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COVID-19, a pandemic that originated from China in November 2019 has now become the largest outbreak of atypical pneumonia after SARS 2003 and is still spreading around the world.1 To contain the spread of corona virus in India, the Government of India ordered a nationwide lockdown on March 24, 2020, and thereafter extended it in various phases. To minimize the loss in education during lockdown, colleges started online classes throughout the country. The teaching of medical education in India utilizes traditional methods of demonstration on patients during clinical classes and even promoting hands on approach during emergency postings under guidance. Therefore, it is very difficult to comprehend that the basic clinical procedures including drawing blood, Foley’s catheterization, venesection, putting a Ryle’s tube, learning skills of emergency management, cardiopulmonary resuscitation (CPR), intubation etc. can be learnt online without any repercussions. These efforts to continue theory classes by video conferencing can be disturbed in rural areas due to unpredictable internet access posing an obstacle in their learning. This novel situation in Indian medical education scenario has given rise to panic among students which is very much understandable. The real time feedback and interaction between professors and students is not the same through a computer screen. Students who are better able to adapt to this unique situation of COVID-19 will show their ability to think out of the box and alter pre-conceived notions of how medicine should be practiced. There is very little information on the psychological impact of this lockdown period on the medical students in India as this virtual education in the field of medicine is still in its nascent stage. During lockdown, strict measures of isolation, closure of colleges and schools are no doubt affecting the psychological health of students. Previous studies suggest that students have suffered from fear, worries, anxiety during the different types of public health emergencies across the world. Due to this pandemic 24.9% college students experienced anxiety because of the COVID-19 outbreak. Of these students, 0.9% experienced severe anxiety, and 21.3% experienced mild anxiety.2 The anxiety among students might have been related to study disruptions, uncertainty of future employment, inability to interact due to social distancing as well as inability to vent accumulated energy. The personal and professional development of students is also poorly affected because their participation in medical conferences and presentations is stopped till further orders.3 Every pandemic has its unique features regarding causalties, progression, and control. Therefore, it becomes essential for each individual to have health education as well as should create awareness for effective
prevention and control of disease spread. Health professionals often have better awareness, positive attitudes towards epidemics/pandemics, and they often experience low levels of anxiety.

Our own unpublished data have shown that COVID-19 has a psychological and emotional impact on the medical students in India. Results also seem to suggest that the replacement of in person classes with online classes have kept students under stress about clinical rotation learning in hospital. Students who are irritated are more likely to have trouble sleeping. Other research studies have also shown that disturbance in sleep has a negative effect on the academic performances of the students. However, students communicating frequently with their siblings and other family members have more solving attitude and are more contended in the family. Positivity towards life helps to face this lockdown pressure. Now that we’ve identified the problem, we can start to modify our academic teaching accordingly. Students should create a plan for their academics, so that, they can be prepared when colleges restart.

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References