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Impact of COVID-19 pandemic on medical school academic calendar: a dean's perspective

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Abstract

Addressing the questions from students, faculties and students' parents regarding the academic calendar had become a part of my daily routine since the beginning of this COVID-19 pandemic. The online classes with pending practical and clinical teachings along with the questionable authenticity of the online exams of the undergraduate medical students and the compromised clinical teaching-learning of the postgraduate Residents with very few non-COVID patients in the hospital, stressed faculties, and the risk of infection requiring isolation, quarantine or admission has posed several questions regarding the academic calendar. How to adjust and reschedule the calendar, without compromising the course objectives and not losing the academic year, has become a challenge to medical schools and the leadership during this ongoing pandemic.

Keywords: academic calendar, COVID-19, medical school, pandemic

Impact of COVID-19 on the medical school calendar

How I wished I had all the answers to the questions coming from the medical students, residents, faculties, and students' parents or guardians regarding the school closure and teaching-learning activities. 'When will the regular classes resume?' 'Are we having our scheduled exams?' 'What about our academic calendar?' 'Will we lose a year?' These questions had become a part of my daily routine since the beginning of the COVID-19 outbreak in Nepal.

Initially, I used to respond to every query with patience adding a positive vibe and a sense of reassurance. This was when I had thought my intelligent guess about the progression of the pandemic would work. As days passed by, still, with no clear answers, I stopped answering the calls and emails, not just because of getting annoyed by the questions but more so being frustrated at my situation of not being able to help them through the uncertainties.

In Nepal with the detection of the second case of SARS-CoV-2, a countrywide lockdown along with school closure was declared on 23 March 2020.¹ At our medical school, the undergraduate program was at a halt since the beginning of the lockdown, while the internship year for the undergraduate and postgraduate residency programs was continuing. After about six weeks into the lockdown, from 3 May 2020, we started online classes for the undergraduate medical students and as of now we have completed several weeks of online theory classes (lectures, problem-based learning sessions, and a few demonstration sessions), but the same duration of clinical teaching is yet to be undertaken. We have also conducted some online formative theory exams while all the practical and clinical examinations remain pending. How can we continue to meet the need for academic activities and move ahead with such an academic calendar? Not to undermine, questions from faculties on the

authenticity of online exams were added to the query list.

On the contrary, the Residents and the Interns have been working in their respective departments throughout the pandemic. Patan Hospital, the teaching hospital of Patan Academy of Health Sciences (PAHS) has been designated as one of the centers for the treatment of COVID-19 patients since the beginning of the pandemic. Hospital has dedicated 240 beds for COVID-19, including 10 high dependency units, 21 adult intensive care units (ICU), and 6 Paediatric ICU.² With the surge in the number of COVID-19 cases, a significant decrease in the non-COVID patients in the hospital were noted. This has also been observed and reported in other hospitals inside and outside the country mainly because of the fear of contracting COVID during the hospital visit, and also a lack of transportation during the lockdown.^{3,4} Teaching-learning activities have been going on but it is not up to the mark, with fewer non-COVID patients, stressed faculties, fear of the disease, and many of them (Interns, Residents, and faculties) infected or having to stay in quarantine or isolation. As a consequence, the competencies and Entrustable Professional Activity (EPA) certifications and case collection for the Residents' mandatory thesis work have lagged behind. Despite the difficulties, Residents and Interns have been performing what they are expected to do.

As of today (6 December 2020) the cumulative number of SARS-CoV-2 RT-PCR positive cases in the country has reached 237,589 and the percentage of RT-PCR positivity is around 13% with a mortality rate of 0.65%.⁵ A substantial number of faculties, staff, Residents, and Interns have also tested positive at some point in the timeline and most of them have recovered. Initially, my phrase for building confidence for the Interns and Residents used to be, 'if you take adequate precautions you will be safe'. As days passed by, it changed to 'even if you have tested positive, you do not have to worry as you are asymptomatic or have only mild symptoms'. Now the phrase has changed

to 'even if you have symptoms you will recover soon as you are young and have no co-morbidities'. I do not want to change my reassuring phrase beyond this.

With the rapid rise in the number of COVID-19 cases and community spread, the Ministry of Health and Population, Nepal, decided to review and update its protocol and guidelines on COVID-19 management in September 2020.⁶ Over time, modification in institutional policies were done accordingly and so was my approach. Initially, I used to be in touch with all the Interns, Residents, and faculties who tested positive for COVID-19. But, with the increasing number of cases, I was unable to keep track of everyone. From trying to boost their morale, to addressing someone's request for changing duty from the COVID unit, I had to sound empathetic and logical while ensuring to maintain the academic standards.

Coming to the Resident's academic calendar, questions were raised- Whether we could proceed as per the set timeline with scheduled exams? Would there be enough non-COVID patients in the hospital for the exam? What would we do with faculties or Residents testing positive for SARS-CoV-2 with or without symptoms? Should we plan for an exam with both teams donned in full gear personal protective equipment or should we plan to conduct the entire exam virtually with no patient contact? The other option was waiting till the situation comes under control, and we were not sure whether it would be before or after the next wave to come?

Following the government's cabinet decision of 8 October 2020 on reopening of the schools, a working guideline for school resumption was endorsed by the cabinet.⁷ After a thorough discussion weighing the pros and cons, finally PAHS decided to resume all the teaching-learning activities at the school from 22 November 2020. The challenge ahead for us is to adjust and reschedule the Academic calendar including the exams without losing the academic year and at the same time not compromising the course

objectives and required competencies. With the reopening of the school for the undergraduate medical students, there could be a surge of infection within the institute having more people moving around. Despite all the precautions, we may not be able to stop the surge. Will the school reopening prove to be not a wise decision in retrospect? We will only know with time.

I did not have the answers to many of these questions back then, and still do not have answers to some. The irony is, many of us, including myself, are expected to act knowledgeable, reasonable, and intelligent enough to predict the situation which is yet to unfold and try to counsel the students, residents, and some of the students' parents and occasionally some faculties. It has been eight long months now since all this started in Nepal and we are still waiting with no clue as to when things will normalize, or rather say when we will accept the new normal to move ahead.

'Living through uncertainties' sounds very cool and fascinating in the literary world but not in the practical lives, especially for many of us who have to be involved in decision making, small or big – A life lesson revisited with the pandemic.

Conflict of Interest

None

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