Medical students and COVID-19: final-year medical students’ perspective

We read with interest the paper by de Andres Crespo et al, entitled ‘Medical students and COVID-19: lessons learnt from the 2020 pandemic’.1

We agree with all three lessons stated in this article; however, we believe there is an additional pertinent lesson, Lesson 4: the Impact of COVID-19 on Examinations. As a group of final-year medical students in the UK, we would like to contribute to this topic in view of our first-hand experiences during the 2020 pandemic. The pandemic significantly affected our Objective Structured Clinical Examinations (OSCEs) and examinations, a factor which this paper did not address. These effects rippled through from lack of face-to-face clinical skills teaching/use of clinical skills facilities and equipment to lack of contact with patients on wards compared with pre-COVID. In addition, the pandemic has forced us to redevelop core skills with the addition of Personal Protective Equipment (PPE). This has included communication through visors and masks, and difficulty identifying clinical signs when percussing and palpating through gloves. Furthermore, the pandemic meant our OSCEs were completed exclusively on simulated patients (actors), losing the opportunity to identify clinical signs and gain patients’ lived experience of their condition. These changes contributed to the confusion felt by many students around the competencies expected at our level, exacerbated by a lack of guidance from universities around how OSCEs were being conducted during this period. This led to students, including ourselves, being heavily unprepared.4

All in all, given the current infection rates and the threat of further waves, a contingency plan is needed outlining what medical students should expect from universities if there was to be another wave through the form of an updated handbook for guidance.

The pandemic also highlighted the existing flaws of OSCEs, including how highly variable and dependent students’ results are on the examiner and their knowledge and how cooperative the actors are. Additionally, unconscious bias plays a huge role in results and interactions with the students. This highlighted how OSCEs should be assessed as pass or fail and not contribute towards Educational Performance Measure (EPM) or final marks as this method of examination could never be standardised to begin with.

Our written examinations were also moved online. Online examinations came with pros and cons. Open book exams (OBEs) reduced anxiety, allowed for critical thinking and use of multiple resources to come to an answer instead of memorising large chunks of information. Although mean scores were significantly higher in OBEs,1 perhaps due to access to resources, we were not familiar with this type of examination. An important factor to consider in future are the inequalities that occur as a result of online examination. Students may not all have the same access to Wi-Fi and technology. This can significantly impact the experience of an online examination. Access to resources in open-book online examinations also exacerbates inequalities.4 Having access to a quiet space of your own, multiple devices/screens are just some of the environmental factors that can also result in unfair outcomes. In the case of a future pandemic, we believe that these issues should be addressed. Students can be provided with the option of sitting the online examinations in a COVID-19 safe centre or be provided with access to a reliable device to sit their exams on.

Correspondence to Masuma Sami, King’s College London, London WC2R 2LS, UK; masuma_sami@hotmail.co.uk

Contributors MS, NF and HI all contributed to the letter through shared experiences from being on the same placement line and discussing it thoroughly. This was written in equal parts and reviewed by each member.

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