

their present and future. Caregivers can help by focusing children's attention on stories about how people come together, find creative solutions to difficult problems, and overcome adversity during the epidemic [4]. Caregivers need to ensure against promoting negative adaptation skills.

Since failure may be a likely outcome due to unprecedented challenges, resilience needs to be fostered. This entails 'listening' and being emotionally available to the child. Letting children express their concerns, and participating in their activities are key initiatives. Children should be given an idea of what realistically to expect rather than painting rosy but ostensibly false pictures of the situation. Queries from children need to be answered with simple concrete explanations appropriate to their level of cognitive development. Being honest and supporting them with their challenges help build resilience in the situation.

Collaboration and care are imperative in a prolonged crisis. Children need to be encouraged to reach out to parents, siblings, peers, school mates, teachers, and other caregivers to pool resources and ideas, and work together collaboratively to find creative solutions to everyday challenges under supervision and guidance, while caring for each other's contributions [5].

Humor in daily life is vital for the child to withstand distress, and inculcating humility is imperative to help the child to maintain a sense of calm acceptance and balance.

Integration in Medical Education: Need to Address the Misconceptions

I appreciate the efforts of the authors of the article on integration in medical education published recently in the journal [1]. Competency-based undergraduate medical curriculum for Indian medical graduates has given elaborate guidelines on how integration can be achieved in various subjects [2]. Competency tables of this document have suggested for areas of integration according to subject-wise competencies.

Integrated teaching activity has not received expected success, though attempted widely. There are many misconceptions among the faculty about implementation of integrated teaching sessions. Integrated teaching has been organized as a series of lectures involving faculty from many departments. The extra efforts required for inter-departmental coordination has made the organization of activity irregular and episodic, lacking in sustainability. The lengthy structure of the resultant sessions has also not been able to arouse sufficient interest among the students.

Integrated teaching can be made more meaningful if these misconceptions are addressed. It has been rightly pointed out in the competency-based undergraduate curriculum document that there should be integration of concepts and not necessarily of teachers [2]. The faculty can identify the topics in their curriculum where integration with other disciplines can reduce redundancy, duplication and increase the relevance of learning for the students.

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The teachers from other departments may be consulted for planning of sessions and not for actual participation in the sessions, unless deemed necessary. Integration of relevant concepts from other disciplines will help in enriching the routine teaching activity. The faculty from the parent discipline can perform this integration at their own level to make the learning experience for the student more meaningful and relevant.

Integration should be an integral part of routine teaching program of each department, rather than an independent activity. Integration should be used as an opportunity to enrich the departmental teaching activities without compromising the departmental learning objectives. Integrated teaching sessions should be short and brief, to be completed in the routine allotted time, avoiding too many objectives in one session. Multiple teaching methods such as case discussions, group activity and panel discussions can generate interest in students. Intensive coordinated action by teachers is required to make integrated teaching successful activity.

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