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Opinions on the impact of COVID-19 on undergraduate students from diverse backgrounds and health needs

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I. INTRODUCTION

We live in unprecedented times with the COVID-19 pandemic disrupting our normal way of life. First identified in December 2019, the novel SARS-CoV-2 strain has brought about vast devastation. According to the World Health Organisation (WHO), as of 21st November 2020, there are 56.9 million confirmed cases and 1.3 million deaths worldwide. The government approach to control the spread of COVID-19 in the United Kingdom (UK) is underpinned by social distancing measures; to limit the spread and prevent the inundation of National Health Service (NHS).

Social distancing impacts society on both an individual and population level. Across the country, virtual learning has become the new normal. It is our experience at Buckingham Medical School that students saw their clinical placements suspended. Educational resources were shared via online platforms and final year examinations done remotely to fast-track the transition to newly qualified doctors with an interim registration with the UK General Medical Council (GMC).

In this opinion piece, a diverse panel of two medical students, two doctors-in-training and two educators, including individuals with international student status, learning and sensory difficulties, chronic diseases, and dependents, discussed the impact on undergraduate medical education for individuals who may risk being left behind if efforts towards widening participation are not considered amidst this crisis and its aftermath. The focus group was held as an online asynchronous unstructured discussion through emails over a three-month period, moderated by a consultant, who regularly posted questions for the groups to discuss. This was supplemented by face-to-face discussion between the participants to summarise key outcomes and then circulated the conclusions to the panel before manuscript inclusion. Verbal consent was obtained from participants.

II. OVERVIEW: THE CHANGING LANDSCAPE OF UNDERGRADUATE MEDICAL TRAINING IN THE UK

What was once a curriculum encompassing face-to-face clinical teaching to deliver a degree in medicine, has now become reliant on the virtual learning environment (VLE).

In the UK, medical teaching methods vary between institutions. Under such unprecedented times, these long-established methods of education have required immediate reform, with VLE taking over and clinical teaching being significantly reduced or temporarily paused (Taha et al., 2020).

The use of VLE in UK medical schools has increased within the last decade. Many already utilise VLE for lecture recording, uploading learning materials, or online assessments. Challenges with virtual teaching existed before COVID-19, particularly the lack of time for educators to become familiar with and implement online learning. Some educators view virtual teaching negatively and thus engage poorly with these platforms (O'Doherty et al., 2018). These learning platforms may also be perceived as expensive. However, need is a big driver for change. With the COVID-19 pandemic forcing the need for socially distant learning, many institutions have become more receptive to this change and many students are benefitting from the flexibility of engaging with the material remotely.

Since the start of the pandemic, medical schools have begun to disseminate pre-recorded or live lectures using online platforms such as Microsoft Teams or Zoom. Simulations of the clinical setting are being recreated to accommodate for the loss of practical experience and provide medical students in the early stages an introduction to the clinical environment. Reduced opportunity for workplace-based clinical learning, suspension of rotational training and medical electives could also potentially impact on career choices due to a lack of exposure.

Student pastoral care is vital during this pandemic, with new anxieties and stresses arising daily. This can be continued on these virtual platforms, either as one-to-one sessions or in tutorial groups. However, members of our focus group expressed how they found video conferencing less personal, and difficulty with internet connections can make it hard to discuss personal problems.

III. INCLUSIVITY AND WIDENING PARTICIPATION CONSIDERATIONS

The GMC states that: "a diverse population is better served by a diverse workforce" (General Medical Council, 2018). Much effort has gone into widening access to medicine and focusing on inclusivity and diversity within medicine. This work must not be forgotten amidst this crisis.

A. Our International Community of Medical Students in the UK

An international UK medical student from our focus group explained that governments are advising their citizens abroad to return home. COVID-19 has impacted countries to varying degrees and many students have been recalled to help with national efforts such as volunteer work and contact tracing. With medical school teaching resuming via VLE in the UK, the challenge of now balancing voluntary commitments at home, family life and university work is made more difficult by differing time zones. Educators in the UK should bear in mind that these factors could impact on students' level of engagement and learner satisfaction with online synchronous learning opportunities. Furthermore, access to certain learning resources such as the electronic British National Formulary and NICE (National Institute for Health & Care Excellence) guidelines is restricted outside the UK, causing difficulties with revision for some. Many have expressed concern regarding the future of their degrees; with questions around when respective governments will change travel advice so that they can return to the UK, and implications of the pandemic on their visas and degree duration. This uncertainty and stress are impacting some international students' focus on their degrees. International students have also found positives to the new methods of teaching. Many students shared that online learning is more engaging compared to live classes and easier to access, ensuring standardised availability of resources for all, regardless of location. Also, many are content to be home with family support during a time of international crisis.

