

Emerging stronger post pandemic: Medical and Health Professional Education

COVID pandemic created worldwide disruptions to all services and had profound impact on training of health professionals, posing serious challenges to maintaining essential healthcare services. During the height of the pandemic, most of the undergraduate learners were prevented from clinical training sites, restricted intra, inter-institutional and overseas learning opportunities and in many institutions, there were termination of onsite learner-educator engagements (Ng et al., 2021; Renaud et al., 2021; Samarasekera et al., 2020). Less face to face, peer and faculty interactions and restricted mobility of learners led to some of them facing poor mental wellbeing and health issues. The learning activities were mostly restricted to online platforms during the pandemic for students following health professional programs. During the latter part of the pandemic, however, there were changes when better preventive measures and immunisation were developed. The students were also allowed to provide limited care services to assist the practitioners who were providing critical services (Lau et al., 2021).

The silver lining, however, was that several new curricular designs, teaching-learning and assessment modalities were developed due to the sheer necessity. The faculty members and students were forced to adapt and adopt these new measures, mostly online systems and processes, to continue the training and provide that much needed support to the healthcare services (Shorey et al., 2022). This became critical when it was apparent that the pandemic would continue for several years. There are some such innovations in teaching-learning highlighting not only the innovation and their impact but also the challenges faced by students and faculty members. Most of these changes to student learning environment were done hurriedly and, unfortunately, without the proper grounding in best evidence practices or taking a systematic approach to incorporate changes to a curriculum. Another reason was the lack of knowledge and support of educators to develop impactful curricula and learning environments leveraging on technology (Popa, 2022).

We are now emerging from the pandemic and many lessons have been learnt from this experience. We now have an opportunity to leapfrog from these experiences. The key to creating an impactful and sustainable post-pandemic learning environment lies with the faculty members. There are several important areas we need to focus on if we want to sustain and further improve the education based on our past experience.

As part of faculty development, it is necessary to engage our faculty members to share best practices and assist them to co-create with their learners teaching-learning activities. For faculty leadership, it is critical to create that safe practice environment for all stakeholders to reflect on and improve what they have developed. Through these collaborative activities, not only the faculty members learn about what works and what to avoid, but also build trust with other stakeholders including the students. Furthermore, it supports them to critically analyse the learning and assessment activities with regard to their relevance in one's context. Providing a structured and timely faculty support with the necessary resources will augment the building of trust (Connolly et al., 2022).

Another important area we learnt especially during the pandemic and as we currently emerge from the pandemic is the necessity to modify the existing policies and guidelines. These should support systematic and rapid development of learning environments. What worked in the past may not be appropriate now, and even hinder the development of innovative strategies. We need to relook at how we evaluate an educator's performance and the learning impact from traditional

matrixes in place at present in health professional training institutions. Aligned to the performance evaluations, there needs to be supportive schemes to incentivise and reward faculty members who contributed to enhance the learning environment for students and residents.

Medical education is very much context-based and situation-focused. What worked in one setting may not be appropriate in another learning context. The leadership, planners, and educators must be aware of this and carefully design and incorporate innovations and new approaches to learning that have worked in another setting to one's own. This is especially true when one is incorporating technology-enhanced learning activities such as simulation based or remote distance online learning formats. Finally, the quality improvement and quality assurance processes in health professions education must be aligned to the local context needs. These standards, however, should be benchmarked to internationally accepted best practices, but situated very much on the local needs and promoting impactful changes to student learning environments (Samarasekera & Gwee, 2021).

A quick literature search at present will demonstrate large number of innovations and changes that were incorporated to medical and health professional training curricula over the pandemic period (Ng et al., 2021). It is an opportune time now to focus on developing these changes, based on best evidence practices., The impact of these changes need to be subsequently evaluated to further enhance student learning. At the end of it all, what is most vital is to provide quality care to our patients by competent, caring, and empathetic health professionals.

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