

The Impact of COVID-19 on My Medical Training

O Impacto da COVID-19 na Minha Educação Médica

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Pandemic background

COVID-19 disease was first identified in China in December 2019.¹ Contrary to expectation, the SARS-CoV-2 virus eventually spread worldwide, culminating in the declaration by the World Health Organization (WHO) as a global pandemic in March 2020.² With the exponential increase of cases, one of the first measures imposed was the closure of Portuguese medical schools on March 9 2020, where, like me, thousands of students were sent home for a period they will never forget - quarantine.

The Faculty of Medicine of Lisbon, where I study, was one of the first to guarantee the continuation of teaching activities. In 24 hours, all students were, for the first time, attending classes by videoconference through the zoom platform, a platform that, little did we know at the time, would become the basis of our training in the following months (years?). However, despite the virtual transformation guaranteeing teacher-student communication and the transmission of all the defined theoretical knowledge, the contact with patients and the clinical exposure disappeared, and a growing distance from the maximum learning of a medical student began.

The impact on clinical teaching

The conditions imposed by the pandemic made it difficult to carry out the practical component of medical education. It was imperative to reconcile the safety of the students and their families, so the students, like the rest of the population, had to comply with social distancing.

The beginning of the pandemic was dramatic from this point of view, since the entire in-person component was cancelled. And if, on the one hand, the non-clinical years (1st and 2nd) in practical terms suffered little, students attending clinical and pre-clinical years, which was my case, were drastically affected. For almost an entire semester, students saw no patients, attended no wards, and took no practical exams. In my case, about 50% of the semiology of the human body (which would have been taught on models) was not practiced/taught, and a month-long hospital internship as part of the Introduction to Clinical Practice course was not performed.

After a recovery of the National Health System (SNS) during the summer of 2020, medical schools, and others, had the opportunity to adapt to the new pandemic reality to ensure that their students would somehow recover what they had lost.

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They ensured adequate protective equipment for all students (masks and personal protective equipment (PPE)), reduced the number of hours and students, per tutor, in the infirmary, and kept online classes that they deemed unnecessary to hold in person. It was precisely at this time that I started my first clinical year, which of course, due to the circumstances, was different from my expectations.

In practical terms, these changes completely altered our daily routine: there was a drastic reduction in the number of hours spent on the ward, compared to a non-COVID year; there were entire weeks that we did not go to the hospital, or even to the faculty, due to the new student rotation system; we were often prevented from performing (and most of the time learning) maneuvers and procedures on patients, due to the potential risk they entailed. Having said that, I ask myself: what is it truly like to be a medical student in the clinical years?

The decrease in hours of clinical practice replaced by hours of even more theoretical teaching may culminate, in my opinion, in serious educational gaps. Many practice exams and objective structured clinical examination (OSCEs) have been cancelled, either due to possible risk associated with them, or due to lack of practice/teaching of the same content. During my surgery rotation, trips to the operating room were prohibited on most services. We were prevented from going to the emergency rooms, which, besides being exciting for most students, are great places to learn.

Another very important aspect is the risk of dehumanization of medical training. The lack of clinical contact has limited the learning of student-patient interaction. While the theoretical component of clinical education can be acquired at a distance, doctor-patient communication cannot. Throughout the non-clinical years, we are taught methodologies for interacting with patients. However, these techniques are only a thread for interaction with patients, because we can only truly learn them when we are confronted with real situations, with real patients. But if we see few patients, if the time we spend with them is very short, and if we can hardly touch them, where is there room for learning humanized medicine?

Psychological impact

The social distancing measures imposed on the country, forced us to return to our residence, drastically adapting to a new routine. In-person classes were cancelled, libraries closed, events postponed, and social life became experienced through a screen.

The first major impact on our daily lives was the return to our parents' home, which led to a loss of autonomy and independence in social and academic life. The confinement led both to the sharing of common spaces by different members of the family and to a confluence of leisure and work spaces in the

house, which led to a difficulty in concentrating and creating routines. In addition, the different times dedicated to the various activities of our daily lives overlapped and it was very difficult to reconcile the academic and family schedules. All these aspects fostered a growing aggravation of anxiety and negativity, due to the difficulty in reconciling the two realities.

Another determinant aspect in the psychological deterioration during the pandemic was the removal of the usual social interaction with colleagues and friends, which was replaced by the online channel. The normality of academic life combined with social life, which included spending the day at college, eating lunch together, studying in libraries together, having coffee and going out in the evenings was completely and abruptly interrupted.

Other issues that were crucial in negatively impacting the mood of young people my age include: fear of becoming infected or infecting family members with the virus; concern about not successfully completing the academic year; lack of emotional support from friends and colleagues due to social distance; inability to help health services as a medical student; frustration due to exam cancellations and changes in exam methodology; internet problems that made it difficult to attend classes and take exams online.

Students are aware of the necessity of the measures adopted by the educational institutions and government. Still, it is undeniable that these have affected the three main pillars of our mental health: the personal, the family and the professional. It was, without any doubts, an experience marked by uncertainty, loss of freedom, social withdrawal, changes in daily routines, and anxiety about the future.

Conclusion

As described throughout the article, the COVID-19 pandemic had a profound impact on my medical training, both in terms of medical education and in terms of mental health. In my opinion, although the overall balance is negative, it is still possible to identify some positive points.

As far as the latter are concerned, I would like to highlight the tutor/student ratio, which improved substantially, and there was a greater proximity between students and teachers, an aspect that benefited clinical learning. Additionally, the provision of recorded classes and a larger amount of materials to students allowed a more relaxed and thorough study.

Regarding the negative points, I highlight, without any doubt, the drastic decrease in the number of hours in clinical settings, the cancellation of social life and the loss of autonomy of young people.

I believe that the period in which we lived can be seen as a source of learning and turning point: correcting key flaws and

investing in new methodologies, as a way to compensate for the impact that COVID-19 had, both in my life and in the lives of all future young doctors in the country.

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