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Letter to the Editor

COVID-19 pandemic: An incentive for medical curricular reform in Iraq



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Dear Editor,

Many medical colleges around the world adopt the concept of a five-star doctor. It recruits graduating a doctor having the aptitude to introduce services that a healthcare setting must deliver to fulfill the requisites of quality, equity, relevance, and cost-effectiveness in health. It encompasses the attributes of a healthcare provider, decision-maker, communicator, community leader, and researcher.¹ Medical colleges have a pivotal role in setting a framework for disseminating that concept and developing, reforming, and implementing curricula enabling students to fill the learning outcomes and concept's attributes.

Since the establishment of the first medical college in Iraq in 1927, traditional (face-to-face) learning was the employed learning method for medical students. It emphasized knowledge and to certain extent skills while ignoring certain important domains such as attitude, communication, skills, and ethics. It was yielding good graduates, but often lacking clinical skills and empathy toward patients. Scattered efforts were directed over the past decades to reform academic learning curricula but regrettably, they didn't reproduce major changes in the academic learning process. The Al-Kindy College of Medicine, University of Baghdad, founded in 1998, is the pioneer among medical colleges across the country in revising the learning process. It started to introduce both vertical and horizontal integrated learning (student-centered, problem-based, and community-oriented) to first-year students in 2013 which encompassed early clinical experience while studying basic sciences. The process was completed for final (sixth)-year students in 2018. The integrated curricula involved numerous components of integration among various disciplines, clinical skills, log books,

early clinical attachment, small group learning, community-based training, elective sessions, research modules, and formative and summative assessments.

In December 2019, COVID-19 emerged from Wuhan, China, and globally spread. The pandemic has devastated the contexts of health, economy, living, social relationship, and environment. It has posed many significant impacts on medical education. These included the following elements: a widespread cessation of face-to-face learning sessions, clinical placements, and examinations that necessitate physical attendance; the absence of steady contact and communication between educators and students that might progress to burnout among students and halt the learning process; and the stoppage of clinical exposure which might result in a gradual decline in the clinical skills and competency of students.² With the first case report of COVID-19 in Iraq on February 24, 2020, quarantine and lockdown measures were implemented. To continue medical education, medical colleges across the country reformed the learning curricula and e-learning was introduced during the academic year 2020–2021. The educators employed the Google classroom platform to deliver audio-visual lectures and medical teaching videos as well as planned online scientific discussions with students on different learning materials. Students presented seminars and took part in online formative and summative assessments. With the easing of tight restrictions in Iraq and the initiation of a mass immunization program against COVID-19, blended learning (combined traditional and e-learning) was introduced during the academic year 2021–2022 as a renovated tool to effectively overcome the challenges noticed during the introduction of e-learning and simultaneously sustain medical education in the ongoing era of the COVID-19 pandemic.

The clinical practice in various specialties in Iraq has importantly devastated in the era of the pandemic with the eruption of new patterns.^{3–5} Even in the basic sciences, the pandemic has triggered new horizons of immunological mechanisms of the virus, new technologies for the detection of the virus, prevention, and treatment, as well as the development of vaccines.⁶ The impacts of the pandemic on

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both basic and clinical sciences necessitate updating the learning curricula to enhance the knowledge, skills, and competency of students and help students effectively confront new landscapes in the medical profession.

Increased focus is globally directed on accrediting undergraduate medical education programs. The cardinal goals of accreditation involve ensuring the quality of medical education and enhancing quality improvement.⁷ The National Council for Accreditation of Medical Colleges was set up in 2015 in Iraq to control the accreditation process. It has set certain standards to be filled by medical colleges across the country. Among these standards, educational programs must be shaped to fulfill the goals of accreditation. Initiating curricular reform could help accelerate accreditation and make medical education in line with international standards.

Though different vaccines have been developed to defeat COVID-19, the emergence of new variants of the virus has led us to believe that the fight against COVID-19 is not yet aborted and the sequelae of the pandemic, particularly on medical education are continuing. As a result, it is pertinent for the clerkships to actively consider reforming the learning curricula for the forthcoming academic years to guarantee reproducing competent doctors.

The process of medical curricular reform in Iraq is not easy to handle due to various challenges. These include the current unstable situation in the country, the enormous increase in the number of students accepted in medical colleges due to disorganized horizontal expansion of these colleges, the limited number of efficient educators, interrupted faculty development and educators training programs, defective infrastructures development due to financial constraints, and weakness of short and long-term strategies for the medical colleges. Currently, there are 25 medical colleges in Iraq and each has its learning curriculum. There are noticeable variations in the objectives, methods, and tools of implementation of these curricula among these colleges. There is a need to introduce national reference standards for learning and implement innovative programs to guarantee well-qualified students and graduates who become able to fill the community's healthcare needs. The reformed curricula ought to be flexible, dynamic, and applicable whilst ensuring quality, as well as, they must contain obvious objectives, methods of student assessment, and outcomes. It is suggested to be holistic community-based curricula based on vital domains such as knowledge, and skills with special emphasis on attitude, communication, and ethics.

In conclusion, the pandemic has created a serendipitous opportunity to reform the curricula for medical students in Iraq that would enhance students' professional development and guide their future careers.

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Ethical approval

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