Medical Education during the COVID-19 era: Adapt to the Change

University of the Philippines College of Medicine
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Outline

• Effects on education during community quarantine
• Challenges
• Strategies for transitioning to flexible learning
Effects on education during community quarantine

• Classes were suspended
• Faculty had to learn how to conduct online classes, and use the LMS and Zoom
• Alternative schedules and requirements were prepared
• Medical interns (final year medical students) volunteered to help
Effects on education during community quarantine

• Work from home status for staff
• University purchased a Zoom subscription for small group discussions and meetings
• Fear of uncertainty about their education and of contracting COVID-19 added to the mental health concerns of students
CHED Guidelines for HEIs

• Deploy available flexible learning and other alternative modes of delivery and assessment

• Select what was best based on available resources

• Exercise maximum consideration and leniency in submission of course requirements especially for those disadvantaged
Challenges

• Internet infrastructure is insufficient for about 30% of students
• Prohibitive cost of internet access
• Lack of appropriate devices to access LMS
• Faculty learning curve is still steep regarding online teaching and assessment
Challenges

• Faculty have conflicting demands between service, teaching and research

• Difficulty in selecting alternative learning and assessment strategies especially for clinical work → inequity in grading (PASS vs. numerical grade)

• Insufficient staffing and time to produce learning material
Adapting change and preparing for the “new” normal
Strategies for transitioning to Flexible Learning: Policy makers

• Lobby for:
  • Better infrastructure to support e-learning
  • Increasing bandwidth especially in schools
  • Decreasing cost of internet subscriptions
  • Government subsidy of cost of internet services in state universities

• Review and update policies to foster greater equality in access to learning resources for disadvantaged groups
## Common Flexible Learning Strategies

**Cluster Discipline: Doctor of Medicine**

<table>
<thead>
<tr>
<th>Curricular Requirements</th>
<th>Student Category 1</th>
<th>Student Category 2</th>
<th>Student Category 3</th>
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</thead>
</table>
| Internship/OJT/Practicum | • Practicum to be done in the local setting*  
  • Paper cases or prepared case vignettes as patient management problems | • Practicum to be done where available*  
  • Paper cases or prepared case vignettes as patient management problems | • Practicum to be done where available*  
  • Paper cases or prepared case vignettes as patient management problems |

* There is no substitute for experiential learning.
### Common Flexible Learning Strategies

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<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>• Self-instructional modules (SIMs) may contain self-assessment exercises which can be sent to teacher for feedback</td>
<td>• Formative self-assessment exercises taken at students’ own pace which can be sent to teacher for feedback</td>
<td>• Formative self-assessment quizzes online sing LMS that can provide immediate feedback to the learner and can be taken at student’s own pace</td>
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<tr>
<td></td>
<td>• Paper and pencil long examinations</td>
<td>• Time-limited Summative online examinations (give more time in anticipation of poor internet) via LMS, OR via available software (e.g. Google forms, Zip grade, Exam soft)</td>
<td>• Time-limited Summative online examinations using deferred feedback (students will get feedback only after the exam is closed)</td>
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<tr>
<td></td>
<td>• Portfolio</td>
<td>• E-portfolio</td>
<td>• E-portfolio</td>
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<tr>
<td></td>
<td>• Projects/case discussion sent to teacher</td>
<td>• Projects/case discussion emailed to teacher</td>
<td>• Projects/case discussion which can be submitted via the LMS</td>
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</table>
Strategies for transitioning to Flexible Learning: Medical schools

• Review and re-design the medical curriculum to include outcomes necessary to make blended learning succeed

• Survey student preferences for learning
  • Keep in touch with students’ educational needs
  • Ensure consistent and relevant delivery of quality education
  • More efficiently utilize resources that students are likely to use
Strategies for transitioning to Flexible Learning: Medical schools

• Provide reliable and supported instructional technology
• Train faculty, students and staff on flexible learning
• Curate content of open educational resources (OERs) and MOOCS
• Invest in IT staff availability for technical support (24/7)
Strategies for transitioning to Flexible Learning: Medical schools

- Create a relevant and reliable digital library of resources, e-books, webcasts for teacher and student use
- Ensure budget is available for purchasing and support of e-learning
- Purchase simulators for training students on required clinical / procedural skills to ensure patient and student safety
• Medical education will need a facelift and will require more flexible modes of learning, including creative approaches to learning patient care.

• Challenges of internet infrastructure and access need to be addressed to ensure inclusion and realize the Internet’s value for quality education.

• Maximize the use of available resources and consider usefulness to students and faculty.