



Love in the time of Cholera – How does education and training survive in the face of a Pandemic?

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Introduction

Gabriel Garcia Marquez created a timeless narrative of love blossoming in the face of malady, of trust and betrayal and eventually decades later, 'true love' flourishing between *Fermina* and *Florentino* in the autumn of their lives. There are several similarities one can draw from the Marquez's world of fantasy in Columbia to 2020. One that is wildly infectious, has been a pandemic since 2010, affects millions of people worldwide and causes between 30-130,000 deaths. (1)

As the world rushes to find a vaccine for the novel corona virus SARS-CoV2 causing Covid19 (2), the essential message for containment is still as simple as avoiding contact, social distancing and washing hands frequently with soap-water or sanitising using alcohol gel. John Snow developed his epidemiological techniques of contact tracing and isolation back in 1854, working in London; many of which form the corner stone of current strategies. (3) In the first few weeks of the discovery and rapid spread of the novel corona virus, health systems in every country of the world are examining their preparedness. In the United Kingdom, the cash-strapped and workforce-challenged National Health Service which seems to be perpetually in the throes of 'winter crisis' feels unprepared for coping with this new malady. The government is rapidly moving from its prevention to delay strategy. There are calls for

inducting medical and nursing students to complement the challenges and rapidly depleting workforce and to return retired healthcare staff back in to duty as a national healthcare emergency is being declared. (4,5) As of 20 March, all schools are closed indefinitely and all examinations cancelled or postponed.

How does an organisation educate and train healthcare staff during such critical times? What may be negative impact of such lost opportunities? How do organisations take charge of educating the public they serve for high impact actions during such periods? This article explores the evidence from previous pandemics and draws on what methods might be suitable for organisations to adopt.

In recent years, there has been a heightened focus on the development challenges faced in contexts of protracted crises, however, there is a lack of robust evidence on how to effectively translate this interest into practice. In the field of educational research, this is further compounded by the comparative lack of academic capacity on to explore 'education in times of crises. (6)

1. Enhancing understanding of the role of education and learning in responding to and fashioning novel ways for coping and/or transforming opportunities and outcomes in crisis settings, particularly



those in the longer-term and including natural as well as man-made crises.

2. Building the evidence base of how education and learning take place and are affected during and through crisis situations, including particular attention to the importance of local context and practice in this regard, and what implications this entails for learning and communities.
3. Investigating how crises particularly affect the education and learning of healthcare staff and their families of hidden populations, marginalised people including girls and women, and populations on the move.

Although the World Bank report(6) on global learning crisis refers to universal education the principles and recommendations are equally applicable in the healthcare setting.

- Firstly, there is a need to assess learning, so it can become a measurable goal. In the context of healthcare setting, the imperative of assessing and reporting on outcomes remains critically important. The findings however stark, will help to focus attention on learning, inform policy choices, track progress, and shine a spotlight on areas which may be lagging behind.
- Secondly, it is necessary to attract innovative minds into teaching and keep them motivated by targeted teacher training, deploy adaptable technologies that help teachers to teach in the clinical setting preferably during the real-time management of patients and strengthen governance.
- Thirdly, there is a dire need to use information and metrics to motivate staff, increase accountability, and create the political will for educational reform. The WHO recommends reaching out to stakeholders, including patients and the wider community, in all stages of

education reform, from design to implementation.

At the Oslo Summit for Education and Development(7), the report from Overseas Development Institute (ODI) recommended a governance structure including a top-level oversight body that includes the most powerful and influential influencers to assume responsibility of education. In a way, the UK already has an arm's length body, Health Education England (HEE), the deanery in Scotland or the Health Board in Wales to provide a unified and strategic 4 nation approach to healthcare education and strategy. There are national committees working on specialist areas such as Technology enhanced learning, the eLearning for Health to support the adoption of a unified educational regime, norms and platform of support for education of all staff.

Amidst the rapidly evolving global health crisis of COVID-19, the UNESCO held its first virtual meeting on 12 March 2020 where there was consensus on the importance of UNESCO's Futures of Education initiative(9). Numerous participants in the meeting expressed concerns about inequalities deepening and emphasized the importance of collaboration and solidarity—particularly in ensuring that educational opportunities reach the most vulnerable and marginalised. Within healthcare education and training sector, there are vast inequalities in provision, financial resources and capacity in different countries around the world. Even in the UK, under the watchful eye of General Medical Council's (Quality Assurance Framework)(10) HEE has struggled to provide for parity across the country(11). In the face of crisis, it is perhaps inevitable that these inequalities of variable educational and supportive environment will widen. Areas that have struggled to provide for a stable environment and positive approach are at risk of shelving any attempts to improve quality. The consequences are often direct on trainee morale, and indirectly in patient related outcomes.



Yet, while the healthcare leaders are calling for re-purposing of the workforce to face the crisis, providing refresher training to equip many retired / returning healthcare workers (12) or those that have not been in patient facing roles in the recent past, and increasing specific capacity for intensive care(13) as appears to be the need of the hour- there is no better time for education and training faculty to innovate and reach for the most radical of solutions.

