The Shadow of COVID-19 on Medical Education at Tehran University of Medical Sciences in 2020

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Letter to Editor
The outbreak of Coronavirus disease 2019 (COVID-19) has had a major effect on medical education at Tehran University of Medical Sciences. Although we are confronted with the disease challenges including university recess, cancellation of all face to face sessions, and postponement of the exams, we observe a paradigm shift towards 'institutional culture' transition in medical education. However, we know not everything is rosy and glassy; we are going to present the opportunities created in this situation in both classroom and clinical settings at our university.

In classroom settings, two considerable changes have taken place following the outbreak of the Coronavirus taken from face to face to virtual learning and from round tables to networking. While we felt we had failed to incorporate e-learning in the undergraduate medical curriculum (1), after the outbreak of Coronavirus we faced a huge number of requests for using LMS (Learning Management System) and other virtual learning platforms. Besides the replacement of Face to face learning with virtual learning, interactive learning and collaboration are taking place in a variety of virtual communities and social media platforms, including Skype, Tritapp, and Mendeley by networking instead of round tables.

In clinical settings, three main trends and approaches are highlighted; from being a medical student to a physician in training, from individualized practice to collaborative practice, from disease based education to community-oriented education. However, much attention has been paid to creating a conscious perspective of being a physician in training on medical students using various educational interventions from the initial weeks of our curriculum; Coronavirus incidence caused large facilitation towards the unconscious developmental process of feeling like a physician. Furthermore, before the emergence of the Coronavirus, most teachers were endeavoring to focus on teaching individualized practice to medical students, in a way that their students' competencies were valued based on the use of specialized knowledge and skills in providing services to patients, disregarding improving communication and collaboration skills. Nevertheless, after Coronavirus, the learning approach has changed from being an individual to being a team member, focusing on strengthening teamwork skills. Finally, in the recent situation, competent medical students are required to continue the great pace of involvement in disease prevention (such as joining the campaigns, engagement, and partnerships in health-oriented projects, etc.) and translate evidence-based medicine to community health education (like developing training protocols and guidelines, etc.). This is led our curriculum to move toward community-oriented medical education instead of hospital-based education.

These moves encouraged us to embrace the idea that change is happening – a new situation specifically created to facilitate the new approaches to teaching and learning medicine in our university.

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