

Učenje medicine na daljavo?

Marca je bila v državi razglašena epidemija Corona virusa, zavladale so izredne razmere. Uvedeni ukrepi so med drugim ustavili ustaljen pedagoški proces na šolah in fakultetah, zamenjalo ga je učenje na daljavo. Univerzitetni klinični center in Medicinska fakulteta Univerze v Mariboru sta ostali zaprti za študente medicine.

Učenje medicine na daljavo brez bolnika, brez osebnega kontakta, brez kliničnega pregleda, brez učitelja, ki te vodi. Ne, to enostavno ne gre. Izobraževanje študenta medicine na daljavo? Ne, smo bili vsi enotni, to ni možno. Predklinika delno, klinika ne! Medicina je posebna veda, to ni le znanost, to je nekaj več. In tistega več se ne da naučiti na hitro, na daljavo. Gre za bolnega človeka in odnos do njega, do njegove bolezni, gre za njegovo zaupanje, njegove stiske, ne nazadnje za njegovo življenje, ki nam je zaupano. Medicina ni znanje, je kompleks vseh veščin komuniciranja in obvladovanja postopkov diagnostike in zdravljenja. Biti zdravnik ni poklic, je poslanstvo, je *ars vivendi*. Za zdravnika čas in prostor nista pomembna, pomembno je njegovo delo.

Univerza je poskrbela za vso potrebno podporo in pomoč pri izvajanju učenja na daljavo. V zelo kratkem času je bila zagotovljena vsa potrebna infrastruktura za to dejavnost. Učitelji smo imeli številne možnosti učenja uporabe različnih oblik komuniciranja na daljavo. Katero obliko smo si izbrali, je bilo odvisno od nas in izvajanega predmeta.

In tako smo preživeli prvo epidemijo, vsak po svoje, tako študenti kot učitelji. Za vse je bila to nova izkušnja, precej je bilo improvizacije, a uspelo nam je, da smo izvedli vsa predavanja, seminarje in celo klinične vaje. Študentom je bilo omogočeno, da študijsko leto zaključijo, še posebej tisti v 6. letniku medicine. Za vse, ki smo bili vključeni v ta proces, je bila to velika preizkušnja, ki smo jo doživljali vsak po svoje – predkliniki po svoje, kliniki po svoje. Ponovno smo spoznali pomen izobraževanja na področju medicine, ki ga ne moremo primerjati z ostalimi poklici. Enostavno nismo našli primerjave.

Distance learning in medicine

In March, an epidemic of coronavirus was announced, and a state of emergency was declared. The introduced measures have, among other things, halted in-person pedagogy in schools and faculties, having been replaced by distance learning. Furthermore, the University Clinical Centre and the Faculty of Medicine of the University of Maribor were closed to medical students.

Distance learning in medicine simply cannot be done without a patient, without personal contact, without clinical examination, and without a teacher for guidance. Distance education for a medical student is totally unsuitable, as preclinical studies and clinical studies are out of the question. Medicine is a special discipline. It is not merely science. It is something more, something that cannot be learned in haste, at a distance. It is about human illness and attitudes towards the patient's illness. It is about patient trust, patient distress—and, crucially, it is about the patient's life, which is entrusted to us. Medicine is not just about knowledge. It is a whole host of skills, including communication and mastering diagnostic procedures and treatment. To be a physician is not a vocation. It is one's mission in life; it is the art of living. For a physician, time and space are of no importance. What matters is one's work.

The university provided the support and assistance required for the implementation of distance learning. In a very short time, all the infrastructure for this activity was provided. We, the teachers, have numerous methods of instruction to use in various forms of distance communication. The form chosen depended on the teacher and the subject being taught.

We have survived the first epidemic, each of us in our own way, both students and teachers. For all of us, this has been a new experience. There was considerable improvisation, but we succeeded in implementing all lectures, seminars, and even clinical practicals. Students, especially those in their sixth year of medicine, were able to complete their

Ob zaključku študijskega leta je Univerza v Mariboru pozvala vse učitelje in študente, da podajo svoje izkušnje z izvajanjem pedagoškega procesa na daljavo v času epidemije vključno s preverjanjem in ocenjevanjem znanja na daljavo.

Med pozitivnimi izkušnjami so izvajalci pedagoškega procesa na Medicinski fakulteti navajali večjo prisotnost, večje vključevanje v razprave, med negativnimi pa brezosebni odnos, težave preverjanja sodelovanja pri pouku, nezmožnost izvajanja kliničnih vaj ob bolniku. Ocenili so, da je bila kvaliteta pouka slabša.

