Letter to the Editor Regarding "Survey among Medical Students during COVID-19 Lockdown: The Online Class Dilemma"

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It was a pleasure for us to read the article titled “Survey among medical students during COVID-19 lockdown: The Online Class Dilemma” by Thomas et al. in your esteemed journal.¹ It is a succinctly written article and we would like to commend the authors on their excellent effort. It is significant in the present scenario and we would like to mention a few points that we feel would further enrich the article.

The major disruption brought on students and teachers in tertiary education by the pandemic in low- and middle-income countries was primarily by the sudden shift from the traditional classroom learning to e-learning without any extensive planning and faculty training.² In a low middle-income country like India, a vast majority of students are underprivileged to access the e-learning facilities, as it will cost them extra in the form of data, gadgets and other paid e-learning platforms and therefore, the equitable distribution of knowledge to all is affected. To overcome this prejudice, special schemes for students which provide a certain amount of free daily data to attend online classes and technical training on online education may be considered by the government. It was also reported that teachers, especially female faculty, were facing difficulties in finding a work-life balance as a result of the abrupt onset and extent of impact that the pandemic has brought on our lives. Having a frank open discussion with all stakeholders accordingly may prove to be helpful in tackling these situations in the future.

Medical students are a natural reservoir of volunteers and they offer a vast wealth of potential which can be put to use in these times of crisis.⁴ However, to harness this potential, the medical students should be prepared adequately to face the crisis. Inclusion of “pandemic/crisis specific” content in the medical curriculum and restructuring it effectively to address the fears of these groups so that the efforts of online education may bear fruit.³ Medical students, in general, will also be concerned about acquiring practical clinical skills which cannot be provided through e-learning. The drastic reduction in their patient contact time, time spent in wards learning clinical skills and bedside teaching may have a negative impact on the confidence of medical students in regard to their future career skills. They are also worried about the indefinite extension of their courses, as universities have failed to provide any meaningful clarity in their official statements. Immediate measures, such as the use of standardized patients, conducting mock clinics, timely conduct of exams and phased reopening of medical schools, need to be instituted effectively to address the fears of these groups so that the efforts of online education may bear fruit.³

Furthermore, students during COVID-19 lockdown-The Online Class Dilemma” by Thomas et al. The major disruption brought on students and teachers in tertiary education by the pandemic in low- and middle-income countries was primarily by the sudden shift from the traditional classroom learning to e-learning without any extensive planning and faculty training. In a low middle-income country like India, a vast majority of students are underprivileged to access the e-learning facilities, as it will cost them extra in the form of data, gadgets and other paid e-learning platforms and therefore, the equitable distribution of knowledge to all is affected. To overcome this prejudice, special schemes for students which provide a certain amount of free daily data to attend online classes and technical training on online education may be considered by the government. It was also reported that teachers, especially female faculty, were facing difficulties in finding a work-life balance as a result of the abrupt onset and extent of impact that the pandemic has brought on our lives. Having a frank open discussion with all stakeholders accordingly may prove to be helpful in tackling these situations in the future.

Medical students are a natural reservoir of volunteers and they offer a vast wealth of potential which can be put to use in these times of crisis. However, to harness this potential, the medical students should be prepared adequately to face the crisis. Inclusion of “pandemic/crisis specific” content in the medical curriculum and restructuring it accordingly may prove to be helpful in tackling these situations in the future. These proactive measures will also help the students to complete their transition from a ‘student’ to a ‘doctor’ less challenging.

References

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