The COVID-19 pandemic and the fast growth in telemedicine due to technological factors have disrupted the conventional approach to healthcare provision and medical education. Virtual consultations are now central in most clinical environments, presenting more access, convenience, and continuity of care. Although telemedicine is obviously beneficial to patients, one should question its effects on the acquisition of clinical skills by medical students and trainees. It is imperative to comprehend the advantages and shortcomings of telehealth to prepare physicians who are also competent in virtual and in-person care. The blistering growth in telemedicine poses both opportunities and challenges to the development of clinical skills, and there is a need to develop structured curricula, develop hybrid clinical experiences, and train faculty to ensure medical students develop the communication, assessment, and diagnostic skills needed to sustain quality care to patients. Telemedicine is fundamentally changing the conventional patient-clinician relationship, especially about physical examination and communication. According to a qualitative study of medical students who had gone through pandemic-related telehealth placements, students appreciated the experience, although many reported that they did not believe they were well-equipped to make effective use of virtual assessment (Pit et al., 2021). This implies that one cannot acquire skills through exposure to telemedicine alone. The students would not be able to apply the skills of clinical reasoning and physical assessment into the virtual realm without the structured guidance, and, as such, it would be easy to negatively affect their self-confidence and competence. These gaps in telemedicine curricula have shown a definite educational value in formal curricula. According to Bajra et al. (2023), students who attended a telehealth curriculum (workshops and teleOSCEs) demonstrated significant gains in both confidence and competence in virtual

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priority, no matter what the format of care delivery is. Although telemedicine training has gains, there exists the fear of inadequate clinical experience. Over-dependence on virtual interactions can impair chances of mastering physical examination and other procedural abilities that will form an effective clinical practice (Newnham et al., 2025). To overcome this risk, the hybrid training models that integrate telemedicine with real-life experiences are necessary. With a managed combination of virtual and face-to-face clinical experience, medical schools will be able to maintain theoretical diagnostic abilities, in addition to equipping students with skills necessary to take up the expanding role of telehealth in current practice. Effective education in telemedicine requires faculty training since the competency of teachers has a direct effect on how students learn. Research indicates that faculty educated in telehealth are in a better position to oversee students, give informative feedback, and model best practices during the virtual consultation (Noronha et al., 2022). This indicates that telemedicine curricula can be unrigorous in the absence of well-equipped faculty, which prevents students from developing practical skills and confidence in online care. Through training of instructors, medical courses can provide Standardized and quality telehealth training that promotes student learning and equips them to offer competent virtual care. In conclusion, the development of telemedicine creates both new opportunities and challenges related to the development of clinical skills. Although virtual care improves access and provides students with unique educational opportunities, it needs to be incorporated carefully into medical training to prevent a lack of physical examination, communication, and the ability to reason in a clinical context. Curriculum development, hybrid clinical experience, and faculty training are critical in making certain that medical graduates become competent, flexible, and able to provide quality care both in the virtual and in-person environment. By considering
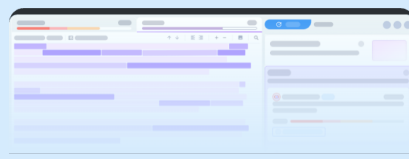
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