



Considerations on Medical Education During the Coronavirus Disease 2019 Pandemic and Beyond

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To the Editor,

We read with great interest the editorial by Tokuç and Varol on medical education in Turkey in time of coronavirus disease 2019 (COVID-19) (1). The authors outlined the need of a novel and holistic review of medical education, with modification of the curricula of medical schools and emphasized the social dimension of medicine, as major assets (1). We agree with the authors, and furthermore, we would like to discuss certain points that we consider important for any future amendments, emerging from a unique characteristic of a medical student, the clinical exercise:

1. Medicine is a hands-on craftsmanship. Medical training might result incomplete if acquired excessively through e-learning. Physical presence and performance under guidance in the hospital are mandatory. Prolonged discontinuation of practical education may consist a regression in academic maturation. Medical students need learning opportunities to practice intimate examinations and procedures on patients under appropriate supervision with professional and ethical standards (2).

2. Acting under pressure is an individual quality that a future medical doctor must develop, which is obtained with practice. A period of crisis may offer an outstanding opportunity to medical students to become decisive young doctors. On the contrary, by hindering physical presence, we may encourage them to avoid analogous situations in future.

3. A crisis may promote the medical student to develop collaboration and a team working spirit. It is in exceptional situations that doctors must cooperate and back up each other at the highest level. Compliance with hierarchy also becomes a point of training.

4. Medical students of the graduating years are close to becoming young doctors and to taking up hospital positions. The practical contribution of these students who are willing to learn and help may be a considerable support for operating under tension personnel. Medical student associations in Greece applied for voluntary involvement in hospital clinical activities since the early days of the pandemic.

5. Empathy often receives less attention compared with knowledge during the years of medical training. The patient's bedside is an ideal

place to evolve this intrinsic value. As COVID-19 pandemic proceeds worldwide with new patients and casualties, the medical student will experience the feeling of confrontation with human agony.

Among the concerns discussed herein, our obligation as academics for the safety of our medical students is the most important. Guidelines have been proposed in the past to avoid student exposure to infection, including discontinuity of rotations, hygiene measures, and e-learning; however, physical presence of students was always the main objective (3).

In conclusion, we must admit that physical presence of medical students is often associated with exposure to risk of infection (4, 5). Supervision and education of preventing measures of hygiene are the main factors that may guarantee safety of both students and patients. Small groups and respecting social spacing during rotations are also important interventions. We may not keep our students sterilized, even if we send them far away from hospitals. However, we can definitively show them how to minimize the risk.

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