

Remote Pathology Education in the Context of the COVID-19 Epidemic

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Received: 02-Jan-2023, Manuscript No. JCEP-23-89777; **Editor assigned:** 06-Jan-2023, PreQC No. JCEP-23-89777 (PQ); **Reviewed:** 27-Jan-2023, QC No. JCEP-23-89777; **Revised:** 03-Feb-2023, Manuscript No. JCEP-23-89777 (R); **Published:** 10-Feb-2023, DOI:10.4172/2161-0681.23.13.426

Citation: Jacob R (2023) Remote Pathology Education in the Context of the COVID-19 Epidemic. J Clin Exp Pathol. 13: 426.

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Description

The COVID-19 epidemic has caused traditional medical education to be restructured. Before the epidemic, medical schools were modifying their educational practices. The reduction of the basic sciences schedule with integration in the clinical phase of medical training, the replacement of traditional theoretical classes with interactive lectures using technological resources to stimulate student participation, the implementation of active teaching methodologies, small group teaching, and the adoption of new technologies for learning Anatomy and Pathology are examples of pedagogical innovations that were underway in medical education prior to the implementation of the curricular reforms.

These changes in medical teaching strategies, which had taken decades to implement in the curriculum, were abruptly pushed to computer screens, with no regard for teacher preparation to enable teaching activities along this new path, or student receptivity on the other side of the virtual communication environment.

The traditional medical curriculum's pathology content included the study of the causes and mechanisms involved in the development of diseases of organs and systems such as cardiovascular, pulmonary, renal, hematopoietic, gastrointestinal, and gynecological diseases, as well as correlations with clinical manifestations. This cognitive content was divided into modules, with weekly theoretical and practical face-to-face lessons and exams at the end of each. An Equal amount of content was packaged and distributed virtually, as synchronous activities on the Google platform and asynchronous activities on Moodle, the institutional teaching platform.

Students emphasized the usage of the institutional virtual teaching platform and time flexibility for study as the key benefits of remote pathology instruction. They believed that limitless access to recorded lectures *via* the online teaching platform, as well as other didactic elements such as question tutorials, books, and scientific articles connected to the subjects under study, aided Pathology learning. Students thought live interactive lectures were preferable to traditional lectures and proposed that in-person theoretical classes be replaced by live interactive lectures. Alternatives to standard lecture-based courses at medical schools have received a lot of attention. Our findings add to the body of data supporting the use of online teaching methods in medical education, particularly in the pre-clinical years, for the teaching

of cognitive disciplines such as pathology.

The majority of students had no trouble talking with teachers during synchronous activities, although engagement with teachers was not greater in online activities than in face-to-face sessions for the majority of them. These findings may be connected to teachers' lack of preparation for virtual communication as a result of the emergency nature of the transition from face-to-face to remote instruction. These findings underline the need of developing pedagogical abilities for online instruction.

Encourage student participation in synchronous and asynchronous activities is a critical goal in online education. Students in virtual meetings with big groups tend to remain with closed webcams, unresponsive to exchanges.

Instructors should invest in tactics for online contact with students, such as questions during lectures, exercises with student participation, small group assignments, virtual games, and formative evaluations. In study, students said that they enjoyed virtual games, and games promoted Pathology learning for 52.2% of them.

Another interesting fact is that most students had little trouble accepting responsibility for their own learning under distant conditions. This highlights medical students' high level of discipline in learning topics under study, and this autonomous learning profile can be encouraged through online teaching methodologies.

The primary perceived barriers to the implementation of pathological remote teaching included difficulty separating study from household activities a lack of desire and the quality of learning Half of the students did not believe that remote learning improved their Pathology learning, and 42% believed that switching from face-to-face to remote learning damaged their Pathology learning. These findings highlight the importance of improving pedagogical abilities in order to ensure the efficacy of virtual instruction.

Students reported a decrease in quality of life as a result of physical distance from colleagues and the college environment, as expected. This could be explained by the detrimental consequences of psychological alterations caused by social isolation, which hampered the ability to cope with daily activities under pandemic stress. This also emphasizes the significance of social relationships in human well-being.