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Medical education and training during a pandemic

EDITORIAL

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The COVID-19 pandemic has turned medical education and training into lonely online studies. How can we ensure that the medical students still become fully fledged doctors?

At this time, new cohorts of medical students are starting their studies here in Norway and abroad. We have put behind us a spring semester marked by the 'third wave' of the pandemic, with high infection rates, lockdown and the wait for our vaccines. Fortunately, this seems to be over, but some major questions remain: What will the autumn semester be like? Will society – and thus the universities – begin to return to a normal situation? Will the new students

again be able to meet their teachers face-to-face in crowded auditoriums? Will the students get to know each other in the cafeteria and the student pub? We hope so, but as yet we know little.

As teachers we have adapted to a constantly changing reality and attempted to find solutions to keep the best possible medical education and training programme going during the pandemic. The digital learning curve has been steep, and some of us have actually started to enjoy teaching on Zoom. We have implemented supervised practical training in hospitals as well as outside, but there is no denying that it has been curtailed. For example, at the University of Oslo, 'early patient contact' with a GP has needed to be partially undertaken online, and supervised practical training in nursing homes was cancelled for two cohorts. In addition, the hospitals have been understandably restrictive in letting students in because of the infection risk (1).

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Students report to have learned less during the last three semesters than in the preceding ones. In particular, this applies to practical skills, which they have had little opportunity to practise. Moreover, it is tedious to spend the entire day in front of a computer screen. Some become especially passive, because they sit in reading rooms or other shared spaces where they cannot speak freely. It is difficult for them to disconnect both their computers and their minds in the evenings and at weekends, and the dividing line between work and leisure time becomes blurred. And not least: medical studies have become a lonely endeavour. This is especially noticeable for the new students, who have not yet had time to establish networks in study groups and among friends with whom they can work and compare themselves. It is easy to become discouraged and bored (2). Given the restricted interaction with teachers and fellow students from their own and older cohorts, the students are afraid they might have undetected knowledge gaps.

How can we ensure that we continue to educate and train qualified doctors, and that the 'pandemic cohorts' do not turn out to be less qualified than the others? Do we know that we assess the students' knowledge correctly and fairly? And is it possible to help the students find meaning, enjoyment and security in their daily studies? Some seats of learning offer to help the students in starting study groups. Many universities have established small groups with permanent contact teachers who follow their groups throughout the semester. This helps establish contact, promote collaboration and provide support.

> ***«Perhaps wider use could be made of mentoring schemes that would enable identification of students who are in the risk zone?»***

Perhaps wider use could be made of mentoring schemes that would enable identification of students who are in the risk zone (3)? New types of exam involving online home exams and online clinical exams without patients are demanding for the examiner as well as the student. The examination

committees have made a great effort to do this transparently and fairly, and we believe that we have succeeded. Having tested new types of exam we have a broader choice of options, even when the pandemic is over. Although teaching with the students and the teachers present is preferable, some of the online teaching is probably here to stay. Despite all these efforts, however, the pandemic has had an impact on medical studies, and the students will bring this experience with them, for better or worse. Online teaching is likely to have led to more flexibility in everyday life and may have made it easier to combine studying with family life and work. Many have been working with infection tracing and testing etc. The students have experienced – literally up close and personal – the importance of a well-functioning healthcare system, not only in terms of intensive care, but equally in terms of prevention and infection control. They have seen how crucial it is for the healthcare services to have the trust of the population. For clinicians and teachers, it is important to be aware that the next cohorts of medical graduates may have received less practical training and will thus need more procedural training when they arrive as trainee general practitioners and specialty registrars in hospitals. In time, they will be equally skilled doctors, but we need to be prepared to spend more time in the beginning to ensure that they possess the skills that previous students had a better opportunity to learn during their studies.

Be that as it may – all new students are welcome! We will do our best to teach you what we know and to assess you fairly. And, we will give you time to master the practical procedures when you have the chance to try your hand in a clinical setting, hopefully quite soon.

LITERATURE

1. Brown A, Kassam A, Paget M et al. Exploring the global impact of the COVID-19 pandemic on medical education: an international cross-sectional study of medical learners. Can Med Educ J 2021; 12: 28–43. [PubMed]

2. ElHawary H, Salimi A, Barone N et al. The effect of COVID-19 on medical students' education and wellbeing: a cross-sectional survey. Can Med Educ J 2021; 12: 92–9. [PubMed]

3. Skjevik EP, Boudreau JD, Ringberg U et al. Group mentorship for undergraduate medical students-a systematic review. Perspect Med Educ 2020; 9: 272–80. [PubMed][CrossRef]

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