

Review of: "The use of tele-education in medicine, during and beyond the COVID-19 pandemic: A commentary"

Calin Corciova¹

¹ University of Medicine and Pharmacy of Iasi

Potential competing interests: No potential competing interests to declare.

The emergence of tele-education in the field of medical education, especially in response to the COVID-19 pandemic, has brought about significant changes and has been met with both challenges and positive feedback.

Positive Aspects: Enjoyable Learning Experience: The shift to tele-education has been found enjoyable by some medical students and trainees. The use of online platforms for activities such as tele-rotations, journal clubs, and lectures has provided flexibility and convenience.

Cost-Effective: Tele-education has the potential to be cost-effective compared to traditional in-person education. It reduces the need for physical resources, travel expenses, and accommodation costs, making education more accessible.

Time-Saving: With the elimination of travel time, tele-education allows medical students and trainees to optimize their schedules more efficiently. This can be particularly beneficial for individuals with busy schedules or those in remote locations.

Feasibility: The use of platforms like Microsoft Teams and Zoom for medical conferences and interviews provides a feasible alternative, especially during situations like the COVID-19 pandemic when in-person interactions are challenging.

Unbiased Access: Tele-education can potentially level the playing field and provide unbiased access to medical education. Geographical location or other constraints may no longer be barriers to participation, allowing a more diverse group of individuals to engage in educational activities.

Preferred Mode of Education: Some students and trainees may prefer the online format, finding it more adaptable to their learning styles and preferences.

Challenges:

Technological Barriers: Access to reliable internet connections and technological devices is crucial for effective participation in tele-education. Disparities in technological access can create inequalities among students.

Lack of Hands-On Experience: Certain aspects of medical education, such as hands-on training and physical examinations, may be challenging to replicate in a virtual setting. Finding ways to address this limitation is essential.

Social Interaction: The lack of face-to-face interactions in tele-education may result in a loss of social and professional

networking opportunities that are traditionally associated with in-person education.

Technical Glitches: Technical issues, such as connectivity problems or platform malfunctions, can disrupt the learning experience and create frustration among participants.

In conclusion, while tele-education in medicine during the COVID-19 pandemic has brought about positive changes, it is essential to address the challenges to ensure a comprehensive and effective medical education. Balancing the benefits of flexibility and accessibility with the need for hands-on experience and social interaction will be crucial in shaping the future of medical education in the post-pandemic era.