

Response to the Letter to the Editor Regarding "Survey among Medical Students during COVID-19 Lockdown: The Online Class Dilemma"

Andrew Thomas,¹ Mohan T. Shenoy,² Kottacherry T Shenoy.³

Dear Editor:

We would like to thank Akshara et al, for their interest in our survey regarding online classes among medical students and for taking time to commend our work. We agree with the authors on unpreparedness. A well-designed course and availability of online training materials are some of the important pre-requisites for conducting an effective online class.¹ No one anticipated this pandemic; therefore, teachers were not prepared for any alternative teaching modalities.

The authors have also pointed out a lack of sufficient internet data for participation in online classes and recommended the provision of free data to students. While providing free data definitely would help, there are other things to be considered. Most private medical institutions are now struggling to keep up with the economic consequences of the pandemic and so, providing free data is simply not possible in many institutions. Also, the majority of students in our survey used only mobile phones which are not optimal for participating in online classes. The internet coverage rate is 50% in India.² Thus, accessibility to internet itself is lacking among students, especially those in remote places.² So, providing free data to all students is likely not going to cause any significant difference in the outcome.

Even before the coronavirus disease 2019 (COVID-19) pandemic, doctors were over-worked. They work in high stress environments and are expected to be available 24-7.³ On the other hand, these same doctors are also teachers in clinical subjects who teach medical students on top of their clinical work. The authors have rightly highlighted that females are facing more difficulty. They are even more so overworked and underpaid.

The author highlights about students' concern on acquiring practical skills. While they are right in saying this can have a negative impact on

the confidence of medical students, clinical skills can be taught through online learning.⁴⁻⁸ This might not be as effective as regular hospital postings, as Sir William Osler once said "he who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all".⁹ However, when a pandemic is in progress it would be unwise for an institution to advise their medical students to approach patients and learn basic clinical skills.

Students can learn methods of examining different organ systems using video demonstration.^{8,10} They can practice these skills on fellow colleagues. During 8 years of war in a Syrian US based online platform, Osmosis helped medical students with videos, clinical cases diagnosis and flash cards.⁴ The COVID-19 pandemic has given us an opportunity to explore newer modalities in education.⁵ We should never hesitate to incorporate better modalities into our curriculum.

We do not concur with the author's statement that "*universities have failed to provide any meaningful clarity in their communiqués*". Government and universities are providing regular updates and guidelines on the implementation of examinations and classes, both during and after the pandemic. We believe universities and the government are working on ways to avoid unnecessary extension of the courses. Lastly, the author talks about inclusion of "pandemic/crisis specific" content in the medical curriculum. While these contents are already taught throughout the undergraduate education,¹¹ we believe more emphasis should be put on public health and research, in order to make future doctors more capable in times such as during the COVID-19 pandemic.

¹ Medical student, Sree Gokulam Medical College and Research Foundation, Trivandrum, India.

² MBBS; MD; DM (Endocrinology), Sree Gokulam Medical College and Research Foundation, Trivandrum, India.

³ MBBS; MD; DM (Gastroenterology), Sree Gokulam Medical College and Research Foundation, Trivandrum, India.

About the Author: Andrew Thomas is currently a final year medical student of Sree Gokulam Medical College and Research Foundation, Trivandrum, India. He is also a recipient of Short-Term Studentship 2019 by ICMR (Indian Council of Medical Research), Best paper award at NATCON 2019, Government medical college, Trivandrum.

Correspondence:

Andrew Thomas

Address: Aalamthara - Bhoothamadakki Rd, Venjarammoodu, Kerala 695607, India

Email: dandrewthomasj@gmail.com

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