Covid-19: Learning Silver Linings

Discuss the challenges of learning during social isolation.

The first lesson I learned thanks to Covid-19 was an old one: best-laid plans often go awry. I started the year raring for as much patient contact as possible before graduation, but one week later found myself mostly at home, facing the ubiquitous challenges of learning under distanced life: dodgy internet connections, the slapstick routine of 60-something consultants trying to unmute themselves, the temptation to wander away and make yourself a cup of tea when the material gets dry. While the transition has been difficult, I am thankful both for being relatively unaffected, especially by being at a rural campus with few cases, and also for the things I am learning which I never would have discovered in a normal year. Some optimism is always useful in a crisis, so here I wish to focus on the lessons I have learnt due to the challenges of medical education under Covid-19.

On the wards, feeling in the way has always been the student's lot; add on being a vector for disease and it's easy to feel like a total persona non grata. While I have been lucky that my rotation has continued mostly unchanged, I remember my first social-distanced ward round, the hierarchy meaning I was walking at the back of a procession 6 metres away from the consultant, unable to hear anything discussed. The next day, however, my team's intern and resident both had to stay home with mild cold symptoms, so I had to step up and take all notes for the round. Going from bored to near-essential made me reflect on my value as a student, and helped me recognise I did have a certain value. As a final year student, I am able to directly assist the team, plus learn key skills that will benefit the health system next year. On the other hand, clearly there are also situations where the risk of me spreading or catching infection is greater than any benefit to me or the patients. Now at clinical placements I ask myself: is my presence here benefiting others, either through direct assistance or allowing me to be a competent doctor next year? If the answer is no, then I recognise that my time does have value and I would be better studying at home. If yes, I feel more confident communicating with senior staff that, where possible, I want to stay and learn. Covid-19 has brought this recognition of my own value as a medical student into sharper focus, which has given me more confidence during clinical activities. It's something I wish I appreciated earlier in my training.

Last year I studied at our clinical school, alone or accompanied by other similarly intense medical students. Now, each day I sit at a desk in my dining room, with one of my housemates (a nursing student) and a very anxious poodle named Max as study buddies. Max howls and howls in the afternoon when he expects his owner to come home. Initially I found it hugely irritating, distracting me from study and annoying me when I was trying to relax. Then, during a Zoom tutorial on perinatal mental health, I gained a tiny insight into the stress of a crying baby. By shifting some medical education outside the hospital, I have become exposed to different perspectives on the topics I'm learning, and the broad

ramifications of healthcare. For more examples, visits (allowed under compassion) from my housemate's pregnant sister beautifully illustrate the challenges of 3rd-trimester pregnancy; I can compare nursing versus medical approaches to teaching pharmacology with my housemate; another housemate, a science teacher, helped me to understand how an MRI works. By no longer existing within a medical bubble, I am viewing content from a fresh angle and enriching my understanding. Additionally, every time I leave the house or go online I am confronted by the ramifications of a pandemic, and forced to reconsider the value of public health measures. Covid-19 has mixed my personal and professional bubbles, for the better: healthcare is now even more obviously central to everyday life.

Finally, I would like to stick up for videoconferencing. In the lead up to the Biomedical Sciences Viva at the end of last year, I was away on GP placement and unable to access valuable tutorials organised on-campus. Now, all tutorials are readily available and often recorded for students who are on distant placement, sick, or unable to attend due to clinical activities. As a rural student, I've also enjoyed the shift in MedSoc or faculty talks. Previously, a recording was an afterthought; now, rural students are able to equally participate and ask questions in real time, just like anyone else. Additionally, some course requirements are being reconsidered, reduced, or given greater flexibility to be completed later. What this illustrates to me, as well as how indispensable our administrative staff are, is that our capability for change is far greater than we expected. While I am not arguing for nothing to be mandatory, I do think Covid-19 will show that allowing more flexibility for students experiencing difficult personal circumstances does not result in poorer clinicians, and that teaching should always be designed to be as accommodating as possible. Medicine is a historied profession but I think Covid-19 should prompt a reconsidering of the status quo, and what can be changed to make our teaching system more accessible and equitable.

This is the silver lining I hold on to in this tragic global storm cloud. I have sometimes said, only half-facetiously, that the most valuable year of my medical education was the year I took between high school and university to work and travel. The life experience from those 12 months has been crucial in allowing me to relate to patients, problem-solve, and cope with stressful situations. I am looking on this year similarly, as a year of tremendous growth, even if it wasn't in the exact places I was expecting. While this year has been difficult, each challenge has brought lessons, and I feel sure that those of us who were medical students in 2020 will in time feel fortunate for everything it taught us.

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