

LETTER TO THE EDITOR

A student's perspective of medical education amidst COVID-19: a story of balancing learning and morale.

To the Editor,

Little needs to be said to describe the disruption the COVID-19 pandemic has caused to our normal way of life; we have all felt it. Medical education, like all other fields, has been heavily impacted by the pandemic. Nationwide lockdown restrictions have caused the medical curriculum, once encompassing face-to-face clinical teaching and assessments, to become reliant on a virtual learning environment. With major curriculum restructuring necessary to continue teaching during the pandemic, preclinical students now receive lectures and participate in group work online, while clinical students have had shortened placements. These changes not only risk hindering progression through the course, but may also impact student experience and ability to engage with the course here at the University of Buckingham Medical School.

It is no secret that social distancing has disrupted our sense of community, as we isolate ourselves from friends and colleagues. Medical education has traditionally operated on the synergy between teacher, student and patient. While the Internet has allowed teaching to continue and enables participation, at times it feels like students have never been further from their teachers. Full-time online learning has hampered the ability to develop meaningful interactions between student and staff (Hilburg et al., 2020), an experience felt by students nationally; a survey of 2,721 UK medical students revealed they felt less satisfied with online teaching compared with face-to-face teaching (Dost et al., 2020).

Forming a friendly working relationship without face-to-face interaction can certainly be intimidating for many, especially more reserved students and tutors. This is notably seen in group work sessions, which require all students to get actively involved in the learning process, working collaboratively with educators and classmates. The virtual barrier caused by distance learning is further

complicated by group members in different time zones, juggling competing commitments, or even simply bad Wi-Fi, making it challenging for students to work together productively. Nationally students report experiencing a lack of motivation, difficulty concentrating and a lack of contact with colleagues while online (Dost et al., 2020). The loss of interpersonal interactions has had the greatest impact on clinical skills, with 75.99% of medical students feeling that online teaching had not successfully replaced the clinical teaching they received via direct patient contact and 82.17% feeling they cannot learn practical clinical skills online (Dost et al., 2020).

Concerns that COVID-19's disruption to clinical placements will compromise the clinical competence of students is unsurprising. Most preclinical experiences can be substituted with online learning, but such replacements do not exist for in-person clinical training. Students must fulfil time-based and performance-based criteria to be awarded a GMC-recognised medical degree, but the inability to gain clinical experience in a compact degree programme could put into question their ability to complete these specifications. An issue especially relevant to students who have been advised to avoid COVID-susceptible clinical areas due to living with vulnerable family members or having health conditions themselves.

With medical student satisfaction falling since halting in person teaching, it doesn't look good for online learning. However, there is a role for it in improving medical education and widening participation efforts – particularly for students with disabilities as it enables students to learn at their own pace. Online and pre-recorded lectures can be more accessible than a face-to-face setting – giving the ability to pause lectures midway, rewind and slow the speed of delivery proves beneficial for students with dyslexia and other learning difficulties. Hearing-impaired students may also find it easier to listen to teaching with earphones.

While online teaching has enabled education to continue during these unprecedented times and provides some advantages over traditional in-person teaching, it is important to highlight the inherent difficulties that come with a virtual learning environment. Moving forward, maximising the benefit of such platforms should be the aim, remodelling virtual teaching based on student feedback. For example,

implementing online teaching platforms allowing students to digest information in their own time but also allowing students to still constructively discuss this material with peers.

Adapting to the changes in medical education caused by COVID-19 has its difficulties, and in some ways presented a barrier to students to engage fully with medicine – a degree so reliant on interpersonal relationships. However, through these troubles, a bright light shines: the initiatives taken by many students to maintain morale in these isolating times. With the immense changes implemented across the nation and within our school, it has become essential to keep in contact with each other and watch over our friends. From online catch-up calls to student-led revision sessions, supporting each other when learning has become harder to manage has become increasingly important (Pfefferbaum and North, 2020). Many students nationally have taken this initiative into the community, volunteering to support the National Health Service, healthcare providers and their local areas, for example by organising support lines for at-risk people, and communicating with those who may be left lonely at this time of need (Kinder and Harvey, 2020).

Switching to distance learning while trying to maintain a sense of normalcy has been a steep learning curve for students and staff, and the uncertainty of when we will be able to resume face-to-face has impacted morale. Thankfully, with the support of those around us we can continue rising to the challenge.

Miss Sarah Jane Mant
Second Year Medical Student
UBMS

Dr Tushar Hari
FY1 Doctor
Ipswich Hospital

Miss Anna Alexandra Martin
Second Year Medical student
UBMS

REFERENCES

- Dost, S., Hossain, A., Shehab, M., Abdelwahed, A. and Al-Nusair, L., 2020. Perceptions of medical students towards online teaching during the COVID-19 pandemic: a national cross-sectional survey of 2721 UK medical students. *BMJ Open*, 10:e042378. <https://doi.org/10.1136/bmjopen-2020-042378>
- Hilburg, R., Patel, N., Ambruso, S., Biewald, M.A. and Farouk, S.S., 2020. Medical education during the coronavirus disease-2019 pandemic: learning from a distance. *Advances in Chronic Kidney Disease*, 27(5), pp. 412–417. <https://doi.org/10.1053/j.ackd.2020.05.017>
- Kinder, F. and Harvey, A., 2020. Covid-19: the medical students responding to the pandemic. *British Medical Journal*, 369:m2160. Available at: <https://www.bmj.com/content/369/bmj.m2160/rapid-responses> [accessed 12 February 2021].
- Pfefferbaum, B. and North, C.S., 2020. Mental health and the Covid-19 pandemic. *New England Journal of Medicine*, 383(6), pp. 510–512. <https://doi.org/10.1056/NEJMp2008017>