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Editorial

Ayurveda education and COVID 19 Pandemic: Current scenario, challenges and way forward

BACKGROUND

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV 2) has been wreaking havoc with human lives since late December 2019 when the disease erupted in Wuhan city, China. Now the COVID 19 pandemic is bringing the world to its knees with over 47 million cases reported by 7 November, 2020 A. D. Several governments from every corner of the globe have responded by locking down entire countries with dramatic repercussions for all sectors of society. This action has been taken to mitigate the transmission and containment of the infection restricting public movement in the local and across the borders. The restriction on transportation of public movement has been almost disrupted the harmony of education, social, economic, development, health care system, productivity, income generation, etc. The pandemic has disrupted almost all economic activities across the world. The world economy has been badly hit. In Nepal, too, the economy has remained virtually stagnant with the closure of industries, factories, businesses, hotels, tourism activities, airlines and other sectors.²

In Nepal, schools and colleges have remained closed since March, 2020. The COVID 19 has left severe impact on the the education sector; and its consequences will be measured inevitably in the future for a long time. It is a matter of grave concern that over one billion students are out of school and colleges at present worldwide due to the closure of schools and universities. Meanwhile, alternative methods of learning-teaching have been explored as such conducting online classes through the internet. The government is also conducting online classes through radio and TV for school going children.² However, all school children are not able to attend such classes as access to such technology is not available to them across the country.

CURRENT SCENARIO

The future of Ayurveda education is uncertain after the pandemic resolves but several potential future scenarios are discussed to inform current decision-making about the future provision of teaching and learning.

The pandemic has resulted in the widespread disruption of medical education and professional training.^{3,4} Medical education of Nepal has also been badly hit by the pandemic that include reduced teaching with redeployment of medical educators to clinical care and the quarantine, and impact of illness on medical educators and students. Measures to ensure social distancing have included closure of medical and Ayurveda schools and working from home for both educators and students. Local and international travel and attendance at training programs has been halted. Physical attendance at conferences, workshops, symposia, clinical attachments and visiting fellowships has been ceased. Agonizingly, there have also been an increasing number of deaths that include doctors and other healthcare professionals. Overall, the current response to the pandemic has been the increased awareness and adoption of currently available technologies in medical education like media, internet, computer programs, and their use in the wider education sector.5 These changes across the continuum of medical education have been mainly to replace existing approaches of teaching methodologies for the provision of medical education, driven by the urgency to implement a feasible and practical solution to the crises, with educators using familiar technology.

Medical schools and other medical education providers, including commercial organizations and professional bodies, have rapidly scaled up the provision of educational content and training online, as well as faculty development in the use of technology, especially by online courses. Large group in-person lectures have been replaced by streamed online lectures, using technologies for screen capture and online dissemination. Small group sessions and tutorials have been replaced with interactive Webinars using web conferencing platforms. All of these learning resources can be easily accessed from mobile devices. A major challenge for Ayurveda educators at the present time has been to replicate the experience of clinical encounters and practical exposure to the students of preclinical and basic level students too. These encounters range from clinic and ward rounds to interactive patient sessions to training in interpersonal and inter professional communication and clinical skills including medical activities in groups. Currently available technology, such as videos, podcasts, simple virtual reality, and computer simulations are beginning to be used to assist educators and facilitate student learning and training in these areas. Simple online platforms, such as websites and blogs, online group formation, using Google meet; MS teams and zoom can provide basic information but also offer opportunities to host videos for demonstrating essential skills, such as procedural clinical skills, power point presentation and communication. ⁶ Ayurveda Medical educators can remotely coach students with real time mobile video tools and apps.

Formative and summative assessments for core knowledge have started to use a variety of online tools and platforms. The range is from websites, discussions forums and online discussion spaces to real-time online chat and communication apps. Feedback on performance and the assessment of skills acquisition has similarly started to maximize the ubiquitous availability of video and audio on mobile devices to enable assessment in authentic contexts, either clinical or simulated. These assessments should be ideally based on high quality evidence and theory informed assessment and evaluation strategies.