It has been observed in human history that necessity and frequently war-time provides the catalysts for huge progress in innovations and human inventiveness. It could be said that the time we are living in now is the third of the world wars. Only this time, the enemy is to be invisible, measured in microns and spreads rapidly through human contact. We have seen countries across the world take sweeping measures to contain public contact. The ability of instantaneous information flow across the digitally connected world population has allowed countries across the globe to learn from each other and move rapidly. Within days we have seen similar measures being rolled out from countries bordering the pacific to Europe and Africa.

What then are the solutions to provide rapid access to relevant education and training to vast swathes of the workforce while maintaining social distancing. The answer is technology(14). Learning has been switched to the virtual classroom(15) using multiple platforms. Content can be generated from universally available devices (the ubiquitous smartphone, tablets and laptop computers) and delivered to individual learners. The flexibility of place, time and convenience that this universal method of streaming interactive content across the globe allows is mind-boggling. Providers such as Microsoft Teams, Zoom and Google Classroom(16) have seen their usage rise exponentially. Organisations of different sizes and culture have rapidly adapted to delivery of learning through next generation technologies.

As the novel Corona virus spreads across the globe, a revolution is happening in human life. In

addition to the change in social culture, a phenomenal expansion is being enacted in education and learning. The artificial barriers are being broken down as universal access to education is being delivered. When the world emerges from this pandemic, human civilisation and along with education would have been transformed for ever.

References

1. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet Lond Engl.* 2016 Oct 8;388(10053):1459–544.
2. COVID-19 [Internet]. European Centre for Disease Prevention and Control. [cited 2020 Mar 6]. Available from: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>
3. Mode of Communication of Cholera(John Snow, 1855) [Internet]. [cited 2020 Mar 6]. Available from: <https://www.ph.ucla.edu/epi/snow/snowbook.html>
4. Public Health England [Internet]. GOV.UK. [cited 2020 Mar 21]. Available from: <https://www.gov.uk/government/organisations/public-health-england>
5. Coronavirus declared global health emergency. BBC News [Internet]. 2020 Jan 31 [cited 2020 Mar 21]; Available from: <https://www.bbc.com/news/world-51318246>
6. World Bank warns of ‘learning crisis’ in global education [Internet]. World Bank. [cited 2020 Mar 6]. Available from: <https://www.worldbank.org/en/news/press-release/2017/09/26/world-bank-warns-of-learning-crisis-in-global-education>
7. OSLO SUMMIT ON EDUCATION FOR DEVELOPMENT [Internet]. Global Observatory for Inclusion. 2015 [cited 2020 Mar 21]. Available from: <http://www.globi-observatory.org/oslo-summit-on-education-for-development/>
8. Education Cannot Wait: a fund for education in emergencies [Internet]. ODI. [cited 2020 Mar 21]. Available from: <https://www.odi.org/publications/10405-education-cannot-wait-fund-education-emergencies>
9. <https://plus.google.com/+UNESCO>. UNESCO launches Futures of Education global initiative at United Nations General Assembly [Internet]. UNESCO. 2019 [cited 2020 Mar 21]. Available from: <https://en.unesco.org/news/unesco-launches-futures-education-global-initiative-united-nations-general-assembly>



10. How we quality assure [Internet]. [cited 2020 Mar 21]. Available from: <https://www.gmc-uk.org/education/how-we-quality-assure>
11. Medical training quality assurance review [Internet]. [cited 2020 Mar 21]. Available from: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/medical-training-quality-assurance-review>
12. HEE supporting returners to work in the fight against the COVID-19 pandemic [Internet]. Health Education England. 2020 [cited 2020 Mar 21]. Available from: <https://www.hee.nhs.uk/news-blogs-events/news/hee-supporting-returners-work-fight-against-covid-19-pandemic>
13. Cook T. I'm an ICU doctor. The NHS isn't ready for the coronavirus crisis | Tim Cook. The Guardian [Internet]. 2020 Mar 3 [cited 2020 Mar 21]; Available from: <https://www.theguardian.com/commentisfree/2020/mar/03/icu-doctor-nhs-coronavirus-pandemic-hospitals>
14. Dankbaar MEW, de Jong PGM. Technology for learning: how it has changed education. *Perspect Med Educ*. 2014 Sep;3(4):257–9.
15. Innovations In Virtual Classrooms: Rethinking Training And Learning Delivery [Internet]. eLearning Industry. 2017 [cited 2020 Mar 21]. Available from: <https://elearningindustry.com/innovations-in-virtual-classrooms-rethinking-training-learning-delivery>
16. Maryl EZTE. Google Classroom and Microsoft Teams for Education: Find the Blended Learning Tool that Works Best [Internet]. Technology Solutions That Drive Education. [cited 2020 Mar 21]. Available from: <https://edtechmagazine.com/k12/article/2019/02/google-classroom-and-microsoft-teams-education-find-blended-learning-tool-works-best-perfcon>