Students should allow the COVID-19 Pandemic to influence their training programme choices

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Categories: Students/Trainees, Undergraduate/Graduate

Received: 20/07/2020
Published: 25/09/2020

Abstract

Due to the ongoing COVID-19 pandemic, medical students are currently having no face-to-face teaching and access to the clinical learning environment has been restricted. Here, we explore just some of the ways that this has affected our education and may continue to do so. We explore the risks that this poses to both our careers, and the medical profession as a whole. Changing the approach that students take to their selection of foundation programmes is potentially a vital way in which we can limit the long-term damage to career progression.

We suggest that students take advantage of the learning opportunities that the foundation programme presents, through using rotations to make up for lost exposure to specialties that they would have otherwise experienced if not for the pandemic. We also recommend how the professional environment must be receptive and welcoming for the next generation. Together, this all aims to encourage trainees to thrive in areas where confidence and experience may be lacking due to the dearth of exposure as a direct result of COVID-19.

Keywords: students; COVID-19; pandemic; training; foundation training; education

Opinion

Medical schools, in line with all other education institutions, closed their doors in March of this year and transitioned to the online delivery of teaching and assessment (Sandhu and de Wolf, 2020). However, there is a key difference between medical schools and other institutions. This vital factor, distinguishing a medical degree from most other degrees, is the fact that in the later years of study as students we are learning in our future workplace, in hospitals.

Every medical student will have an individual story to tell about the impact of the COVID-19 pandemic on their education and progression to the next year of medical school or into a foundation training position. Although our experiences are all different, we will have some very important points in common. The coronavirus pandemic has stolen a lot from us academically; face-to-face teaching, patient contact hours and experience on the wards are just a few examples. This has not simply been a pause from education for us, it is the loss of innumerable learning
opportunities and vital lessons that most of us will never make up for throughout the rest of our time at medical school (Franchi, 2020).

This is not to disregard the impact that the pandemic has undoubtedly had on junior doctors, considering the pandemic forced the suspension of their rotations and redeployment to aid the effort against COVID-19 (Rimmer, 2020). We are acutely aware that we are not the only ones who have seen huge disruption to our medical education. However, we would like to specifically explore the impact on medical students as the next generation of doctors and the effect this will have on medical education for years to come.

During this time, many students have missed exposure to entire specialties; specialties that we may now never have the opportunity to experience. This will have a profound impact, not only on knowledge in these areas but also on progression through medical school and career choice (Ferrel and Ryan, 2020). Up until now, many of our colleagues may not have contemplated working in the specialities that they have missed and more importantly, now may never feel comfortable seeking experience or jobs in these areas due to lack of experience and exposure.

Globally, this is seen as a threat to the continued education in many specialties from neurosurgery to dermatology (Chae, 2020; Loh, Hsiao and Shi, 2020). However, in the UK, there is concern that it is likely to manifest in a much more problematic way. Because of the way in which the training programmes are designed, a huge proportion of doctors do not decide their specific career path for several years after completing medical school (Lachish, Goldacre and Lambert, 2018). Although the impact of the coronavirus pandemic on medical education and training of doctors will be felt across all specialties, it is an area of huge concern for specialties that already have relatively low exposure, such as psychiatry.

Using psychiatry as just one example, it is an area of medicine that has been shown to rely heavily upon exposure during medical school and the foundation years (Farooq, 2014). It has been found that following a positive undergraduate placement experience, more doctors choose to undertake a psychiatry placement during the foundation programme, as demonstrated by a survey carried out by Doris et al. In turn, the same study shows that this experience during the foundation programme has a profound impact on choosing psychiatry as a career, "45\% of psychiatric specialists in Northern Ireland had not considered a career in psychiatry before their foundation placement, and 92.31\% went on to agree with the statement ‘After the completion of a psychiatry post within foundation training I was influenced to pursue a career in psychiatry’" (Dorris, 2020).

This is an incredible testament to the implications of clinical exposure, during both medical school and the foundation years, on career progression and recruitment into different specialties. As mentioned previously, medical students have already lost numerous placement months and this is not anticipated to end in the near future. Given how influential exposure during medical school has proven to be in career path choice, the repercussions are already unfathomable.