Študenti Medicinske fakultete so kot pozitivne izkušnje navajali obvladovanje komuniciranja na daljavo, manjšo izgubo časa za vožnjo in možnost kasnejšega ogleda posameznih predavanj. Kot negativne so izpostavili brezosebnost, socialno izolacijo, nezmožnost timskega dela, preveč samostojnega dela, pomanjkanje praktičnega pouka, upad kvalitete znanja in neenake pogoje študija na daljavo.

Anketa je pokazala, da tak način učenja ni optimalen in da za medicino ni primeren. Potrebno bo nadgraditi sistem takšnega učenja z večjo možnostjo interaktivnega dela, dodatnega izobraževanja zaposlenih in izboljšanjem izvajanja izpitov na daljavo.

Na osnovi vseh izkušenj, pridobljenih z učenjem na daljavo, vključno z anketo, smo prišli do spoznanja, da je oblika učenja na daljavo za medicino najmanj sprejemljiva, tako za predklinične kot predvsem za klinične predmete. Način učenja, ki smo ga bili nujno prisiljeni uporabljati konec prejšnjega šolskega leta, je improvizacija na temo učenja medicine in tako ne smemo več nadaljevati. Naši študenti se v času študija oblikujejo v strokovno in etično odgovornega človeka, ki bo v življenju prevzemal težke odločitve. Naši učitelji jim ne podajajo le znanja, teorije, ampak jim pomagajo s svojim zgledom, dejanji, da lahko to skupaj uresničimo. Predavalnica v živo je valilnica idej, misli, študente vzpodbujamo k razmišljanju, jih motiviramo za posamezna področja in smo veseli vsakega njihovega sodelovanja. Človeški stik je nenadomestljiv. Študenti so obliko učenja na daljavo morali sprejeti kot edino ponujeno možnost, niso pa bili s to obliko zadovoljni in so zelo pogrešali

studies. For all of us who have been involved in this process, it was a dreadful ordeal with unique challenges. Preclinicians faced it in their way, and clinicians in theirs. We have discovered the meaning of education in the field of medicine. It cannot be compared to other vocations. There is simply no comparison.

At the end of the academic year, the University of Maribor appealed to all teachers and students to share their experiences with the implementation of the distance pedagogical process during the epidemic, including checking and marking distance knowledge.

Among the positive experiences of those who implemented the pedagogical process at the Faculty of Medicine, higher presence, and greater inclusion in discussions were stated. Negative experiences included impersonal attitude, difficulties in checking cooperation in class, and the inability to implement clinical practicals by the patient's side. It was estimated that the quality of classes was worse.

Students of the Faculty of Medicine stated the following positive experiences: having command of distance communication, less time wasted, and the possibility of viewing individual lectures at a later time. Negative experiences included impersonality, social isolation, team work inability, too much independent work, lack of practical classes, deterioration of knowledge quality, and unequal conditions of distance study.

These results have shown that such learning is not optimal and not appropriate for medicine. It will be necessary to upgrade the system of such learning with a greater possibility of interactive work, additional education of employees, and improvement in distance examination implementation.

On the basis of the experiences acquired by distance learning, including this survey, we have come to the realization that distance learning is least acceptable for medicine, both for preclinical as well as clinical subjects. The mode of learning that we were urgently forced to use at the end of the previous academic year was improvised. We must not continue in this manner. Our students during their medical studies develop into professional and ethically responsible humans who will face difficult decisions throughout

stare oblike učenja in sodelovanja.

Potrebno je poiskati varne možnosti učenja na dosedanji klasični način, za kar obstaja realna možnost, saj obstajajo prostorske možnosti, kakor hitro bo to glede epidemiološkega stanja možno. Vodstvo univerze in fakultete naj skupaj z nosilci predmetov poiščeta optimalne rešitve v kriznih situacijah. Prepričana sem, da nam bo še naprej uspelo izobraževati študente medicine v visoko strokovno usposobljene in etično odgovorne zdravnike, kot nam je to uspevalo do sedaj – ob bolniku za bolnika.

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odgovorna urednica

Non scholae, sed vitae discimus.

Ne učimo se za šolo, ampak za življenje.
(Seneka ml.)

their lives. Our teachers do not merely impart knowledge and theory. They also help their students become role models. A lecture room is a place for ideas and thoughts. We encourage students to think. We motivate them to choose individual fields, and we are glad for their cooperation. Human contact is irreplaceable. Students had to accept distance learning as the only form offered, but they were not satisfied with this form and very much missed the old forms of learning and cooperation.

It is necessary to identify safe forms of learning in the classical manner used so far, for which there are real possibilities when the epidemiological state allows. The management of the university and the faculty should, together with subject holders, search for optimal solutions in crisis situations. I am convinced that we will continue to succeed in educating medical students into highly professionally qualified and ethically responsible

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Non scholae, sed vitae discimus.

We learn not for school, but for life.
(Seneca the Younger)