

Cancelled medical student placements: the COVID-19 effect

We thank Dr Ding and Dr Zhang for their article on the impact of cancelling foundation year rotations as a result of the COVID-19 pandemic.¹ As two members of the future generation of doctors, we would like to present our thoughts on the difficulties and opportunities that medical students face.

There are 35 medical schools in the UK, which can award a UK medical degree with another six new schools and programmes currently under review by the General Medical Council for approval.² The UK medical degree is typically 5 years long with the first 2 years consisting of lecture-based study and the final 3 years being placement-based clinical teaching. Under normal circumstances in the placement years, medical students, like in the foundation programme, rotate around different medical and surgical specialities.

Medical schools have responded to the COVID-19 pandemic as they deemed appropriate—this has largely been the suspension of clinical placement, face-to-face teaching and examinations. In making these difficult decisions, medical schools will have had to take into account several factors: not only considering student, staff and patient safety but also the repercussions this will have for the future generation of doctors. The enormity of these decisions is not lost on medical students, as many are left wondering what the implications will be for them.

One of the decisions of most concern is the cancellation of placements. Similar to the foundation doctors, the rotations around different specialties on clinical placements give a unique learning experience, exploring the core knowledge of the specialty and enabling students to refine their communication skills. These rotations are designed to help prepare them for their examinations as well as equip them with the skills needed to be good junior doctors. Some students may miss the opportunity to gain experience in a particular speciality that they are considering pursuing as a career, and some may miss specialities they had not previously considered. Many students will also be disappointed to be missing out on their medical elective. This is a unique challenge and opportunity to discover global medicine that many clinicians have fond memories of several years later.

Going forward, there are multiple unanswered questions that are creating a lot of uncertainty for medical students. Will they get the opportunity to experience the placements that have been missed? With the disruption to exams, how will the Foundation Programme application be affected, and how will this differ between medical schools? What will the National Health Service (NHS) look like, and how will it be operating on their return to placement? Will they be fully prepared for being a junior doctor when the time comes?

While the COVID-19 outbreak has created a lot of uncertainty, it has also provided medical students a unique opportunity to gain skills in other areas of healthcare. A prime example of this is at Aalborg University and Aalborg University Hospital in Denmark, where medical students were enrolled in fast-track courses to work as ventilator therapy assistants, nursing assistants, and those in their final year employed as temporary residents. Teaching became digitally based, and new portfolios were developed for students to complete to showcase what learning activities had been achieved during the pandemic.³ With approximately two-thirds of students working in one of those three roles within 2 weeks, the mobilisation demonstrated by Aalborg University is impressive and shows medical students can be valuable assets.

Similar initiatives have taken place in the UK with final year medical students given the option to 'opt in' to their medical careers slightly earlier than planned in the newly created Interim F1 (FiY1) posts. It is anticipated that FiY1 doctors will join the clinical teams and perform tasks including note-taking, ordering investigations and basic procedures while under supervision.⁴ Although it is no doubt daunting for the new FiY1s, their commitment to taking up this role should allow for a smooth transition into commencing formal F1 training come August.

Medical students in lower years who would like to have an active role during the pandemic have been encouraged to take up positions as healthcare assistants (HCAs). In doing so, they will continue to get exposure to a hospital-based environment and develop a greater understanding of the individual roles within the wider healthcare team. The work is team-based and has frequent patient contact, mainly orientating around personal care, which contributes to improving communication with patients as well as colleagues. Research completed by Norwich Medical School has shown that medical students who

have worked as HCAs found the experience promoted empathy, built confidence and helped them become more 'ward smart'.⁵ Working on the NHS front line, exposed to new and unfamiliar challenges, should help to establish key skills of resilience and determination at an early stage in their careers.

At the time of writing, the UK is still 'mid-pandemic'. While the world is left to speculate about how to best navigate the new normal left in the wake of COVID-19, medical students are no different. Universities have been working hard to keep in regular contact with their students and have been proactive in making extra support available to students who may be struggling to cope during these uncertain times. Resuming teaching at medical schools to its previous normality may be extremely difficult, maybe even impossible, but medical schools still have a duty to patients to produce doctors that have sufficient training. The COVID-19 pandemic has created a testing time for us all and is likely to have lasting effects on healthcare globally. Healthcare professionals have embraced the challenges presented to them, and now medical students must do the same.

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