

Two Student Perspectives on Clinical Medical Education During the COVID-19 Pandemic

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The Experience

In the age of COVID-19, the ultimate question in healthcare became who was essential and who was not. Basically, who could be cut from the roster in patient care? Unfortunately, as medical students, many of us did not make that cut. Third-year clerkships are defined by direct patient care and hands-on learning, but in the age of COVID-19, “hands-on learning” has been a bit hard to come by. Hence, COVID-19 has caused many changes in the way medicine is being taught and practiced. This article details the experiences of two medical students from the same institution, working in different locations for their third-year clerkships. We contrast our rural and urban experiences in the time of COVID-19 and attempt to explain the varying experiences students are having during this time. Finally, we touch on the potential ramifications for these wide varieties of experiences from students across the U.S. and how this will affect sub-internships and residency applications.

Urban perspective

My first rotation impacted by COVID-19 was my outpatient psychology rotation. In-person visits shifted entirely to telemedicine, which many institutions across the U.S. seamlessly transitioned to as they were prepared for this change.¹ This was evident in student experiences at the Methodist Hospital in Houston, Texas, where students were essentially physically present in the room with the physician “via video chat on tablets mounted on rolling stands.”² However, the quality of education received through telemedicine differed from institution to institution, as seen in my rotation site with its inaugural transition to telemedicine. Thus, a significant portion of my time was spent doing clerical and scheduling work rather than taking a history and physical. Patient interaction was limited on this rotation, likely due to the high number of students on this rotation from various schools and the new telemedicine format. Furthermore, while it was certain that students, in both the classroom and the hospitals, felt the effects of online-learning, it also became quickly apparent that many patients also desired to be physically present in the room in order to feel that human connection and trust their provider.⁵⁻⁶

My primary care rotations also had many COVID-19 restrictions. During my family medicine rotation, many visits were transitioned to phone visits, and my time was spent listening to the phone conversation between the doctor and patient. Many of the patients who physically visited the clinic were leery of an extra person in the room and would deny requests to have a student observe their appointments or be seen by me prior to the physician.

My internal medicine rotation proved to be much more lenient and with fewer limitations in terms of student involvement as it occurred in more prominent hospitals in the area. However, due to the lack of rotation sites allowing for students, there was an increased student to preceptor

ratio. In my case, it was 3:1, which forced us to rotate shifts to avoid crowding patient rooms and decreased our total direct patient hours.

Rural Perspective

My clerkship year consisted of rotations in both a teaching hospital and neighboring outpatient clinics, which, due to COVID-19 screening and policies, were largely unchanged from prior student’s experiences. However, during my OB/GYN rotation, I was dismissed from the hospital and was told not to return until further notice.

This no-student policy proved to be problematic moving into my next rotation: surgery. As our school scrambled to find suitable rotations, I was placed last-minute in a surgical clerkship hours away. While the rotation itself was great, it is evident that there was a lack of sites as this rotation had a student to preceptor ratio of 5:1 per surgery.

While many institutions practiced this no-student policy in the U.S., most documented accounts are from the spring of 2020 when students were removed from hospital settings according to the American Medical Association guidelines.³ Unlike the students in March 2020, this year’s current third-year class is roughly only half-way through our required clinical rotations, meaning that many are still trying to determine their specialty of interest. The current situation, particularly with findings of a new variant of the virus, puts even more uncertainty in when medical students will be able to return to normal rotations, even with the distribution of the vaccine. Most importantly, these current rotation closures are contingent on the individual hospital policies regarding student interaction in the hospital. In this sense, there is a discrepancy across medical education as some facilities have not dismissed students, whereas others institutions have. Student dismissal in March was a consensus felt across all institutions throughout the U.S., but this is not the current case.

Conclusion

Our medical education as third-year students during this unique time in history is all about accommodating and making the most of the opportunities we have to learn. Our coordinators and clerkship directors worked to make the best of a difficult situation; however, in researching various other responses to these circumstances, it became apparent that some institutions were better equipped to adapt to the ever-changing situation. Our concern rests mainly on the inequity of clinical opportunities and the resulting disparity in experiences, which has been felt by medical students across the U.S.⁴ We feel this pandemic could prevent us from attaining the clinical foundation necessary to be a fully competent resident and are even more concerned about the inequality of training that might lead to varying levels of preparedness among students. Evaluating different student experiences showed us that individual hospital and private practice policies, location, and medical school institution infrastructure have varying roles in what

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Editor: Francisco J. Bonilla-Escobar

Student Editors: Leah Komer & Nikoleta Tellios

Copyeditor: Joseph Tonge

Proofreader: Nikoleta Tellios

Layout Editor: Alejandro Munoz-Valencia

Submission: Jan 11, 2021

Revisions required: Mar 4, 2021

Received in revised form: Mar 5, 2021

Acceptance: Mar 6, 2021

Publication: Apr 30, 2021

Process: Peer-reviewed

clinical experiences third-year medical students have had during this time. We are hopeful that with the administration of the vaccine rotation sites will return to normal protocols regarding student participation, but are unsure due to discovering a new variant. The different experiences we have examined make us concerned that this

wide variety of experiences may be detrimental to some students when applying for sub-internships and residency programs.

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Acknowledgments

We would like to acknowledge the help of Anokha Joseph, M.D. and Jannso Joseph, M.D. for their advice, mentorship, and editing suggestions. We would also like to acknowledge Jenifer Fischer for her suggestions as well.

Conflict of Interest Statement & Funding

The Authors have no funding, financial relationships or conflicts of interest to disclose.

Author Contributions

Conceptualization: AG and EE; writing original draft preparation, review and editing: AG and EE.

Cite as

George, AP, Ewens, EE. Two Student Perspectives on Clinical Medical Education During the COVID-19 Pandemic. *Int J Med Students*. 2021 Jan-Apr;9(1):61-2.

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ISSN 2076-6327

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