assigned to the labour ward, many healthcare professionals are involved, including OBGYN specialists and midwives. Due to COVID-19 social distancing guidelines, medical students were sacrificed and often asked to leave<sup>4</sup>. Despite RCSI's efforts, one cannot help but wonder whether COVID-19 has resulted in an incomplete, inaccurate representation of the OBGYN specialty.

The COVID-19 pandemic has drastically altered the way OBGYN medical students are taught. It is important to consider these changes, as they may have long term downstream effects on the recruitment of potential candidates entering OBGYN training schemes. While it is too early to determine the impact of these changes, it is vital to consider the benefits and drawbacks, while maintaining safety during the COVID-19 pandemic.

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