



MY E LEARNING EXPERIENCE DURING COVID 19 PANDEMIC AS DIRECTOR OF FAMILY MEDICINE RESIDENTS IN GEZIRA ,STATE ,SUDAN

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Abstract

Introduction: The COVID-19 pandemic has disrupted the lives of people worldwide in various ways. Globally, as of 30 August 2020, there have been 21,294,845 confirmed cases of COVID-19, including 761,779 deaths[1]. Along with the alarming number of cases and deaths, economic and social crises, we can also notice the frail education system. The Government of Sudan had requested social distancing and implemented lockdown. Therefore, along with all other educational institutions, medical college [University of Gezira, Sudan] and [Sudan Medical Specialized Board].

Methods: More than 500 students involve in E Learning program family medicine residents in Gezira, State Sudan, with collaboration of American Sudanese Union and university of Gezira Sudan

Results: After a period of time family doctors residents go back to their health centers with more confident now they were not afraid to got infection by covid19 they knew how can solve most of problems without need to referral it to hospitals and ministry of health in Gezira State at that time very pleasure of family doctors and we noticed improved in health services to Gezira citizens especially those they have chronic disease, am very proud of family doctors in Gezira State.

Conclusion: After the end of the COVID-19 pandemic, till now we used it in teaching methods for post and undergraduate and go more in it, also now we are more familiar for E Learning, we have consistent session weekly by google met to family doctors in Gezira State Sudan and enter to undergraduate in teaching methods in university of Gezira Faculty of Medicine.

Keywords':- E learning, COVID19, Sudan, Gezira, State

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Introduction:

The COVID-19 pandemic has disrupted the lives of people worldwide in various ways. Globally, as of 30 August 2020, there have been 21,294,845 confirmed cases of COVID-19, including 761,779 deaths [1]. Along with the alarming number of cases and deaths, economic and social crises, we can also notice the frail education system. The Government of Sudan had requested social distancing and implemented lockdown. Therefore, along with all other educational institutions, medical college[University of Gezira ,Sudan]and [Sudan Medical Specialized Board] SMSB is higher institute to train the doctors residents in about four years to sit to second part exam as to award MD in different specialties were also closed. Am Director of family medicine residents and Trainer of them in Gezira State which is big state in Sudan.

After lockdown began, I my worries increase about our students under and postgraduate and tried to had solution to fill the gap. However, I still had worry about our post graduate residents in family medicine both master degree program in faculty of medicine university of Gezira and MD Program from [SMSB] IN same time fragile health system and local resources at that time in a lot of my collages and staff member of faculty of medicine die in first wave of covid19 also residents majority afraid to go to their health centers as part of rotation so as they captured infection to their elderly parents they said.

The journey of my E-learning began with the Zoom app. When my friend she is doctor phone me that there was some people doctors in America, they were Sudanese wanted to help family doctors in Gezira as family doctors treat majority of people ,am so happy when listened to her and said please connected them with me . So this the start of my journey with E learning as teacher in COVID19 Pandemic in Sudan .I will

give brief information about those doctors and their worked,

The coalition of Sudanese Organization Against COVID19 was initially established by a group of Sudanese -American Organization in March 2020,and steadily expanded to include 62 sister organization and community group from around the globe .The Collation's main goal is to support Sudan in its COVID 19 pandemic response, this brief about them they phone me as responsible of family medicine residents in Gezira ,asked me of kind of supports that can gave to us so said to them we need Target Knowledge about every information about covid19 as to flighted it and am sure when doctor been knowledgeable they will fight every disease they will face and we established large scientific platform called it family medicine platform and told them how all we can benefited from those organization and we all negotiated all cases and had experience of others and way of lectures .

The journey of my E-learning began with the Zoom app. We eventually switched to Google Meet and Google classroom. These apps offer access to a large number of high-quality, peer-reviewed, sharable e-learning materials. [2] Initially, technical errors like logging in and sharing the presentations took half of the time allocated to us for our online lectures also bad quality of internet in rural area in Gezira State, all obstacles faced us ,all together overcome it . Nevertheless, after period of time, the family doctor residents were familiar with the apps.

After established family doctors platform I started to negotiated with American Sudanese Committees Union and Family doctors in Gezira State to put priority of topics need in practice with EBM with local resources in Health centers, and all we put time table we will show it .

	A	B	C	D	E
1	Topic	Presenter(s)	Session Date	Organization	Google
2	General updates in COVID-19: Screening, evaluation, and management	Nada Fadul ASAPA	May 18	ASAPA/SNG	
3	COVID-19 effect on the Healthcare worker	Nada Fadul ASAPA	May 22	ASAPA/SNG	
4	Testing and diagnosis principles	Ahmed Babikir member of the stee)	June 1	SIDA	
5	COVID19, A Continuous Lesson for All	Mohamed Abdelbagi	June 4	Himaya	
6	PPEs: What to Use, When to Use it, and How to Use it	Dr. Nada Fadul & Reem Ahmed	June 5	ASAPA and UoKANA	
7	Infection control principles and patient flow outpatient	Husam Elmujammar	June 6	SDUK	
8	Critical care in resource limited settings	Abbas Ali	June 9	UoKANA	
9	COVID19 within Obstetric & Gyneacology setting	Dr. Muiz Hagaz	June 11	SDUI	
10	Medical management of COVID-19 patients in the ICU	Rania Atta	June 13	SDUI	
11	Pediatric management of COVID-19	Izzeldin Salih	June 14	SAMA	
12	ARDS and Ventilator Management in patients with COVID	Mohamed Ismail	June 17	SAPA	
13	Professional Communication Skills in the Covid-19 era	Dr. Abu Obaida Yassin	June 23	SNG	
14	Medical management of COVID-19 patients -non critically ill	Sawsan Raziq	June 24	ASAPA	
15	Social Stigma: the case of COVID19	Ibrahim Bani	June 26	ASAPA/SNG	
16	Neurological Complications of COVID-19	Prof. Khalafalla Bushara	July 2nd	SNG	
17	Manegement of non-communicable disease during the COVID-19 pande	Saria Hassan	July 8	ASAPA	
18	Mitigating the Spread of COVID-19, is Stigma a Barrier	Prof Bani		ASAPA	
19	Contact tracing and investigation, home quarantine and isolation principles		TBD	SIDA	

