



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

University of the Philippines College of Medicine

08 June 2020

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**

Curricular Requirements	Student Category 1	Student Category 2	Student Category 3
Internship/OJT/ Practicum	<ul style="list-style-type: none"> • Practicum to be done in the local setting* • Paper cases or prepared case vignettes as patient management problems 	<ul style="list-style-type: none"> • Practicum to be done where available* • Paper cases or prepared case vignettes as patient management problems 	<ul style="list-style-type: none"> • 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

Cluster Discipline: **Doctor of Medicine**

Curricular Requirements	Student Category 1	Student Category 2	Student Category 3
Assessment	<ul style="list-style-type: none"> • Self-instructional modules (SIMs) may contain self-assessment exercises which can be sent to teacher for feedback • Paper and pencil long examinations • Portfolio • Projects/case discussion sent to teacher 	<ul style="list-style-type: none"> • Formative self-assessment exercises taken at students' own pace which can be sent to teacher for feedback • 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) • E-portfolio • Projects/case discussion emailed to teacher 	<ul style="list-style-type: none"> • Formative self-assessment quizzes online using LMS that can provide immediate feedback to the learner and can be taken at student's own pace • Time-limited Summative online examinations using deferred feedback (students will get feedback only after the exam is closed) • E-portfolio • Projects/case discussion which can be submitted via the LMS

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



Take Home Messages

- 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.



