Irish Medical Journal
Established 1867

Issue: Ir Med J; Vol 113; No. 8; P168

The Pandemic Within Medical Education

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The unprecedented upheaval generated by the COVID-19 pandemic has given many the opportunity for reflection. For medical students and educators, although disruptive, this pandemic has necessitated contemplation on our clinical training and how it is delivered.

Medical education, and the practice of such, is reliant on a dynamic and adaptive curriculum. Various traditional pedagogical approaches are protected within medical education, including lecture-based curricula delivered through a teacher-centred model. This particular approach can manifest as a culture within an organisation or discipline which is disinclined to embrace new and emerging practices and technologies[1]. More recently attention has focused on expediting the pre-clinical phase of medical training and moving students toward the clinical environment as early as possible[2]. The pandemic has forced certain changes in the form of almost exclusive online and non-face-to-face training, and surreptitiously might offer an opportunity to examine and revise the educational process.

The conversion from University-based to online learning highlights the possibility of a novel learning format. This move, however, has been associated with several issues, such as equity in access to stable internet connection and hardware as well as a reduction in the formal and informal educational dialogue between students, colleagues and between students and staff. Thus, this transition isn't proffered as a perfect solution. However, there is no major evidence that offline learning works better, and various advantages are also unique to online learning[3]. Distance teaching affords many students the opportunity to learn at their own pace, in a familiar environment. Further, the ability to access recorded materials at any time is ideal for international students who may be afforded greater opportunities to spend time at home via internet learning. Online modules can be produced cheaply, specifically to be shared nationally and internationally across several colleges. Such intercollegiate collaboration may ensure that medical students transitioning to intern doctors are at equal levels in terms of skill and preparation. Currently, numerous popular online resources exist and are widely used by students as adjuncts to their University education. By neglecting this fact, medical schools are out of step with how students are taking learning into their own hands. Online modules designed specifically for distance learners may incorporate many of these resources, strengthening the educational process.

Online learning technologies bring cost-saving innovations in higher education, with reduced labour costs through larger class size and less face-to-face interaction being most applicable[4]. Student savings in terms of reduced accommodation and travel costs are welcome, pertinent for graduate students saddled with tuition fees in excess of €60,000.

Such freedom may broaden the accessibility of graduate entry medicine in Ireland, which currently has cost as a significant barrier. Lastly, the consideration of alternative teaching modalities is important in itself.

Given that the practice of medicine relies on cutting-edge technology and up-to-date knowledge, our medical education should not be afforded the opportunity of complacency. Although there are many aspects of medical education which can't be transitioned online, such as patient contact, opportunistic clinical and educational encounters, including distance learning, may soothe the rigidity of the current curriculum.

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