Coronavirus disease is an infectious disease caused by a newly discovered coronavirus (COVID-19). The outbreak was first identified in Wuhan city, Hubei, China in December 2019 and recognized as a pandemic. It has been now spreading more than 216 countries in which infected nearly 8 million people and death about five hundred thousand.

The first case in Nepal was confirmed on 23 January 2020 when a 31-year-old student, who had returned to Kathmandu from Wuhan on 9 January, tested positive for the disease. Between January and March, Nepal took steps to prevent a widespread outbreak of the disease while preparing for it by procuring essential supplies, equipment and medicine, upgrading health infrastructure, training medical personnel, and spreading public awareness. The second case was confirmed on 23 March 2020 in Kathmandu. The infection has been increasing in Nepal more than 70 districts and so far reported nearly 6000 cases with 19 deaths.

The government of Nepal implemented a lockdown starting on March 24 to close schools, colleges, universities including all medical colleges. It has been nearly 3 months and still uncertain when they will reopen entirely. The situation has been alarming and high number of infected patients and deaths are increasing every day. The effect of pandemic COVID-19 in medical education is still uncertain and has become a crucial for new admissions and examination. It has also been affected in medical education for cancelling of intern education, practical exposure in hospital and medical conferences within and outside institution. These activities will promote medical student’s resumes for residency and future planning of postgraduate education. Most of the medical students are now missing out the valuable experiences of presentations, clinical rotations, and collaborative experiences, standards which helped previous generations become future doctors, the question arises of how students will progress and integrate themselves into the public health.

Beside medical education, entire education of Nepal have been affected by lockdown in various aspects; board examinations, nursery
school admissions, entrance tests of various universities and competitive examinations, among others, are all held during this period.

The structure of schooling and learning, including teaching and assessment methodologies has been affected by these lockdown. Only a handful of private schools could adopt online teaching classes whereas government schools are completely shut down for not having access to e-learning methods with the subject to economic consequences and social stress.

Most of the student has a unique story on how COVID-19 has an impact on their medical studies. However, the effects of COVID-19 is huge and the panic regarding the same is building confusion among many as they are in an uncertain state of how to proceed in these critical times. During the lockdown period of COVID-19 affected their routine life with the confusion and distress for promotion of future career, plans of medical students and faculties. If COVID-19 had not spread at this violent rate, medical students did not think about how it would affect their careers. Though the effect of COVID-19 in the medical education sector is still in an uncertain state, extensive studies and researches are taking place in medical education responding to the emergency and clarifying how to recover from this pandemic. Offline classes are replaced with online lectures and live streaming. Medical students of this generation are well equipped with integrated technology and webinars to share their medical knowledge and setting examples in new ways. However, COVID-19 has already made the world pause for a while now and medical students are dealing with it as well. Just as this novel virus is going to stay in every human’s lives, it would remain in the lives of medical students

As lockdown, in almost every nation including Nepal is now mandatory and with people maintaining home quarantine, medical schools, hospitals, and others are observing radical changes. Online equivalents are now the obvious and significant necessity in the replacement of in-person classes. But this again creates a lack of collaborative experiences, which is a necessary aspect of medical education. Many graduate and postgraduate medical students are now missing the opportunity of personal development of academic and scientific presentations from the national and international conferences. Missing such opportunities will play act as a disadvantage for medical students, career planning and further research activities.

Adaptability and determination at this time are the two most challenging aspects that medical students are experiencing. Every student has a unique story on how COVID-19 has affect their medical studies. However, the effect of COVID-19 is huge and the panic regarding the same is building confusion among many as they are in an uncertain how to proceed in these critical times.

Though the effect of COVID-19 in the medical education sector is still in uncertain, extensive studies and researches are taking place in medical education responding to the emergency and clarifying how to recover from this pandemic. Offline classes are replaced with online lectures and live streaming. Medical students of this generation are well equipped with integrated technology and webinars to share their medical knowledge and setting examples in new ways. As the medical faculties and students are balancing with the challenges and changes of this critical time, it is important to observe how COVID-19 leaves its effect on medical education and in the careers of medical students in the long run.
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Strategic solution: There are some major issues that hold serious implications in the fight against the pandemic are online teaching, which is now supported as an alternative form of educational delivery, followed by socially distanced classes managing in campuses and medical colleges.

An important aspect of lockdown is to decide the length of lockdown as longer the lockdown, more negative effect on the economy and longer it will take for its revival. It is, therefore, crucial to prepare well and prepare fast for the post lockdown period. Post-lockdown, from each state government should be ready to tackle this pandemic effectively with localized containment rather than complete lockdown. This could be achieved by largely focusing on the three broad areas, first quickly learning from the lockdown period what worked and what did not and second effectively and rapid testing, tracing and isolating infected individuals and thus restricting the further spread. Thirdly, focus in the post lockdown period should shift to community-centered health management.

Post-lockdown, we should be switching more comprehensively towards the effective surveillance mechanism of the virus. There are currently three mechanisms available for tracking the spread: widespread antibody testing, mobile-based location, contact tracing and utilizing a multitude of public health workers for health surveys.

Given the size and diversity of our country, one approach only of surveillance will not work for us. Widespread antibody testing and survey will be constrained by the available resources and mobile-based tracking has to deal with the issues of privacy concerns and the digital divide.

The panic situation of COVID-19, a comprehensive and effective educational practice in medical education is utmost need for the capacity-building of young medical graduates. It will develop skills that will drive their employability, productivity, health, and well-being in the periods to come and ensure the overall progress of Nepal including medical education.

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