Article

Pharmacy & Healthcare Education during the most recent Coronavirus



Pandemic in India

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Abstract:

The Coronavirus Disease presents a significant threat to global schooling & also avoided education the pandemics impact on education will be much more significant for healthcare, students, who would require rotational preparation, laboratory experience, internships and seminars, meetings and clerkships, and technical and organisational evaluation and assistance and some other issues like lack of broadband coverage, relatively large out-of-pocket costs associated with Internet data packs, and an epileptic power supply

Key words: Coronavirus, education, healthcare worker

Introduction:

The Coronavirus Disease pandemic of 2019 (COVID-19) presents a significant threat to global schooling, and India is no exception. COVID-19 also avoided education, as the priority was to treat infected individuals and prevent transmission wherever possible. The pandemic's impact on education will be much more significant for healthcare students, who would require rotational preparation, laboratory experience, internships and seminars, meetings and clerkships, and technical and organisational evaluation and assistance. 1,2

Numerous healthcare professionals, most

commonly medical and pharmacy students, evaluate or administer clinical exposure tests. As a result, the COVID-19 pandemic had a significant effect on health education in India, resulting in devastating consequences for post-pandemic assessment and prospective health care practitioners. We can only believe that COVID-19 can have an impact on the work of our pandemic students. The pandemic acted as a reminder of university knowledge's value and teaching. Establishing and organising numerous events by healthcare and pharmacy students is motivated and hailed to increase public awareness and COVID-19 responses.

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Health and pharmacy preparation was stopped as a precautionary measure to slow infection spread. According to the National University Commission, schools in the world will almost inevitably remain closed permanently until the prescribed COVID-19 drugs or vaccine feasible.³ If were COVID-19 programmes incidents begin to increase, medical and pharmacy schools will have to close down indefinitely before a new COVID-19 drug or vaccination alternative becomes feasible. This has still influenced medical research, while many private institutions have studied it.

The following applications are used: Zoom, Google Telegram, WhatsApp, Classroom, Microsoft Teams and academic emails. Due to a lack of broadband coverage, relatively large outof-pocket costs associated with Internet data packs, and an epileptic power supply in India, academicians questioned the effectiveness of these learning networks. Additionally, the COVID-19 pandemic has affected future research in medical schools worldwide. The COVID-19 pandemic was delayed a few days before evaluation. This, of course, affects student abilities, social well-being, and academic success. In those days, teachers will use technology to continue medical education at the university and graduate level.⁴ E-learning tools can capitalise on these resources for consumer convenience with online training. At hour, predetermined the faculty, medical educators, residents, and students will convene for live video and audio conferences. With seminars,

video conferences can be used to educate about diagnosis and operating procedures.⁵

However, providing the resources needed to support these new education approaches remains a significant problem in India. The COVID-19 pandemic has had an impact on pharmacy education.

India is not oblivious to this global phenomenon. The field of pharmacy is rapidly evolving, and learning practises must adjust to these moments of crisis.6This is critical. Due to the exceptional nature of a pandemic, all pharmacy schools in were unintentionally closed. India the pharmacology programme was disrupted, and exams were deferred. In light of the current scenario, pharmaceutical education must create a coherent response and take practical action to ensure that students receive continued education and assessment in an unexpected crisis.

The Indian Norm for Pharmacy Education allows pharmacy students to gain expertise through seminars, classes, case studies, presentations, and workshops.⁷

The didactic remedy is the most commonly used solution. While many pharmacy schools utilise elearning methods⁸, not all pharmacy schools are prepared for pandemic control. Infrastructure, access to education, recruiting of research staff, and the development of high-quality studies remain ongoing problems in India and other developing countries.⁹ Although e-learning seems possible, practical pharmacy and medical courses are still required. Medical education needs a

practical process. Because pharmacy and healthcare students are forced to stay at home until the pandemic ends, the lockout process and the need to split physically have a significant impact on clinical rotations, internships and graduate programmes.

After an interruption, every student has missed chances of advancing their future. Further advances can reduce pharmacy ability, as identified India's literature has significant challenges facing pharmacy practices. 10 The COVID-19 pandemic is a complex network of pharmacy threats and opportunities in India and worldwide. Academics, politicians, and the Indian government must use the pandemic to better discuss the nation's future in pharmacy and medical education. No timeframe exceeds the current.

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