

What can Medical Students do in the Coronavirus Pandemic?

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Key words

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Introduction

In the last two days, the World Health Organisation (WHO) have characterised the coronavirus (COVID-19) outbreak as a pandemic¹. This is not something to be taken lightly, and in a time when the capacity of the National Health Service (NHS) will be tested, it is important to consider what role medical students can play in the crisis.

Should medical schools be closed?

Pandemic outbreaks represent a unique challenge to medical education. The closure of medical schools or suspension of patient contact will of no doubt be disruptive to education; however, one must consider the risks versus benefits of having medical students on the wards. Some medical schools in the UK are already taking extreme measures. For example, Cambridge University have cancelled their final year clinical examinations². These examinations require faceto-face contacts with patients, so cancellation is understandable risks given the potential associated.

As I write this article, my own institution, the University of Oxford, have announced that all clinical teaching will be suspended until further notice, giving the reason that this will allow clinical tutors to spend the majority of their time treating patients. This seems inevitable as it is unlikely that medical students will be able to receive adequate teaching from hospital staff in the current situation. It will become even more unlikely if the situation in the UK escalates to the level reached in the Hubei province, where entire hospitals were transformed into COVID-19 treatment facillites³.

Looking into the future, it will be difficult to completely halt medical education, as this will seriously impact the competence of the doctors who will join the workforce in the future. That being said, there are some alternative methods of clinical teaching which medical schools could consider. During the severe acute respiratory syndrome (SARS) epidemic in 2003, several medical schools which had barred medical students from patient contact instead used webbased learning and mannequin-based simulation training in order to minimise disruptions to medical education⁴. Given the recent improvements in technologies such as virtual reality, it may become necessary to utilise this type of "patient surrogates" further in the upcoming months.

Should medical students join the NHS workforce?

The UK's Chief Medical Officer Chris Whitty revealed in a statement earlier this month that the government is considering drafting medical students into the workforce, as well as encouraging retired General Practitioners to return^{5,6}. If necessary, final year medical students may be able to take on some of the roles of foundation year one doctors, in order to help shoulder the burden. In pervious health crises,



similar actions have taken place. For example, during the 1918 influenza pandemic, medical students in the United States of America were fasttracked through medical school in order to increase the number of healthcare workers available to help on the front line⁷.

First year clinical medical students like myself are faced with a unique dilemma. Our relatively limited clinical exposure and skills restricts our ability to make a meaningful contribution on the wards. However, being a part of the healthcare community and future members of the NHS frontline, I believe we do have a responsibility to contribute where we can.

Although it is true that even observing ward activities will provide us with valuable lessons, we must be practical when considering how the presence of non-essential staff such as ourselves may increase the risk of virus transmission in hospitals and out in the community. Our reasons for being on the wards would be purely for our own educational benefit, rather than for the immediate care of patients. The General Medical Council's "Good Medical Practice" applies to medical students as well as doctors. Within this document, it states that "the care of your patient is your first concern"⁸. For first year clinical students, this may mean refraining from the wards, as the risks to patients' health may not outweigh the benefits of continuing our clinical education in this manner in the short term.

Medical students have a responsibility to act sensibly and do what we can to minimise our own risk and risk to others in our networks. This includes keeping well informed, maintaining good hygiene, practicing social distancing and selfisolating if necessary. In a time where fake news is rife, conveying clear messages to friends and family online may also be a good idea. In terms of volunteering, there are many non-patient facing roles that medical students can be involved in. These include helping to run the NHS 111 hotline and driving vans with ventilators to satellite intensive care units. So if you would like to help, then I recommend contacting your medical school to ask what you can do. It is also important to

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remember that medical schools have a responsibility to ensure that all healthcare professionals (including students) are well-trained in the use of personal protective equipment and have knowledge of infection control measures.

Conclusion

In the WHO pandemic response, the fourth and final stage is "innovate and learn". I believe there is much to be learnt about how to continue medical education in a health crisis. The whole world will be playing catch up during the aftermath of the pandemic, and as medical students, we will have to do the same. Learning how to deliver care in a crisis will help us prepare to for pandemics which may arise in the future, at a time when we will make up the majority of the workforce.

Where to find the latest guidance about coronavirus:

- 1. The Public Health England Website
- 2. <u>Foreign and Commonwealth Office (FCO)</u> Website
- 3. The <u>University of Oxford Coronavirus</u> <u>updates</u> Page

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