

Letter to the Editor

Considerations on Medical Education during the COVID-19 Pandemic and Beyond

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To the Editor;

We read with great interest the Editorial by Tokuç and Varol, on medical education in Turkey in time of COVID-19 (1). The authors outlined the need of a novel and holistic review of medical education, with modification of the curricula of medical schools and emphasizing the social dimension of medicine, as major assets (1). We agree with the authors, and furthermore, we would like to discuss certain points that we consider important for any future amendments, emerging from a unique characteristic of the medical student, the clinical exercise:

I. Medicine is a hands-on-craftsmanship. Medical training might result incomplete if acquired excessively through e-learning. Physical presence and performance under guidance in the hospital are mandatory. Prolonged discontinuation of practical education may consist a regression in academic maturation. Medical students need learning opportunities to practice intimate examinations and procedures on patients under appropriate supervision with professional and ethical standards (2).

II. Acting under pressure is an individual quality that a future medical doctor must develop and is obtained with practice. A period of crisis may offer an outstanding opportunity for medical students to become decisive young doctors. On the contrary, by hindering physical presence, we may encourage them to avoid analogous situations in the future.

III. A crisis may promote the medical student to develop collaboration and team working spirit. It is in exceptional situations that doctors must co-operate and back-up each other at the highest level. Compliance with hierarchy becomes a point of training too.

IV. Medical students of the graduating years are near to become young doctors and to occupy hospital positions. The practical contribution of these students, willing to learn and help together, may be a considerable support for the operating under tension personnel. Medical student associations in Greece applied for voluntary involvement in hospital clinical activities since the first days of the pandemic.

V. Empathy often receives less attention compared to knowledge during the years of medical training. Patient's bedside is the ideal place to evolve this intrinsic value. As COVID-19 pandemic proceeds worldwide with new patients and casualties, the medical student will experience the feeling of confrontation with human agony. Among the concerns discussed herein, our obligation as academics for the safety of our medical students is the most important. Guidelines have been proposed in the past to avoid student exposure to infection, including discontinuity of rotations, hygiene measures, and e-learning; however, physical presence of students was always the main objective (3).

In conclusion, we must admit that physical presence of medical students is often associated with exposure to risk of infection (4, 5). Supervision combined with education of preventing measures of hygiene are main factors that may guarantee safety of both students and patients. Small groups and respecting social spacing

during rotations are also important interventions. We may not keep our students sterilized, even if we send them far away from hospitals. But we can definitively show them how to minimize the risk.

REFERENCES

1. Tokuç B, Varol G. Medical Education in Turkey in Time of COVID-19. *Balkan Med J* 2020; 37:180-1.
2. Thirumorthy T. The ethics of medical education-the ethical and professional issues in teaching and learning medicine. *Ann Acad Med Singapore* 2017; 46:331-2.
3. Park SW, Jang HW, Choe YH, Lee KS, Ahn YC, Chung MJ, et al. Avoiding student infection during a Middle East respiratory syndrome (MERS) outbreak: a single medical school experience. *Korean J Med Educ* 2016; 28:209-17.
4. Saliba G, El Kary N, Bakouny Z, Dagher L, Mallah Hamdam M, Abdallah W. Single-institution experience of medical students' bacterial colonization during training. *Am J Infect Control* 2019; 47:268-70.
5. John A, Tomas ME, Hari A, Wilson BM, Donskey CJ. Do medical students receive training in correct use of personal protective equipment? *Med Educ Online* 2017; 22:1264125.