

To Help or Not to Help: A First Year Canadian Medical Student's Dilemma During the COVID-19 Pandemic

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The Experience

On March 13, 2020, we received our first email concerning COVID-19. This was followed by a large flurry of emails and soon our inbox was flooded with, "there will no longer be any large group lectures"... "no clinical skills classes"... "all anatomy programs have been suspended" and so forth. The e-mails kept coming in, and with them came a wave of confusion about the future. For me, a first-year medical student, I was shocked. I understood that many universities across the globe were taking steps toward social distancing but an online medical school? That had to be a mistake. Suddenly, another email came in, suggesting that all the upper-year students on clerkship were discharged from clinical duties and that all medical students were expected to not visit any healthcare facilities unless necessary. After reading the last email, I was no longer feeling uncertain about the future; instead, I felt apprehensive. Although, I could not pinpoint the reason for my feelings.

Then my phone rang, it was my supervisor calling to check in. He asked what my thoughts were about medical students being suspended from clinical duties. Before I could say anything, he said that in this time when physicians should be helping out more, why should the medical students be discouraged from helping and doing their part? His idea was that we did not come to medicine to step away when the need arises, but to take proper precautions, and stand up in solidarity to provide care. Listening to him, I felt validated. I took a deep breath as I realized that the sentiment I felt was of being stripped of the opportunity to play my part. I kept thinking back to the day of our white coat ceremony just a few months ago, where we pledged to serve our communities with kindness, care, and justice. Now, a time when more than ever before, we had the opportunity to stay true to our oath, we were told that our services will no longer be required. Talking further, we both explored the other side of the issue. We did discuss how having medical students at the hospital increases liability as well as puts students at risk. However, reconciling with those ideas, and staying inside the house was difficult.

Sensing that many medical students felt the same as me yet recognizing our responsibility to engage in social distancing like all citizens, the next few days went into finding a sweet balance. Within days, we started seeing a rise in initiatives started by medical students to help with the COVID-19 relief.¹ Initiatives like helping frontline

workers by doing grocery runs or providing child-care services. It was heart-warming to see how students from all across the globe were collaborating, reaching out, innovating and trying to support the frontline heroes.² Personally, I found myself drawn to reducing anxiety and aiding in the mental health of community members. As an Education Committee member of the Ontario Medical Students Association, I began working with medical students from all over Canada to create a series of infographics sharing resources and encouraging medical students to stay informed (**Figure 1**). I began checking in with senior residents of my building, and we tried to reassure and encourage each other. Somehow, in an attempt to physically distance, people were indeed coming together emotionally.

As days pass by, and we begin to adjust to our new online curriculum, I find myself surrounded by new dilemmas. Every news or social media outlet that I surfed was filled with ideas of being productive. From cooking challenges to exercising, and spending time with family, everyone seemed to be in a race to make efficient use of this unexpected gift of time. I am guilty of thinking similarly. I found myself being pulled in all directions. It was important for people to recognize that not doing anything productive, and simply taking care of ourselves was equally important. Just as it was important to seek support when needed, and to realize that it is okay if we all do not come out as chefs, or athletes after this lockdown."

Even though I am not at the frontline, I feel a sense of responsibility by being associated with the profession of medicine. In some ways, living everyday through this pandemic and seeing the world cope, seems to teach me something new every day. Even though our classes are now online, and it seems scary to think we might not learn all the necessary clinical skills, I am determined to work harder. Most of all, stories of sacrifice and triumph of healthcare professionals motivate me to be a better version of myself, to be a better student, and a better physician in the future. To end off, just like all the email communications we received, I hope you are all keeping safe during these uncertain and changing times.

Learn more about education in Ontario, Canada (including infographics), volunteering opportunities and wellness during COVID-19 at the Ontario Medical Students Association website: <https://omsa.ca>.

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Figure 1. Infographics created with students of the Education Committee of the Ontario Medical Students Association

Donning: Get Me Gloved

- Gown
- Mask then Eye Protection*
- Gloves

Doffing: Gloves Go First

- Gloves
- Gown
- Face Eye Protection then Mask*
- Wash/ Sanitize Hands

HOW CAN COVID-19 TRANSMIT?

- Droplet Contact:** Cough/Sneeze → Mucous membranes
- Direct Contact:** Person → Person
- Indirect Contact:** Person → Surface → Person
- AGMP: Airborne Non-AGMP: Research ongoing** (Nature.com/articles/d41586-020-00974-w)
Droplet nuclei in the air (< 5µm) → Respiratory tract
- Fecal-oral? Further research needed**
Feces → Food/Surface → Mouth

AGMP - AEROSOL GENERATING MEDICAL PROCEDURES

CREATED AND DEVELOPED BY ISABELLA FAN, VICTORIA MCKINNON & JANHAVI PATEL EDUCATION COMMITTEE, OMSA
 * N95 mask and eye protection (goggles/face shield) are required for enhanced aerosol-generating procedures
<https://www.youtube.com/watch?v=cCzwh7d4Ags>

CREATED AND DEVELOPED BY VICTORIA MCKINNON & JANHAVI PATEL EDUCATION COMMITTEE, OMSA
 Hindson, J. COVID-19: faecal-oral transmission? *Nat Rev Gastroenterol Hepatol* (2020). <https://doi.org/10.1038/s41575-020-0295-7>
 Coronavirus disease (COVID-19): Prevention and risks. Government of Canada. April 15, 2020. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#h>
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Feeling overwhelmed with the never-ending stream of information on the COVID-19 pandemic? Use "T.H.I.N.K!"

- Take a moment:** Allow yourself the time to process information, as it's difficult even in the best of times to critically evaluate a study.
- Hierarchy of evidence:** View studies lower on the hierarchy (e.g. case reports) with more scrutiny than those higher up (e.g. randomized controlled trials).
- Investigate the source:** Look up the journal in which the study was published and beware of deceptive journals, such as those not found in indexed databases (e.g. Scopus, PubMed).
- n? N of what?:** Always be wary of drawing conclusions from studies with small sample sizes.
- Keep Current:** Be proactive in setting aside time each day to review from vetted sources.

CREATED AND DEVELOPED BY MICHAEL SCAFFIDI & JANHAVI PATEL EDUCATION COMMITTEE, OMSA
<https://onesearch.library.utoronto.ca/deceptivepublishing>
<https://www.carl-abrc.ca/>
<https://www.cbim.net/2014/06/critical-appraisal/>

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