

Abstract

Title	Efforts and challenges in continuing clinical teaching and learning activities during COVID-19 pandemic
Background and aim	<p>Cities were locked down one after another amidst the COVID-19 pandemic. Nonetheless, teaching and learning activities in medical schools continued to produce tomorrow's doctors in the new normal. As a contingency plan, our institution changed most teaching and learning activities for clinical years to online mode, and simultaneously there was obligatory on-site teaching at the teaching hospital. For online education, students and clinical teachers had to utilize the learning management system (LMS) of the institution (Hatip, 2020).</p> <p>Clinical placements were halted several times to prevent infections at the cost of human life. Clinical immersion sessions involving patient contact and procedural skills were replaced with virtual learning, noted that clinical learning might be compromised when it was substituted with virtual learning (Cairney-Hill et al., 2021). The accreditation bodies had also set teaching standards for the medical degrees to adhere to during this new normal. These adaptations were vital in ensuring the continuity and quality of the medical graduates.</p>
Method	<p>Before the pandemic, students were allowed to enter wards without direct supervision from clinical teachers. Students were encouraged to enrich their clinical experiences through clerking patients on their own time. Strict precautionary steps were taken during the pandemic where students were not allowed to be in wards without strict supervision. The QR code was generated and posted in every entrance of the ward to keep track of their whereabouts. Clinical department coordinators had to roster the students with strict guidelines (patient RN, wand and bed number, academic staff involved, time in, time out) Required case clerking and case presentations was also re-adjusted to ensure optimum training with minimal contact with patients.</p>
Results	<p>There were additional patient care duties for the clinical teachers. In addition, clinical teachers needed to identify COVID-19 free patients, ensured proper safety precautions, and supervised smaller groups of students in wards. Moreover, students had reduced opportunities to practice clinical skills, additional time used for completing QR-code, feeling anxious of uncertainty, and increased risk of exposure to COVID-19. These disruptions might have also affected student's preparedness and confidence (Choi et al., 2020). There were also last-minute changes in timetable. Besides, COVID-19 outbreak amongst students caused delays as these students needed to be quarantined.</p>
Conclusion	<p>Students are expected to stay within their circle of "bubble" to reduce infection risk. Once the students are fully vaccinated, they are hopefully able to participate more actively in the medical training and observe and learn appropriate knowledge and skills to deal with challenging situations in wards.</p>
References	<p>Hatip, A. (2020). The transformation of learning during Covid-19 pandemic towards the new normal era. PROCEEDING UMSURABAYA.</p>

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