B. Students with Sensory Disability, Learning Differences and Chronic Diseases

In 2016/2017 the proportion of students with a declared disability was 9.3%, rising to 10.4% in 2017/2018 (General Medical Council, 2021). In the time of COVID-19, having a disability or chronic disease presents an additional barrier to effective workplace-based learning. Specific learning differences could impact on students' ability to assist on ward round activities such as documentation. Documentation in medical notes at our institution is now performed away from patients' bedside following completion of daily ward rounds due to infection control considerations. This presents student scribers with difficulties in working memory or other specific learning differences, the additional challenge of recalling large volumes of complex information after an event. In our real-life example, the clinician supported and debriefed the student after the ward round, and ensured the student had adequate time to document the plan in the patient notes, demonstrating a positive example of inclusivity.

Medical students with hearing impairment require lip-reading as a communication adjunct. Unfortunately, implementation of using face masks in the clinical setting limits this and there is a lack of availability of medical grade transparent face masks. Therefore, considerations on using appropriate debriefing and non-verbal communication skills such as hand gestures and written forms of expression can be vital in delivering a complete learning experience for students.

Many vulnerable students are concerned about their risks of contracting COVID-19 and thus their ability to complete their degree in the original timeframe. High-risk individuals have been advised to avoid clinical areas or even isolate at home. Students must fulfil time-based and performance-based criteria to be awarded a GMC-recognised medical degree, but the loss of time and clinical experience in a compact degree programme could put into question their ability to complete on time.

C. Students with Dependents

Students with dependents and those balancing part-time work with medicine to ease the financial burden of their degree could also require additional support. Universities and Colleges Admissions Service (UCAS) guidelines state, a student who holds responsibility for a child aged 17 or younger, should have access to additional support with studies (Universities and Colleges Admissions Service [UCAS], 2021). Students with dependents face many challenges during their degree due to personal obligations. The VLE offers students with dependents an opportunity to maintain their learning at a time when access to schools and care facilities are restricted during the lockdown, but this also presents the challenge of learning and completing coursework while simultaneously caring for their dependents. For some, a distinction between the place of study and the home environment was key to maintaining an effective work-life balance. The availability of care facilities, financial health of students and access to university hardship grants and support systems, would be key to maintaining this group of students' participation in studying medicine.

IV. CONCLUSION

From our experience, the COVID-19 pandemic has changed the delivery of undergraduate medical education at the current time - whether these changes persist remains to be seen. Educators should be considerate about student support in this new way of working, to benefit all students. This applies especially to those with undeclared or undiagnosed learning difficulties, disability, chronic disease, and those with dependents, to encourage their full participation in all available workplace and online-based learning activities and integrate them into the clinical team. It is also important to implement the perceived advantages of VLE in future medical curricula. Further literature is required to see if these changes have truly made a positive impact on learning. Such inclusion is crucial to not deter students from continuing medicine. Neglecting the demands for these groups can hinder our previous efforts at widening participation within the NHS.

Notes on Contributors

Tushar Hari was involved mainly with creating the first draft of the paper and leading the focus group. He contributed some of his experiences as an international student. He participated in revising the paper prior to submission.

Dennis Hathey was involved with initially drafting the paper and helped organise the focus group. He was involved with designing the focus group questions and gathering various perspectives. He took part in final approval of the published version as did all the other authors.

Dr Sonia Kumar contributed to shaping the paper in the later stages and added input on all aspects of the paper. She helped with data collection and critical appraisal of the final draft of the submitted paper.

Dr Ilona Blee added input into the needs of disabled students and overall shaped the paper to its final draft. She played an important role in approving the final copy and contributed to data analysis and interpretation.

Dr Rachel Browne contributed to final changes made to the draft and made final approval of the paper along with the other authors.

Dr Simon Tso contributed to the final approval of the paper and helped supervise the conception and progression of the paper and focus group.

In summary, all authors fulfill the four criteria stated for authorship.

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Declaration of Interest

We have no conflicts of interest to disclose.

References

General Medical Council. (2018). *Medical school reports*. https://www.gmc-uk.org/education/reports-and-reviews/medical-school-reports.

General Medical Council. (2021). *Who is a disabled person*. https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/health-and-disability-in-medicine/who-is-a-disabled-person.

O'Doherty, D., Dromey, M., Lougheed, J., Hannigan, A., Last, J., & McGrath, D. (2018). Barriers and solutions to online learning in medical education – An integrative review. *BMC Medical Education*, *18*(1), 130. https://doi.org/10.1186/s12909-018-1240-0

Taha, M., Abdalla, M., Wadi, M., & Khalafalla, H. (2020). Curriculum delivery in Medical Education during an emergency: A guide based on the responses to the COVID-19 pandemic. *MedEdPublish*, *9*(1), 69. https://doi.org/10.15694/mep.2020.000069.1

Universities and Colleges Admissions Service. (2021). *Students with parenting responsibilities*. https://www.ucas.com/undergraduate/applying-university/individual-needs/students-parenting-responsibilities

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