

## The importance of medical student perspectives on the impact of COVID-19

### Editor

The COVID-19 pandemic has been a turning point in modern history and has had a significant impact on residents and medical students<sup>1-4</sup>. Many have experienced a drastic shift in their placements, residency interviews and their personal lives. As such, we aimed to explore how medical students experienced the pandemic and how this affects their future.

We performed a multi-centric survey of final and penultimate year students across the two largest medical faculties in Belgium; Ghent and Leuven University, respectively (Table 1). In all, 420 students responded and 300 completed the questionnaire. Of these, 41 per cent saw their clerkships completely or partially cancelled, and 42 per cent noted a significantly decreased activity. Thirty per cent were asked to work in COVID-19 departments, the emergency department, or in care homes for testing inhabitants and staff. Out of all students, 59 per cent felt a qualitative impact on their education, with 51 per cent reporting fear of being unprepared for future clinical activity. Sixty three per cent felt they had less clinical experience, however 56 per cent had actively managed to widen their theoretical knowledge with 51 per cent spending time productively for more than 4 hours a day compared to 30 per cent before the crisis. Forty three per cent of medical students felt they had contributed to managing the COVID-19 crisis, and 74 per cent reported that they would take forward the knowledge they had gained. Forty two per cent reported that the crisis had deepened their affinity towards the medical field, and 85 per cent remained content with their decision to study medicine.

Our results reflect that medical students experience an important impact of the COVID-19 pandemic. This may leave students anxious whether they have been able to acquisition appropriate skills. Furthermore, missing clerkships or having a severely decreased workload in placements can affect students significantly when applying for residency. This

**Table 1** A summary of the most important results from our survey across final and penultimate year medical students

Response rate	28.6% (420 of 1,464)
• Questionnaire completed correctly	71% (300 of 420)
<b>Clinical activity</b>	
• Complete cancellation	23.3% (70 of 300)
• Partial cancellation	17.3% (52 of 300)
• Decreased activity	42.3% (127 of 300)
• No change or increased activity	10.6% (32 of 300)
• Other	6.5% (19 of 300)
<b>Impact on training</b>	
• Qualitative decline in education	59% (178 of 300)
• Fear of being unprepared in the future	51% (153 of 300)
• Decreased experience	63% (188 of 300)
<b>Self-initiative</b>	
• Self-study and increasing theoretical knowledge	56% (169 of 300)
• Productive time over 4 hours daily	51% (152 of 300)
• Feeling of contributing in the crisis	43% (130 of 300)
• Will take forward the knowledge gained	74% (221 of 300)

can further insecurity regarding their future and lead to difficulties among trainers in selecting the best applicants.

The changes we have noted are likely to leave their mark. Hospital wards, surgical theatres, and bed-side teaching will not be the same for a while<sup>5,6</sup>. To ensure continued medical education, we must adapt with the time. We have seen in our survey that medical students are resilient and have used this time to widen their theoretical knowledge. This self-initiative will have to be continued along with novel techniques by institutions to safeguard learning. Universities would have to continue virtual learning by online lessons, webinars, virtual case discussions and even virtual interviews. A formalization of this virtual learning structure may have to be integrated into the curriculum. Concurrently, clinical experiences and the acquisition of clinical skills would have to be assured as well. For the latter, an increased focus may be necessary on simulation and emphasis would have to be placed on investing in well-run and well-equipped clinical skills learning centres. A video library of core clinical cases and operations could be made available to allow medical students to continue building on their experiential learning. It is only by adopting technology and new and

creative ways of knowledge sharing that we would be able to ensure the progression of medical students into skilled and capable clinicians.

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