

Beyond 2020: Moving Towards New Normal in Medical Education

Karunathilake, I.M

The most unprecedented and challenging year faced by the medical profession and medical education has come to an end. During 2020, COVID-19 has inflicted an unexpected and unprecedented degree of damage and uncertainty on humanity. These profound effects may have an everlasting impact on how future doctors are educated. This situation, therefore, is a transformative juncture to learn and apply new methods and practices in medical education.

Many medical schools in the South East Asian (SEA) region have managed to face the challenge of transitioning from conventional to a more online-based teaching programme. Many clinical departments have come up with innovative plans to avoid overcrowding during clinical teaching (Tenzin *et al*, 2020).

Even though Technology-Enhanced Medical Education still remains an unfamiliar territory for many trainers, COVID-19 pandemic has provided a prospect for digital transformation in medical education. Technology-enhanced medical education including Simulation, E-learning/M-learning, Virtual Patients/Virtual communities and Artificial Intelligence is considered to be effective in promoting self-directed learning. These methods are preferred in providing Continuous Professional development (CPD) and postgraduate medical education. As medical educators of the South East Asian Region (SEAR), we have overcome the challenge of cost effectiveness by using free open source software and programmes in E-learning, Mobile Learning (M-Learning) and

Many have found online teaching to be effective as it enables the availability of remote lecturers who otherwise travel long distances to deliver lectures especially in universities like Eastern universities. Most students and educators feel that this has improved student participation in online classes where attendance has been nearly 100%, which was rarely seen in face to face traditional lectures. Move towards more technology-based teaching method as well as assessments and evaluation methods will also impact the ethos of the future generation of doctors and prepare them to face a world where there is a high digital literacy rate.

Adapting to the new normal requires several other transformations such as in financial, infrastructure, hardware, resource management, etc. This should be achieved by implementing a well thought out plan to utilize the existing available resources. Digitalization of medical education required a total paradigm shift of teaching and we are yet to make the transition fully. The pandemic has brought to the fore the importance of institutional readiness in making this transition (Karunathilake *et al*, 2020)

As such owing to the novelty of this experience both the staff and the students will benefit immensely from training programs on the utilization of the available facilities and different online teaching tools. E-learning adaptation is to thus ensure the alignment of new tools to the educational needs and requirements of its users. Additionally, developing soft skills such as ethics, cognitive skills, empathy should be thought in face-to-face discussions. Changing behaviour and attitudes is also challenging when using online platforms.

In the new normal, conventional ward teaching will be converted to small group clinical classes merged with online ward classes and interactive videos. This digital transition will minimize the risk of disease transmission.

*Professor Indika Karunathilake,
Department of Medical Education, Faculty of Medicine,
University of Colombo, Sri Lanka.*

Email: karunathilake@hotmail.com

Virtual Reality (VR). (Yapa *et al*, 2013; Tenzin *et al*, 2020)

DOI: <http://doi.org/10.4038/seajme.v14i2.271>



© SEAJME. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited