

# Post-COVID Mantra for Health Profession: Combine “High Tech” with “High Touch”

Balachandra V Adkoli

## ABSTRACT

The health profession today is facing challenging times wherein technology has dominated in running the systems for the sake of survival. Our lives are revolving around online patient care services or online instructions and virtual learning in education. The biggest casualty is the loss of human touch. The virtual world has affected the patient–doctor relationship, the very core element of the medical profession. It has also eroded the bondage of teacher–student relationship the core principle of learning. This article is an attempt to address the issue holistically. It identifies the causes of deficiency in the training of professional values. Furthermore, the challenges in strengthening professional values have been discussed along with suggested measures for improvement. The role of multiple agencies in tackling these complex issues has been highlighted.

**Keywords:** Human values, Online instruction, Professionalism, Virtual learning.

*Annals of SBV* (2020): 10.5005/jp-journals-10085-8129

## INTRODUCTION

Extraordinary times require extraordinary measures. Coronavirus disease (COVID) pandemic has taught us many lessons, new skills, survival strategies, and tactics to run the systems. We managed online meetings, online classes, and even online exams. With the passing of time, these virtual experiences have resulted in dehumanizing effects and prompted us to act like robots. This is quite alarming. Because the core value of our health profession is doctor–patient relationship aided by effective communication.<sup>1</sup> On a similar vein, the foremost pillar of education is the “teacher–student relationship” which is also at stake. It is high time, we address this issue. How do we strike a balance between the use of technology which underlines reasoning skills and the expression of human emotions which involves attitudes and values? Unless we address them both, we cannot think of training doctors and other health professionals who can make difference to the healthcare delivery of the country.

### High Tech vs High Touch

High tech means the application of high-end technology to deliver a product or a service. High tech often results in increased output, effectiveness, and efficiency. For example, you can apply high tech in your training, reach out to a large number of people, transmit a huge volume of information, assess trainees’ knowledge, and show an impressive graph to show that you did a great job. However, the question remains. Were you able to “touch” the hearts of trainees to enhance their performance or practice? No doubt, we cannot undermine the importance of technical performance based on the knowledge (cognitive domain) or the skills (psychomotor domain). They are absolutely essential. However, they are quite useless, unless you can develop good professional behavior and practices (affective domain) including the use of effective communication, emotions, values, and reflection for the benefit of individuals and the community.<sup>2</sup>

### Causes of Deficiency in the Training of Professional Values

The causes for the erosion of human touch can be attributed to many factors. First, how students are admitted to medical

Centre for Health Professions Education, Sri Balaji Vidyapeeth, Puducherry, India

**Corresponding Author:** Balachandra V Adkoli, Centre for Health Professions Education, Sri Balaji Vidyapeeth, Puducherry, India, e-mail: bvadkoli@gmail.com

**How to cite this article:** Adkoli BV. Post-COVID Mantra for Health Profession: Combine “High Tech” with “High Touch”. *Ann SBV* 2020;9(2):34–35.

**Source of support:** Nil

**Conflict of interest:** None

colleges is based on the school achievement or the marks scored in entrance tests which are MCQ-based and focused on knowledge of scientific facts. There is no scope for assessing the aptitude of students to render social service. Second, the traditional curriculum overemphasizes the acquisition of knowledge and skills at the cost of attitudes and values. There is no agreed list of professional behavior which should be taught and assessed. Third, research in this field reveals that qualities, such as empathetic listening, compassion, and caring, are learned by the students, by emulating their seniors who act as “role models”. This is called the effect of “hidden curriculum”. Fourth, the inculcation of these values requires rich contextual experiences from real-life situations or simulated experience, which are very few in the present scenario. Finally, there is no systematic mentoring opportunity for the teachers and students to give and take feedback either way, which is very critical for developing professional behavior.<sup>3–7</sup>

### The Way Forward and Potential Obstacles

The way forward appears to be a *four-pronged approach*: setting expectations by way of defining the goals and expected professional behavior and outcomes, inducting well-trained, passionate mentors who can set role models, providing rich contextual experience from real life or simulated and finally, promoting an institute-wide culture where everyone demonstrates professionalism.<sup>3–7</sup>

Bringing out changes in an interdependent and interconnected world is extremely challenging. The students are influenced by the

faculty. The faculty members are directed by the institutes and their managements, who tend to *toe the line of regulators* who are bound by their own criteria of assessment and accreditation. They are prompted by the governments who are the policymakers. We cannot ignore the participation of civil society especially, the role played by the homes, families, workplaces, employers, and the consumers in this mega exercise. The way forward is to bring all stakeholders together to address this complex issue.

