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Letter to Editor

Impact of COVID-19 on Online Teaching

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Letter to Editor

When the World Health Organisation (WHO) declared the COVID-19 pandemic, schools and universities were among the first institutions to shut down their campus facilities. This meant that students and staff had to turn to online teaching in order to continue their education. This change dramatically altered the teaching environment and required both students and educators to adapt and be creative. Here, I will focus on my perspective as an educator at the Royal College of Surgeons Ireland (RCSI) and my teaching of Obstetrics and Gynaecology to undergraduate medical students. As of the writing of this reflection I have taught two groups during the COVID-19 lockdown. The first group was a group of students that I had taught for multiple weeks prior to lockdown and with whom I had interacted in lectures and tutorials. I began to teach the second group during lockdown and as such I never met them in person.

As an educator I am used to teaching primarily through the medium of lectures and small group tutorials, as is the case at many universities globally. While we do provide some online resources, this is usually an adjunct to in-class teaching. However, lockdown during the COVID-19 pandemic has meant that all interaction has to take place online. Online teaching is flexible and convenient [1] as it enables students to learn in their own time. Online teaching requires that students have access to a computer and Internet so that they can avail of online learning materials and communicate with the teacher. It offers students the opportunity to create an online community in the form of a virtual classroom where they can exchange answers and perspectives as well as help each other to study.

However, the virtual classroom is not without its challenges. Firstly, in the RCSI a large proportion of our students are international and as such were mandated to return home during the pandemic. In order to maintain access to education for all students we had to use a wide range of platforms such as Zoom, Blackboard and Microsoft Teams. The fact that some video conferencing platforms were not accessible in certain parts of the world, along with the international time difference, meant that finding a time and medium that suited most students was often a challenge.

Secondly, the absence of social queues, both verbal and non-verbal, which usually help guide and tailor teaching in the traditional classroom, made a notable difference to the teacher-student interaction. I felt this particularly with the group of students whom I had never met in person. I felt that these students were shy to ask questions compared to prior groups and the other lockdown group whom I had met before in person. Despite our best efforts to engage students this barrier between the students and the instructor was obvious when we were teaching, and I consider this to be a big obstacle to online teaching.

Finally, the transition to online teaching proves a significant barrier for medical students when it comes to the learning of clinical skills. This learning usually takes place through hands on sessions and exposure on hospital placements Medicine, and obstetrics and gynaecology in particular, is a subject that requires dexterity, practical skill and physical knowledge that cannot be acquired through online teaching.

At this point in time, the benefit of continuing to deliver educational material to our students outweighs the flaws in what is a new and evolving mode of teaching. The transition from traditional to online teaching usually takes time [2] but we did not have this luxury. We had to adapt quickly and react to issues as they arose rather than plan and slowly implement change. That we are able to continue to teach during a global pandemic is an achievement that we cannot understate. While there are many logistical and practical difficulties still to overcome, we are succeeding in teaching the theory of our subjects. Our experience of teaching during the pandemic has taught us lessons which will likely shape how we deliver medical education in the future. Recorded lectures for later use, as well as the facility to attend a lecture virtually would be of benefit to our students. The inclusion of virtual classrooms for the teaching of theory should also be considered as a valid mode of delivering this type of lesson. In summary, I think that we will emerge from this pandemic with a changed view on how to deliver a more varied and flexible medical education. However, clinical exposure and hands on experience must remain the cornerstone of the medical school experience.

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