



# European Medical Students' Association

Association Européenne des Étudiants en Médecine

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## Post-pandemic Medical Education

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*The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.*

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## **Problem statement**

The COVID-19 pandemic caused a complete transformation in the way medical students all around the world were taught. In March 2020, many schools were forced to adopt strategies to suspend all clinical rotations and on-site lectures by implementing an Online Distance Education (ODE) system. ODE could be implemented, non-exclusively, in two formats: synchronous, with live classes in a virtual classroom, or asynchronous, where students were taught by pre-recorded lectures (Pappanou M et al. ,2022).

For most students, the lack of personal interaction with teachers and patients was the biggest disadvantage. One of the biggest issues was the lack of hand-on training in the preclinical phase of our studies, disparities in clinical skills, bedside manner and field experience (Gaur U,2020; Andraous F, 2022). According to the studies, half of the students were not satisfied with the online teaching method, however, most of them preferred live online lectures. Today most students would prefer a hybrid model of studying (Hameed T ,2020).

A survey applied to 53 European German Spoken Schools, built to study the quality and quantity of medical teaching during the pandemic, showed that 9 out of 10 students were affected by the changes in the education format (Hertling S et al. ,2022).

The COVID-19 pandemic is predicted to alter medical education in a number of ways. Upcoming developments in medical education will emphasise blended learning, curricula that are more student-centred and supported by various technologies, and increased use of online learning materials and exams.

Attempts were made to include more student-led learning activities as a result of abrupt modifications to medical education curricula during the epidemic. One advantage of online education is that it promotes collaboration between institutions, which cuts down on duplication and helps a lot of students (Chen et al. 2019). According to a recent study, educational materials on the COVID-19 pandemic that students suggested and translated into other languages had a good impact on student learning and reached wider audiences (Kochis and Goessling 2021). In a different research, medical students engaged in service learning, which required them to take part in projects that benefited local healthcare systems, such gathering and distributing personal protective equipment and offering childcare for front-line staff (Nguemni Tiako, Johnson, Nkinsi, and Landry, 2021).

## **Our view. Aim**

The impact of the alternatives was both positive and negative, with fewer in-person patient interactions, a lack of feedback from asynchronous distance learning, and an overload of online learning platforms, while maintaining professional development, task completion, and knowledge.

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Since then, as a result of the pandemic evolution, medical schools have been restructuring their educational model to best prepare students for their future careers while retaining both the ODE's and pre-pandemic education's beneficial teaching strategies.

We, as EMSA (European Medical Students' Association), are well aware of the changes in educational programs and teaching methods that came along with the COVID-19 pandemic. Worldwide crisis shifted the way students are taught and emphasised the importance of educational curricula being able to adapt to various adversities. We believe the possibility of a new similar crisis should not be overlooked and that, if it becomes necessary, transitions in the way of teaching and learning should be done as efficiently as possible. The pandemic introduced numerous useful tools and possibilities as well as the need for infrastructure supporting it being renewed at faculties across Europe. This, of course, requests additional financial support and system changes. The largest issue that is faced right now regarding this subject is that some faculties still lack clinical practice due to the pandemic outbreak. This problem should be overcome with the proper preventive, protective and educational measures. Not to mention the psychological impact this adjustment had on both pupils and teachers, which may have led to shifts in both parties' work ethics. We, as medical students, deem that this subject needs to be publicly discussed at all levels in the hopes that it will inspire people.

Medical education was massively impacted during the pandemic. While more advanced students were out in the field, working tirelessly to help the affected, students in their early years were subjected to distance learning, a mode of education dissemination that was still in the early phases of development.

Since its inclusion into mainstream education, unanimously, across all disciplines, it has only become more accessible, effective and productive. EMSA recognises the potential of this mode of Medical Education and believes it to unlock avenues hitherto, intangible.

While the accessibility and dissemination have been very impressive, EMSA also recognises the challenges medical education in online modes faces, namely the lack of accountability and oversight and on-ground experience that do negate the benefits to a certain degree.

## **Recommendations**

**EMSA calls the Association for Medical Education in Europe (AMEE);**

- to establish regional guidelines that underline a standardised method of approach in transitioning to an online environment at times of a potential crisis. These guidelines should include but not be limited to the following: mode of delivery of education (synchronous or asynchronous), evaluation methods, teaching materials, sustaining interactive learning environment, ensuring the accomplishment of essential competencies in the medical profession
- to amend the current medical curriculum in ways such as but not limited to including other learning opportunities and clinical backgrounds; telemedicine and public health to develop doctors that are well-prepared for future needs of the medical practice

**EMSA calls the European Medical Faculties to:**

- Establish sustainable infrastructure for their students and staff to be able to facilitate a smooth transition to hybrid education (online and in-person) in delivery of their medical curriculum. This infrastructure changes should include but not be limited to:
  - Online Learning Platforms and other Distant-Learning Modalities
  - Technological Hardware
  - Ensuring the Access of all Students and Staff
  - Offering Interactive Learning Environment
  - Training of Academic Staff in Online Teaching Methods
  - Adapting Clinical Education to Online Format by utilising Virtual Reality
- Amend their medical curriculum in the vision of competence-based, time-variable (CBTV) in preclinical education to offer more freedom and opportunity for students to take ownership of their own learning at their own desired pace;
- Provide academic credits for volunteering work to enable professional identity formation by diversification of student experiences;
- Use social media to develop a community to share professional values and promote interprofessional collaborations.

**EMSA calls on the European Medical Schools conjoint with European Commission to:**

- Further extend their European Health Union initiative to address the following points but not to be limited to:

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- Promoting even distribution of medical schools across the European Countries, especially considering the underserved areas to allow students from all regions to access medical education equally;
- Maximise grant funding to enable development of sustainable simulation centers across Europe;
- Address health inequalities that continue to persist across Europe, considering improving healthcare access to marginalized populations and reducing disparities in health outcomes.

**EMSA calls on the European Medical Schools to:**

- Start a Psychological Support initiative in their faculties to support the mental wellbeing of medical students in their pursuit of a challenging academic journey. This support should include but not limited to:
  - Access free psychological support in a reasonable timeframe from an expert;
  - Healthy and effective communication between faculty and students.

**EMSA calls on Youth-led NGOs and Faculty Member Organisations to:**

- Integrate and coordinate the processes of post-pandemic medical curriculum reform in a horizontal manner;
- Work in collaboration with other stakeholders to develop a strategic plan with a shared vision and mission for development on the local, national, and international level;
- Advocate and promote interprofessional and interdisciplinary initiatives;
- Advocate for learning experiences that promote social intelligence;
- Advocate for mental health networks and strategies on academic and non-academic institutions;
- Advocate for periodic course quality assurance.

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