CHALLENGES OF AYURVEDA EDUCATION IN THE FUTURE

Authors have a keen interest in the innovative use of technology in Ayurveda education and an awareness of the current and future trends in the use of technology to enhance teaching and learning. We will begin by a reflection on the current increased use of technology as a major factor in enabling the continuation of medical education during the pandemic. This reflection will be followed by a discussion of several potential future scenarios that are based on the emergent trends in the use of technology but also an understanding of how complex social systems respond over time to the trigger of major events.

Our framework to understand transformative change is Normalisation Process Theory (NPT). This sociological theoretical framework has been increasingly used to understand how a new practice, such as the use of technology, becomes embedded within a social system ("normalisation") through an active process, both individually and collectively, that occurs over a period of time. The new practice becomes embedded when it is routinely incorporated in the everyday work of individuals and groups. The key phases of this dynamic interactive process between individuals and others in the social system begin with the development of a shared understanding of the benefits and importance of the change to be achieved, and this is followed by the building and sustaining of individual and collective commitment around an intervention. Finally, there is ongoing resolution of any issues around differences in opinions about the new practice and there is increased allocation of resources to enable the new practice to become embedded. Once the practice is embedded it is considered both individually and collectively as the usual way of working and the new practice is unlikely to revert back to the original practice, especially if there have been major conversion factors that have initiated the transformation.

The NPT framework suggests at the present time that the process of transformation in the increased use of technology in medical education is within the early phases, with what appears to be a rapid and progressive individual and collective acceptance and commitment to the use of technology to enhance teaching and learning. The extent to which the transformation leads to embedding of technology will be variable across different providers of medical education but one potential future scenario is that only minor transformative change will occur, with increased use of current technology, especially with a greater emphasis on online learning and mobile devices to share videos, lectures and materials.

A transformative change in the current approach to medical education across the world is inevitable and although the full extent is unknown at the current time it is essential to consider potential future scenarios to begin the process of preparing for the future. ⁸ We fully appreciate the difficulty that many medical educators will experience in considering the future at a time when most educators across the world are deeply engaged in responding to the current enormous challenges, both personal and professional as clinicians and educators.

WAY FORWARD

It is essential that all educational policy makers, curriculum planners and educators across the continuum of Ayurveda education from basic to continuing, can begin to critically reflect on the present situation and make appropriate decisions about the future of education for when the pandemic resolves.

We consider that it will be highly unlikely that there will be a return to the previous approach to the provision of education as existed before the pandemic, especially the contribution of technology for enhancing teaching and learning. The change will be transformative, with a major change in how individuals and the wider social system within which each individual lives and works. The uncertainty at the current time is around the extent of this transformation since it is dependent on the complex interaction between several major factors that are difficult, and some observers would say almost impossible, to predict. These conversion factors are mainly related to the length of time that the pandemic is disruptive, since a long disruption is likely to produce significant alteration in several of the factors. The factors include the number and availability of educators, economic constraints and the need to rapidly expand the clinical workforce. All of these factors will have a major impact on the future way to educators and their institutions that will provide Ayurveda education.

REFERENCES

- 1. AHMED, H., ALLAF, M. & ELGHAZALY, H. (2020). COVID-19 and medical education. *The Lancet Infectious Diseases*.
- 2. CHERMACK, T. J. (2004). Improving decision-making with scenario planning. *Futures*, 36, 295-309.
- 3. DONG, C. & GOH, P. S. (2015). Twelve tips for the effective use of videos in medical education. *Medical teacher*, 37, 140-145.
- 4. IWAI, Y. (2020). Online Learning during the COVID-19 Pandemic: What do we gain and what do we lose when classrooms go virtual? *Scientific American*.
- 5. MURPHY, B. (2020). COVID-19: How the virus is impacting medical schools. *Am Med Assoc*.

- 6. SCANTLEBURY, A., SHEARD, L., WATT, I., CAIRNS, P., WRIGHT, J. & ADAMSON, J. (2017). Exploring the implementation of an electronic record into a maternity unit: a qualitative study using Normalisation Process Theory. *BMC medical informatics and decision making*, 17, 1-10.
- 7. THERISINGNEPALDAILY (2020). https://risingnepaldaily.com/opinion/education-in-shadow-of-covid-19. accessed on 7 November.
- 8. WHO (2020). https://covid19.who.int/WHO Coronavirus Disease (COVID-19) Dashboard. accessed date 2020/11/8, 10:36am CET.

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