

COVID-19 Pandemic and Bed Side Teaching in Medical Education

Nadeem Ali, Mohammad Umar Mumtaz, Ibrees Rakshan

Department of Orthopaedics, Govt. Medical College Srinagar, India.

“To study the phenomena of disease without books is to sail an uncharted sea whilst to study books without patients is not to go to sea at all”.

These are the pearls from Sir William Osler, who has been one of the greatest advocator of bedside teaching. Though, more than a century has elapsed since he practised, but his quote is still valid and an eye opener for the medical teachers.^{1,2}

The coronavirus disease, also known as COVID-19, emerged as an epidemic in Wuhan, China in December 2019 and has rapidly progressed to engulf the whole world and has taken a shape of a pandemic. This pandemic has not only hit the health care system worldwide but also has created a social, economic and a political disaster.³ Educational system has suffered worldwide with schools, colleges and universities being closed. But the system has adopted and reinvented distance education, e-learning and smart classrooms.⁴ Application of same in medical education is far from reality as Sir William Osler says “Medicine is learned by the bedside and not in the classroom.” William Osler was a Professor at Johns Hopkins Hospital and was the pioneer in starting the residency program and was the first to bring out medical students from the medical lecture halls for bedside clinical teaching.^{1,2}

The decline in bedside learning of medical trainees in the present pandemic has been multifactorial.^{5,6} In surgical specialties, the elective surgical procedures have been cancelled which has reduced the inpatient admissions. With the activation of telemedicine, and telephonic consultations, the outpatient numbers have markedly dropped. Trainees from different departments have been rotated from their parent departments for the care of COVID facilities. Besides, many trainees have lost their working days either in

isolation or in quarantine. To protect the health care workers, most of the hospitals have reduced the number of staff that are physically present in the hospital. Seminars, journal clubs, case discussions and other learning activities have been suspended to maintain social distance. Bedside clinical teachings and demonstrations in the wards have come to halt. The personal protective equipment (PPE) including face protection gear that is a compulsion to use in a healthcare setup hinders proper communication with the colleagues as well as with the trainees. Verbal communication and clinical examination is minimal, only to the extent that will be beneficial for the patient. At the end, it is a medical trainee who has suffered.

The problem of this fractured medical education due to COVID-19 pandemic needs attention. Though Sir Osler's bedside clinical teaching may not be possible in present times but delivering to the medical students and trainees is need of an hour. E-learning and video conferences for case discussions at different levels may be of some help but it can never replace bedside teaching. The experienced professionals from the medical schools need to ponder and devise the remedy. In addition, extending the duration for the training program of the medical trainees should also be considered.

Conflict of interest: None declared.

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Corresponding Author:

Nadeem Ali

Department of Orthopaedics
Govt. Medical College Srinagar, India.
Email: drnadeem@gmail.com

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