STRENGTHS OF E-LEARNING

The overload of information found online and given by my doctors collages in the online classes made family doctors residents anxious. However, with the help of online group discussions with all and with the right management of time, they finally found the solution. I realized that these helpful group discussions were encouraged due to E-learning. In these group discussions, we divided a topic into various parts and allocated one to each. We then shared our experience in patients that treated using Google Meet. E-learning made the implementation of many instructional methods easier.[3]

Slowly, the candidates caught up with the ongoing topics and understood the teachers better. I found out that E-learning improves student-teacher relationships. Via Internet-based learning, they were able to contact the teachers online outside the scheduled contact hours[4] It is also helpful to teachers to update the materials that they provide to the students online compared to printed materials used in traditional teaching methods.[2].E-learning technologies offer learners control over content, learning sequence, pace of learning, time, and often media, allowing them to tailor their experiences to meet their personal learning objectives. In diverse medical education contexts, e-learning appears to be at least as effective as traditional instructor-led methods such as lectures. Students do not see e-learning as replacing traditional instructor-led training but as a complement to it, forming part of a blended-learning strategy. Innovations in e-learning technologies point toward a revolution in education, allowing learning to be individualized (adaptive learning

E-learning is a blessing to all of us, it facilitates the teaching of students scattered across different

places in the same city, different cities, and even different countries. The result of this is that students got the opportunity to participate in the same educational activities regardless of physical location.[5] The environment for e-learning also encourages students to depend on their selves for the reason that teachers are no longer the solitary source of knowledge.[6]

After a period of time family doctors residents go back to their health centers with more confident now they were not afraid to got infection by covid19 they knew how can solve most of problems without need to referral it to hospitals and ministry of health in Gezira State at that time very pleasure of family doctors and we noticed improved in health services to Gezira citizens especially those they have chronic disease ,am very proud of family doctors in Gezira State.

WEAKNESSES OF E-LEARNING

Despite its strengths, E-learning also has many limitations. Teaching communication skills requires real group meetings and face-to-face interaction. In this aspect, E-Learning may not benefit every field of medicine and allied health professional education[.4] E-learning with no actual patient interaction will eventually cause anxiety among the students while facing one. They will also be less empathetic towards the patients since attitudes of doctors and communication skills are closely linked. They ultimately influence the quality of medical care.[7] Medicine of the present world demands a high level of competency in both clinical examination and performing a procedure in patients.[8] E-learning alone will not help the students develop effective practical and clinical skills[.6] For example: Watching a tutorial about cranial nerve examination is not as effective as a cranial nerve examination on a real patient.

To access E-learning materials, we require a PC or a smart device (tablet or phone), as well as access to the Internet.[4] In Gezira only some family doctors have tablet][Therefore, E-learning may not be possible for every student. Even when possible, many technical errors are still present, for example, slow internet connection and the absence of electricity from time to time. The process of effective E-learning can be quite expensive too.[5]economies of scale, and novel instructional methods, while disadvantages include social isolation, up-front costs, and technical problems. Web-based learning is purported to facilitate individualized instruction, but this is currently more vision than reality. More importantly, many WBL instructional designs fail to incorporate principles of effective learning, and WBL is often used for the wrong reasons (eg for the sake of technology In a country where most households do not have a WiFi connection, students should buy data packages for E-learning. The economic burden due to lockdown and closed offices as a consequence of the COVID-19 pandemic is also huge. Hence, it adds to the decreasing economy of many students and their families and increases their extra expenses.

HOW CAN WE IMPROVE IT?

The limitations, however, should not discourage the process of E-learning. Instead, they should provide a way for improvements. With the continuous advancement of technology and digitalization of everything, we need to focus on the factors that make E-learning easier. For this, we should carefully consider situational factors regarding it.[9] They include the availability of reliable technological resources, learner satisfaction, cost-effectiveness, detailed planning, and regular feedback. We should encourage the evaluation of the effectiveness of E-learning along with student inputs before implementing it. We should also focus on active student participation and motivate discipline and concentration during the online classes. We should equip ourselves with strategies that help us self-regulate our learning, especially during online learning programs.[10]. This being highly important when learning is acquired through online learning programs. Nonetheless, such research has been scarce with Vocational Education and Training (VET).

CONCLUSIONS

E-Learning, like any other form of learning, is personal. How we utilize the benefits of it and find solutions to its limitations depend on us. It is

incumbent upon each one of us to take it as an opportunity and be flexible in this period of global crisis. After the end of the COVID-19 pandemic, till now we used it in teaching methods for post and undergraduate and go more in it ,also now we are more familiar for E Learning ,we have consistent session weekly by google met to family doctors in Gezira State Sudan and enter to undergraduate in teaching methods in university of Gezira Faculty of Medicine.

Conflict of Interest: - None

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