

Through the (Isolated) looking glass: A reflection on the COVID19 pandemic on the medical student experience

Mary M Coughlin¹ and Nawaz Hack^{1,2*}

¹Walter Reed National Military Medical Center, Neurology, USA

²Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine (USU), USA

Abstract

A landmark of the 21st century will undoubtedly be the global reaction, response, and ongoing change brought about by the COVID-19 pandemic. During a period in which every facet of daily and global function has been modified or adapted in some manner, we present our personal experience of the impact on medical student education in the age of the pandemic. Medical school marks a process by which students learn in a dichotomous way, both the basic science of disease as well as the basic tenets of a physician patient relationship. As such, a period of time in which physical separation was the means by which to contain the spread of disease has imposed a significant hurdle into the already challenging process. This piece is a reflection on the importance of cultivating and learning from personal and humanistic medicine, particularly among current medical students as we reach a new homeostatic set point following the COVID pandemic.

Introduction

At the onset of the COVID 19 pandemic; the hypothesized disruption of day to day function was expected to be on the order of weeks. As such; the initial diaspora of professionals of all kind, medical students included; in an effort to contain viral spread did not seem surprising or unusual. On March 17, 2020, the Associated of American Medical association issued a statement recommending a pause on all student clinical rotations [1]. As the medical community at large adapted to the situation; it was necessary to minimize exposure as well as to conserve valuable personal protection equipment. During this interval, in the same way that the national and international educational architecture were thrown for a loop; medical schools were also forced to adjust course. The rapid introduction of virtual learning platforms across a wide span of age and educational types was accelerated in preclinical education settings [2]. However, the traditional format of clinical rotations was not as readily translatable across a virtual forum. Accordingly, the quintessential experience of a medical student on rounds or observing in a clinic was initially put on hold; and a year later has yet to resemble the days of old.

Discussion

At the outset of the pandemic, the public stayed home and nationwide there was a reduction in clinical volume. The initial contraction in standard patient volume that followed the stay at home order was evident across the spectrum of medical and surgical specialties [3]. This, coupled with physical distancing and extensive PPE requirements, limited the in vivo interaction and experience that sets the stage for medical students as they enter the vocation. Indeed, for many medical students, the opportunity to participate in patient care at the earliest level helps to both reaffirm their desire to practice medicine and to solidify the preclinical didactic knowledge. While the advent of virtual patient encounters has engendered a potential revamping of patient-physician visits for the foreseeable future; the long-term impact on the generation of nascent physicians has yet to be determined.

Simultaneously, the importance of a solid academic architecture in our national and international stability has percolated through to nearly every individual. It is now more critical than ever to maintain, prepare, and edify the youngest generation of the medical community.

Undoubtedly, the cascading effects of the pandemic can be felt in routine day to day operations. The medical community remains dedicated to providing quality care. The implications on routine daily life as well as standard hospital and clinic proceedings in the months and years to come remains to be seen. In addition to the staggering statistics regarding direct COVID related mortality alone; the sequelea on overall mortality secondary to indirect effects of the viral pandemic cannot be understated [4]. As the medical community investigates the long term neurologic and psychiatric manifestations of those who have been diagnosed with the novel coronavirus; so too must we consider the effects on the youngest generation of the medical community. Given the baseline stress inherent to medical school; this cohort of medical trainees is even more vulnerable to the enormous psychosocial stressors brought about by this pandemic [5]. The implementation of the vaccination has facilitated the return of students to clinical settings; albeit within the new constructs of medical care during the time of COVID. Observationally, this has only heightened the initial patient experiences that prove so meaningful to a young physician in training.

The degree of resiliency and endurance requisite to successfully complete the four years of medical school has only increased over the last twelve-month period. Moving forward, the continuing education of this generation of medical students will likely be unique in many

*Correspondence to: Nawaz Hack MD, Assistant Professor, Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine (USU), USA, E-mail: Nawaz.k.hack.mil@mail.mil

Received: April 20, 2021; Accepted: June 04, 2021; Published: June 07, 2021

ways. It is worth reflecting on the singular experience of the oft solitary nature of medical school, superimposed with the ongoing physical and emotional isolation of a pandemic. In clinical work, it is not uncommon to observe a bidirectional nature of a patient-physician relationship; meaning the role of physician is both teacher and student. In the same way, the reintroduction of medical students into the new landscape of medical care in 2021 can be an opportunity not only to enforce the continuum of learning that has been a pillar of the medical community since its inception; but also to recognize and appreciate the unique perspective this cohort of future physicians will have. The tumultuous experience of living through a global pandemic, independent of the direct effects of living with the virus, will characterize this burgeoning generation of young physicians. In turn, it is imperative that as medical educators reintegrate medical students into the traditional paradigm of clinical practice; they simultaneously bear in mind the value of their unique perspective having had a non-traditional year of medical education.

Disclosures

The views expressed in this article are those of the author and do not reflect the official policy of the Department of Army/Navy/Air Force, Department of Defense, or U.S. Government."

References

1. Association of American Medical Colleges (2020) Important guidance for medical students on clinical rotations during the coronavirus (COVID-19) outbreak.
2. Rose S (2020) Medical Student Education in the Time of COVID-19. *JAMA* 323:2131-2132. [[Crossref](#)]
3. Ghafil C, Matsushima K, Ding L, Henry R, Inaba K (2021) Trends in Trauma Admissions During the COVID-19 Pandemic in Los Angeles County, California. *JAMA Netw Open* 4: e211320. [[Crossref](#)]
4. Woolf SH, Chapman DA, Sabo RT, Zimmerman EB (2021) Excess Deaths From COVID-19 and Other Causes in the US, March 1, 2020, to January 2, 2021. *JAMA* 325: 1786-1789.
5. Rose S (2020) Medical Student Education in the Time of COVID-19. *JAMA* 323: 2131-2132. [[Crossref](#)]

Copyright: ©2021 Coughlin MM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.