

## Responsive Education the During COVID-19 Outbreak in Iran

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### Introduction

The COVID-19 disease was first diagnosed in December 2019 in Wuhan, China. On March 11, the World Health Organization declared the outbreak a pandemic. Following the outbreak of coronavirus, various crises occurred in different parts of the world, including Iran, and negatively affected various aspects of the life of all human beings [1]. Meanwhile, the educational system has faced many problems at all levels. The presence of large crowds of students in educational centers is dangerous and therefore most educational centers in the pandemic period use distance learning and online [2,3]. Meanwhile, medical and paramedical students need clinical education, and providing more courses virtually will not be as effective as clinical education [4].

At the same time, medical schools are trying to reduce the risk of developing the disease by eliminating or reducing training that has previously been lectured and or in the hospital, while maintaining student education [3,5]. What is certain is that in addition to the cases mentioned above regarding the negative effects of the Covid-19 crisis, the social effects of the spread of the virus on the country's education have not been separated from this rule. What is important is to study its effects on the education of medical sciences and its unique feature as health education, educating students, and providing their professional services to society, in which any quantity and shortcoming can have dangerous consequences for society and health [6].

There are three main concepts of responsibility, responsiveness, and accountability that accountable education should go from the lowest level (responsibility) to the highest level and accountability. With the advent of the new concept of health and following the global developments in medical education, the first World Summit in Almaty, Kazakhstan, began in 1978 and proposed the PHC strategy as a key step in achieving the goal of health for all by 2000. The need for change in medical science education programs was identified based on the needs of the community and it was decided that this change should be in a way that increases the ability of graduates to identify community health problems and how to care for and maintain public health [7].

The World Health Organization defines accountability as the commitment to education, research, and medical services to prioritize the health needs of the community, region, and world for which it is responsible, and the four principles of relevance, quality, effectiveness, and equity for evaluating responsibility. Suggests the social acceptability of medical schools and accordingly emphasizes the concept of social responsibility in the field of medical education. This organization requires educational institutions to direct all their service, educational, and research activities towards addressing the health concerns and priorities of the community under its auspices. Experts also consider social responsibility as a medical paradigm and a kind of cultural change, so it is necessary to study and understand this concept as deeply as possible [8].

Some also consider social responsibility as one of the four main missions of medical universities. There are three main concepts in this field, which include responsibility, responsiveness, and accountability, and accountable education must go from the lowest level (responsibility) to the highest level and accountability. The commitment of medical education planners to train capable forces to meet the needs of society is called responsibility. At the level of responsiveness, colleges direct their educational, research, and service activities toward meeting the health needs of the community. This level overlaps with the concept of professionalism in which the individual considers himself committed to society, profession, and patients [7].

The principle of social responsibility calls for interaction, identification of current and future social needs and challenges, implementation of training programs to meet them, and confirmation that the anticipated effects are in the best interest of society. Lack of knowledge, attitude, and skills of individuals by the needs of society are signs of a deficiency in social responsiveness of the curriculum and the lack of attention to social responsibility in the training of medical staff, the field of inducing a sense of disability in them, which in turn reduces self-confidence and increases anxiety in the early years of their work [8].

In the current situation and following the outbreak of the Coronavirus, we are facing more than ever the challenge of empowering graduates who do not meet the health needs and current challenges of society.

Challenges in responsive education during the COVID-19 period include lack of training in dealing with crises, lack of training based on critical thinking, lack of focus on hospital education, lack of training in social and humanities, lack of serious commitment to the profession. In education, the lack of necessary training to work in special wards, the lack of exposure to critically ill patients in education, the lack of applied knowledge in dealing with the real cases of patients.

Creating appropriate or outcome-oriented curricula to ensure the ability of medical staff, training, research, and service to deal with crisis and response training through hidden curricula and mentorship methods and role model suggestions to improve education. They are accountable in the post-COVID-19.

Development of interdisciplinary curricula, comprehensive direct exposure to community problems, presentation and guidance of continuing education programs towards social accountability, development of coordination and inter-university cooperation, reform of student admission system, and integration of accountability as a criterion in the faculty accreditation process. Medical and paramedical services are also essential.

### Conclusion

Given that medical students and colleges may face various challenges in education during the Covid-19 epidemic, the need for careful monitoring and monitoring of changes and their possible effects on medical education, student learning, and have the training process in general.

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We declare no competing interests.

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