

E-Learning; A Silver Lining for Medical Education Around the Dark Cloud of a Pandemic in a Developing Country

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Scarce healthcare resources in low and middle-income countries (LMIC) increase the demands for development of more medical colleges and other healthcare training institutes, which in turn raises the load on the existing deficit in faculty in most institutes.^{1,2}

Higher Education Commission Pakistan directed the academic institutions to start E-learning through Learning Management Systems (LMS) but the implementation of programs varied.³ There are colleges where little to no attention is paid to the role played by e-learning or blended learning approaches expanding educational access for students and faculty and on the other hand we have colleges that prioritize the incorporation of technology as part of the educational process.

Rehman Medical College (RMC) has included technology as part of education since its inception in 2010. Every year the new inductees in 1st year MBBS go through orientation where they are exposed to, and trained in use of computers, software for E-assessment, basics of online literature search strategies, data sharing through Share Point, multimedia use in education, and computer assisted learning as part of instruction. The COVID-19 pandemic helped us take solid steps toward bringing in major interventions for E-learning and build on the existing structure to ensure continuity in education process for students and faculty.

The college was closed like most colleges in Pakistan in a frenzy, sending off all students and faculty home. There was a lack of preparedness initially, but it took a week for institutional management and college administration involving department of Medical Education to start what became a savior for the continuum of education for students of the medical

college and all other colleges (Dental, Nursing, Rehabilitation) of Rehman Medical Institute (RMI).

Many problems identified in literature were faced; inability to train faculty due to COVID-19 lock down measures by government, difficulties with online training of key personnel from all institutes, time constraints, lack of digital literacy, resistance on part of faculty to comply with changing demands for re-scheduling teaching material in timetables and consistency in support systems from institutes for faculty and students.^{1,2,4,5}

The journey was intense and enormously time bound. The management provided intense online training sessions to major stakeholders in Learning Management Systems (LMS) usage, integrated data into the LMS from an already functional campus on cloud software (CoC), developed licensed Zoom IDs for online sessions, college trained faculty and students, and established a swift and safe communication pathway through Teams for all colleges, faculty, students and management. The intensity of the experience was eased by the presence of a functional and fully equipped ICT department and the existing presence of data on cloud through a software. This prior investment in technology proved fruitful for continuity of educational processes in RMI affiliated educational institutes. A preliminary pilot survey of medical students indicated that students did not feel a break in the continuity of their education which helped them cope with the stress imposed by the pandemic.

The experience is thought provoking for educationists, educational administrators, managers, teachers, students and parents globally but especially in developing countries like Pakistan. We need to start thinking of investing in places where they matter the most. Education is the mainstay of progress of a

country. Preparedness for dealing with the unforeseen is crucial for all healthcare workers, in education and healthcare provision. Today is not a time to dwell in safe zone of reminiscing over the “good” experiences of the past. Disasters pop up out of nowhere and we should not be asking questions when faced with our worst fears. The solutions begin with the inception of an educational institute. ICT departments are integral components of educational institutes and training of teachers and students a mandatory pre-requisite.

Now is the time when it is needed the most, where communities are looking up at health care providers for alleviation of their fears and provision of high quality care. Establishing an effective, structured and sustainable e-learning platform for medical students and trainees shall not be viewed as a “want” but a “need” that can help uninterrupted education of future and present doctors. Pakistan can benefit for upgrading its medical schools with functional ICT departments and personnel. Inculcation of IT related courses into mainstream syllabi for medical schools should be rendered essential components of undergraduate and post graduate curricula. Training of staff and provision of appropriate support systems need to be in the mandates of medical colleges in the country.

Summing up, e-learning for RMC acted as the silver lining around the dark cloud of a pandemic which supported and facilitated its students by not leaving them alone in this time of uncertainty. The solution was not new, the steps taken not novel, but the implementation went through a lot of effort being put by many stakeholders. E-learning programs need input that

requires teamwork; it's not one man's act and cannot succeed without inclusion in the planning phase for establishing educational institutes. The worst of times should act as an eye opener for us rather than a time to sit in our safe zones and wait until it's gone.

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