### Positive Signals

Fortunately, the pendulum of medical education has been shifting from the traditional role of a doctor as a “disease fire fighter” to a “holistic professional”. The role of the Indian Medical Graduate (IMG) as defined by the National Medical Commission as a clinician, health team payer, communicator, professional, and life-long learner is a most welcome development. This has paved way for introducing a longitudinal model of Attitude, Ethics, and Communication, what is called AETCOM modules.<sup>8,9</sup> Impetus to medical humanities, the introduction of a foundation course, and the study of electives are other welcome propositions.<sup>10,11</sup> The National Assessment and Accreditation Council (NAAC) has come out with a manual for health sciences universities which reflects its emphasis on all aspects including efforts made for achieving continuous professional development.<sup>12</sup> The National Education Policy (NEP 2020) is yet another landmark document that is likely to bring fresh ideas such as the role of education in the individual capacity building linked with nation-building in the spirit of self-reliant *Atmanirbhar bharat*.<sup>13</sup>

### CONCLUSION

No doubt, the COVID pandemic has disrupted all the professions, whether it is engineering, law, business, and service sectors like travel and hospitality. However, the impact on the health profession should be viewed more seriously because it is the only profession where the customer–client relationship is unique. The patient–doctor relationship is crucial. Professionalism is not a luxury, but a necessity. The concept of high touch is the foundation of the health profession, which stands for empathetic hearing, feeling for the patients or students, getting connected with them, and solving their problems all the while. Let us introspect and have a reality check of our connectivity issue. The maze of new gadgets,

online sessions, e-classrooms, hangouts, high-end simulations, social media clusters can all be harnessed for connecting with our colleagues, community, country, and the cosmos.

### REFERENCES

1. Parija SC, Adkoli BV, ed. Effective medical communication: A, B, C, D, E of it. Springer, Nature Singapore Pte Ltd.; 2020. pp. 266.
2. Epstein RM, Hundert EM. Defining and assessing professional competence. *J Am Med Assoc* 2002;287(2):226–235. DOI: 10.1001/jama.287.2.226.
3. Parija SC, Adkoli BV. Medical professionalism: during COVID-19 Times and Beyond. *J Basic Clin Appl Health Sci* 2020;3(3):93–95. DOI: 10.5005/jp-journals-10082-02265.
4. Adkoli BV. Teaching professional values in medical education. *Natl Med J India* 2015;28(4):194–197.
5. Adkoli BV. Assessment of professionalism and ethics. In: Singh T, Anshu, ed. Principles of assessment in medical education. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2012. pp. 266.
6. Adkoli BV, Parija SC. Development of medical professionalism: Curriculum matters. *J Basic Clin Appl Health Sci* 2020(1): 1–3. DOI: <https://www.jbcahs.org/doi/JBCAHS/pdf/10.5005/jp-journals-10082-02243>.
7. Kirk LM. Professionalism in medicine: definitions and considerations for teaching. *Proc (Bayl Univ Med Cent)* 2007;20(1):13–16. DOI: 10.1080/08998280.2007.11928225.
8. Medical Council of India. (2018). AETCOM module. [online] Available from [https://www.mciindia.org/CMS/wp-content/uploads/2020/01/AETCOM\\_book.pdf](https://www.mciindia.org/CMS/wp-content/uploads/2020/01/AETCOM_book.pdf) [Last accessed August, 2020].
9. Modi JN, Anshu, Gupta P, Singh T. Teaching and assessing professionalism in the Indian context. *Indian Pediatr* 2014;51(11): 881–888. DOI: 10.1007/s13312-014-0521-x.
10. Supe A, Shah H, Value based medical education, *Medical Journal Armed Forces India*, 2021; 77 (1): S8-S11, ISSN 0377-1237, Available at <https://www.sciencedirect.com/science/article/pii/S0377123720302574>.
11. Mahajan R, Singh T. Humanities in Medical Education. CBS Publishers and Distributors Pvt Ltd; 2021. pp. 153.
12. National Assessment and Accreditation Council, Bengaluru, Manual of Health Sciences for Universities. Available from: <http://www.naac.gov.in/images/docs/Manuals/HSM-University-25Mar19.docx>.
13. NEP (2020). National Education Policy. Government of India, Ministry of Human Resource Development Available at: [https://www.mhrd.gov.in/sites/upload\\_files/mhrd/files/NEP\\_Final\\_English\\_0.pdf](https://www.mhrd.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf) Accessed on 2/09/2020.