

Medical Students: Valuable Assets in the COVID-19 Pandemic and beyond

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Abstract

During the 2020 pandemic caused by SARS-CoV-2 virus, medical students have made a significant contribution to the continuation of health care. As a result of informal, narrative feedback from students and our evaluation of the activities amongst students, physicians and nurses, we plead for providing medical students with authentic, contextual and responsible tasks in health professions education in an early phase of their medical education. This will aid in the development of different, more generic competencies as opposed to the predominantly used "medical expert" domain.

Keywords: COVID-19; Covid health care centre; Medical training

Short Communication

Indisputably, the 2020 pandemic caused by SARS-CoV-2 virus or coronavirus disease 2019 (COVID-19) is one of the greatest threats to society and has led to social, economic and political turmoil. Our previously published article describes the tasks medical students executed in our university hospital to support direct and indirect patient care during the first peak of the COVID-19 pandemic after the suspension of all medical, educational activities in the university and affiliated hospitals in the Netherlands on March 16th 2020 [1].

For a fact, the willingness of trainees to aid during pandemics is high. In a Canadian study, 69% of 354 students agreed that healthcare students have a moral, ethical and professional obligation to volunteer during a pandemic [2]. Considering the willingness, availability and gathered medical knowledge and skills of medical students, this group appears eminently suited to fulfil at least a supportive role in healthcare during COVID-19 [1]. Experiencing the urge to help ourselves, we initiated a trainee led taskforce resulting in the safe and resource conscious deployment of approximately 200 medical students in the Maastricht University Medical Centre. In addition to the possibility to help, we provided students COVID-19 related education and organized peer to peer intervision groups. Many of the students, who stepped up, supported physicians in administrative tasks as medical scribes,

were responsible for continuous camera observation of COVID-19 patients in strict viral isolation or screened visitors upon entrance of the hospital.

Nowadays, most undergraduate and postgraduate medical training programmes are competency based, for example using the Canadian Medical Education Directives for Specialists (CanMEDS) [3]. The domain "medical expert" is traditionally used for the assessment of medical knowledge and skills. However, the students' activities also gave them the opportunity to work on the other CanMEDS competency domains of health advocate, communicator, professional and collaborator, which thus contrasts with the generally more prominent and dominant focus on the medical expert domain. Additionally, physicians and nurses responded positively, and many of them agreed that medical students reduced their workload. These observations show the pivotal role trainees have taken up and can make post COVID-19 whilst evolving into a future physician.

In conclusion it became apparent that medical students can be given more and earlier, yet supervised responsibility for patient care during their education and training [1]. We have experienced that students excelled in addressing, learning and displaying the more generic competencies during COVID-19 and fulfilled their role in health care in general. This means that it is possible to transform health professions education to include contextual and responsible tasks in which medical students have the chance to become an equal team member, get continuous feedback, and are provided with opportunities to develop their professional identities as physicians to be.

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