

Online Final Medical School Exam in a Low-Income Country During COVID-19 Pandemic

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The Experience

The COVID-19 pandemic has affected every sector of society. The usual delivery of medical education and assessment of undergraduate medical students has had to temporarily change in the midst of this global crisis. Online academic assessment of medical students has long been used and keeps developing. However, when I returned from my medical school in China to do my final year of clinical electives in my country, Zimbabwe, I never imagined I would be writing my final medical school examination in my own home.

Traditionally, the medical school I attended holds their final graduation exam in two parts, both of which are paper based tests that are invigilated. The first part being taken before a year of clinical elective attachments at chosen hospitals approved by the school and the second part which is taken after the electives which subsequently leads to the attainment of the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree.

I had read news of final year medical students in other parts of the world being fast tracked and quickly finishing the last part of their undergraduate medical education in order to increase the frontline workforce on the battle against COVID-19.2 My medical school took a similar course of action shortly after this, announcing my final examination would be written online with time limits, as originally planned by the school. This came as a relief to me because I had been worried about not graduating on time because of the uncertainties surrounding the SARS-CoV-2 pandemic and the hassle of applying for a new visa to China in the event that the pandemic did not die down and travel restrictions were not lifted (which ended up being the case).

Online education or assessment in a low-income country comes with numerous challenges including unavailability of the internet in many homes, slow connectivity and electricity power cuts.³ Now I had to plan for a 3 hour long online final medical school examination which would hopefully be uninterrupted.

All candidates were informed of the inclusion of subjective type questions in the examination, which was the only difference from the norm, but a significant difference in my opinion as it affected my methods of preparation for the exam.4

A few weeks passed and finally it was the day of the examination. Ironically, the electricity was unavailable and I had to use a back-up generator during the exam. I was impressed with the platform used to conduct the examination which had an auto-save function and this was reassuring because if adverse circumstances had interrupted my examination, when I restarted, my answers would have been recorded.

Thankfully, I had no disturbances for the entire duration of the examination once the generator was running. At the end of my exam, I was excited about what my experience could mean for the future of medical education and assessment, for undergraduate medical students especially in low income countries, like Zimbabwe.

When I had attended the leading medical school in Zimbabwe during my clinical elective attachments, most things were done manually, the use of pen and paper were commonplace and assessments were done physically which has great advantages such as building the confidence of the physician by oral presentations. A group of final year medical students at the top medical school in Zimbabwe were unable to complete their degree program on time owing to a previous doctors' strike compounded by the effects of the COVID-19 pandemic.5 Perhaps owing to the style of teaching and assessment, these medical students have had to wait many months before they can be formally assessed which has brought staffing implications for a healthcare system that is already facing capacitation challenges related to a hyperinflation economic environment. In this case, I wondered if the possibility of conducting online examinations was considered and if it was, would it have worked for all the candidates considering the economic state of the country?6

How can online medical education and assessment be initiated and formalised by medical schools in low income countries? From my experience, I observed that connectivity is key in the fast changing technological world we live in today and medical schools or institutes may need to provide reliable internet connectivity to their students, not only on campus but remotely as well.7 However, the reality is that face-to-face discussions and streaming which simulate the usual learning environment are inaccessible to everyone. The online platform most students can relate with is WhatsApp and remains a favoured option for case studies, discussions and handing in of assignments. WhatsApp has been the mode of online learning adopted by university students in Zimbabwe as it is a cheaper way of continuing studies and staying connected. In my opinion, online learning and assessment in Zimbabwe and other low-income countries is likely to become more popular in the post-pandemic era as this difficult time has served as an eye-opener to non-traditional methods of learning and examination.

The COVID-19 pandemic and its effects on the world have caused sheer distress but I think that adversity breeds innovation. The challenges faced allow us to think of ways to improve ourselves and the world including the day-to-day delivery of medical education and assessment, even in the face of a pandemic.8

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Editor: Mihnea-Alexandru Găman & Francisco J. Bonilla-Escobar Student Editors: Paul MacDaragh Ryan & Shawn Albers Submission: Jun 27, 2020 Revisions required: Jul 16, 2020 Received in revised form: Jul 17, 2020 Acceptance: Jul 18, 2020 Publication: Aug 28, 2020 Process: Reviewed by Student Editors Gona CV.

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Acknowledgments

None.

Conflict of Interest Statement & Funding

The Authors have no funding, financial relationships or conflicts of interest to disclose.

Author Contributions

Conceptualization, Writing - Original Draft Preparation & Writing - Review & Editing: CVG.

Cite as:

Gona CV. Online Final Medical School Exam in a Low-Income Country During COVID-19 Pandemic. Int J Med Students. 2020 May-Aug;8(2):203-4.

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ISSN 2076-6327

This journal is published by the University Library System, University of Pittsburgh as part of the Digital Publishing Program and is co-sponsored by the University of Pittsburgh Press.

