



## Supportive atmosphere in medical education in the post-COVID-19 era: We are not out of the woods yet!

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Fortunately, the science worked, and the vaccines developed for coronavirus disease 2019 (COVID-19) have curbed the pandemic. Although new variants still impact the world, the mortality rate has fallen dramatically. The uncertainty and loss we experienced during these volatile times shed light on the significance of implementing academic and mental support strategies for medical students more than ever before.

### *What we learn from the pandemic on how to support medical students*

Due to its interactive nature with colleagues and patients, medical education experienced inevitable changes since the first days of the pandemic. The unprecedented changes, such as altering the form of knowledge delivery from in-person strategies to online methods, impacted both teachers and students. Medical schools around the globe implemented new pedagogic and supportive approaches to hamper the devastating effects of the pandemic on medical education. Supporting medical students academically and psychologically was the means by which faculties thrived to render these changes acceptable to students (1, 2). Academic support was provided with the goal of helping students overcome educational hardships as a result of unpredicted alterations in education delivery. Of note, the

most frequent type of support provided during the pandemic was mental health support. Most of the mental health supportive strategies utilized by medical schools was in an online format; however, the tendency of in-person supportive sessions prevailed among the students (1). Direct access to the mental health professionals, and educational courses along with offline instructional materials were strategies to support mental health in the COVID-19 pandemic. The superiority of online support sessions in the post-pandemic era should be further investigated.

One of the well-utilized methods of support during the pandemic was peer support, which proved reliable as trained peer mentors could deliver both academic and mental support. Both mentors and mentees could share their uncertainties in a safe and informal environment to overcome their problems. Of note, the importance of mentor training beforehand is indispensable. Not only mental peer support but also academic peer support in teaching some parts of the curriculum is beneficial for both peer trainees and trainers. Such frameworks developed during the pandemic should be continued in the post-COVID-19 era and further nurtured as both parties were receptive to peer support.

Also, the importance of active and passive support facilities for medical students was evident during the pandemic (1). In passive support,

facilities are available for those who request, but in active support, faculties actively look for vulnerable students to prevent subsequent problems. This lays the groundwork for the post-COVID-19 era, where medical schools are responsible for providing the active and passive support necessary to ensure that every student is trained to become a competent physician.

#### *Educational support through competency-based medical education (CBME) during and after the pandemic*

During the pandemic, the transformation of in-person to online teaching occurred in several countries (3). However, we should acknowledge the differences in the medical education curriculum between countries. Last year medical students had to provide supervised patient care, while others only observed the patient care process—mainly online. Among the issues the students mentioned in the first days of the pandemic, lacking specific courses like public health management, crisis adaptation and management, and mental health were paramount (4). Despite all of the disadvantages of the pandemic, it taught us that it is not possible to be prepared for a chaotic situation without prior teaching on how to cope and deal with it. On the other hand, particularly in the surges of COVID-19 cases, it has been reported that students may not be exposed to the diversity of patients needed to be well-trained to practice independently in the future.

The abovementioned issues shed light on the necessity of competency-based medical education (CBME) to facilitate the transfer of all required competencies. In CBME, the primary focus is on gaining essential competencies to be a physician rather than time-based training where the primary focus is on the amount of time given to each block of teaching. The time-based model is also referred to as the “tea steeping” model, where students spend a certain amount of time in an educational module. Most academic programs utilize a competency-based framework while sticking to a time-based curriculum. In the post-COVID-19 era, from what we learned through the pandemic, there is a golden opportunity to transform medical curriculums to become competency-based and de-emphasize the notion of time-based education to ensure that students are adequately trained (5). Also, utilizing CBME

may be an appropriate strategy to provide a well-trained workforce to society in unprecedented situations like pandemics.

In conclusion, holistic developmental support across the educational trajectory is essential given the immense significance of fostering an environment where future doctors can be adequately trained. The COVID-19 pandemic provided us the opportunity to transition to CBME, which medical schools and accreditation bodies should further utilize. We may capitalize on the current state of medical education and adapt in response to the pandemic to train physicians who can meet society’s future needs. However, we must mention that providing support or transitioning to CBME is not a panacea; the continuity of the changes in response to the pandemic and ongoing evaluations and adaptations are the keys to prosperity in medical education in the post-COVID-19 era.

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#### **Authors' contribution**

All authors contributed in designing, collecting, analyzing and editing final edition.

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