So, how can we make the most out of the situation that we find ourselves in?

Fundamentally, we must remain open-minded. All medical students should be made aware of how the specific experiences we have will shape our career goals. Thus, we need to be aware of the bias this may cause. Medical schools need to encourage us to explore more specialities, especially those we were due to experience but have not due to the pandemic. We understand that this may not be possible through routine placements and not all medical students can experience every specialty, but medical schools must now motivate their students to make the best possible use of our time during elective or student selected components more than ever before. Through actively trying to make up for this lost time, we do not need to let the COVID-19 pandemic limit our career paths to the
specialties we have experienced during medical school.

Perhaps one way of doing this would be for our next stage of training, the foundation years, to be viewed more as an extension of the placement and educational experience. By changing the mindset with which new foundation doctors approach their training and welcoming them to explore new specialties, are the outcomes not likely to be hugely different?

When the time comes for us to apply for foundation training posts, there is obviously a complicit security in seeking out and undertaking the jobs that we already have relatively high experience in. Knowledge of the physiology, the pathology, the treatments and even the patient groups will all impact our choices. We are naturally more likely to lean towards the specialties where we have some awareness of the working hours, the strain of the job and the multidisciplinary team members as a result of seeing it on placement. Going into the unknown is incredibly daunting, even more so when some of your colleagues have experience that you do not in a certain area. Nevertheless, this generation of students needs to understand that these factors only act to form blinkered views of one's own potential for the future. We need stray away from that security in order to ensure that all doctors applying for training posts are as confident and well-equipped as their predecessors. The foundation years must be a way of bridging the gap that COVID-19 will have inevitably created between us, when we graduate, and those already choosing their specialties.

This is all before we even begin to consider the disastrous effects that that same blinkered approach could have to numerous specialties, those that are already trying to overcome difficulties with recruitment. The effects will be seen in years to come, when the benefit of hindsight is altogether too late, so we must prepare now. We predict that reduced time on placements will result in medical schools trying to ensure that "core" areas are covered for those affected by the pandemic. This would leave smaller specialties with fewer students considering them as potential career options. As has been seen in the past, the Royal Colleges will be forced to act and respond to a depleted workforce. As students, we are the future generation of doctors and we need to be involved in discussion about how to reduce the impact of COVID-19 on our training. We are not at all suggesting that the onus is then on us to ensure a complete workforce, or that they should simply spread to meet demand. But, by involving us in that discussion and defining the role we play in recovering from the damage that this pandemic has done, we hope to ensure the continuance of good medical training and maximum specialty exposure before we choose our career paths.

We must also not overlook the role of the postgraduate teaching environment; senior clinicians, specialist departments and healthcare providers. They too must bear the burden of responsibility to address any of the shortcomings that may present when it is our time comes to be the new foundation doctors and make our specialty applications later on. In order to encourage us to continue to explore and foray into areas of medicine in which we lack experience, we must ultimately be met with a welcoming and supportive environment.

As students, we can and should always be forward thinking in our planning for the future. This enables proactivity, a trait that is vital throughout medicine. Final year medical students consider innumerable criteria when making their foundation training post selections, but by introducing this novel viewpoint we hope that many of our colleagues will begin to consider a wider array of training posts despite the damage COVID-19 may do. By extending that same forward-thinking proactivity to the choices many are soon to be making, huge benefits could be seen to both new doctors and the rest of the medical profession.

Take Home Messages
Many students will have completely missed exposure to entire specialties; specialties that they may never have contemplated working in

Given how influential these periods of time have proven to be in career paths, the repercussions are already unfathomable

Medical students do not need to be disadvantaged despite the potential limitations the COVID19 pandemic has imposed

We must also not understate the role of the postgraduate teaching environment; senior clinicians, specialist departments and healthcare providers

Students can and should always be forward thinking in their planning. This enables them to be proactive, a trait that is vital

Notes On Contributors

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Acknowledgements

None.

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Appendices

None.

Declarations

The author has declared that there are no conflicts of interest.

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Ethics Statement

Not necessary for opinion piece.

External Funding

This article has not had any External Funding

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