

Rethinking the role of senior medical students in the COVID-19 response

TO THE EDITOR: On 11 March 2020, the World Health Organization declared COVID-19 a pandemic. Australia has enacted public health measures to reduce the number and severity of cases.¹ These measures, alongside disease burden, profoundly impact the health care system. However, the place of medical students in the COVID-19 response is unclear.

The gravity of the COVID-19 crisis has led governments to take drastic measures. The graduation of over 10 000 Italian final year students has been expedited to supplement the overburdened workforce.² In the United Kingdom, the Medical Schools Council has encouraged prioritising qualification of final year students to support the over-encumbered National Health Service.²

Medical Deans Australia and New Zealand recognises the value of final year medical students, releasing a statement outlining appropriate roles.³ These involve routine aspects of care independent of the COVID-19 response, in various clinical settings with

which students are already familiar. Moreover, with clinical placements being disrupted, senior students may gain valuable practical exposure aligned with course requirements. Considering the noted mental health effects of COVID-19,⁴ student contributions may relieve the burden on professional staff while alleviating any sense of helplessness, improving the mental wellbeing of students and staff alike. Importantly, medicine embodies altruism and humanity, with many students undertaking the vocation for this reason. As imminent doctors, senior medical students may therefore feel impassioned to contribute to the COVID-19 response.

Involving students, however, is not without risk. With the reported asymptomatic infectious period, expanding the workforce elevates infection risk. Exposure to patients with COVID-19 should therefore be minimal. Further, the risk of litigation is pertinent as students are less experienced than professional staff. Responsibilities should be within capabilities, under supervision and institutional medico-legal protection. Lastly, additional work hours may impede formal medical education; academic penalties should

not be levied, on-the-job learning should be duly acknowledged, and accessibility of course materials should be maximised. Indeed, medical student involvement should be implemented following principles developed by key stakeholders.^{3,5} Extraordinary times call for extraordinary measures. With appropriate legal, operational and training safeguards, senior medical students have a role in the COVID-19 response if they desire.

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