The Singapore Medical Society of the United Kingdom (SMSUK) is a student-led, non-profit organisation comprising Singaporean and Singapore-educated students studying medicine and dentistry in the UK. We have over 1,100 lifetime members and aim to provide them the opportunities to network and foster inter-city friendships, and further their academic and career development.

Many of our student members have had their university education disrupted due to the COVID-19 pandemic. Having hastily packed up their rooms and flown home to Singapore, they had to quickly adapt to remote learning via online lectures and tutorials.

SMSUK typically holds a myriad of talks during the summer holidays for our members, but have since transitioned these onto a virtual platform. From doing test calls with multiple speakers and facilitating question and answer sessions, we worked hard to make the online experience as seamless as possible. Holding the talks online has allowed more members to tune in and encouraged a higher level of interaction between the speakers and attendees.

We are glad to have had a successful Pre-Employment Grant (PEG) online information session to address some commonly asked questions about the PEG application process. Our Medics Unifying Supporting Educating (MUSE) event is another of our highly subscribed annual events. The 2020 MUSE event was held via Zoom and attracted close to 80 participants, with our members eager to learn about the transition to housemanship in Singapore. Beyond our internally organised events, we are also collaborating with Singapore Health Services (SingHealth) on their Helping Overseas Medics’ Education initiative, where SingHealth faculty across different specialties hold almost daily lectures to supplement our members’ medical education. SMSUK members also had the opportunity to attend virtual residency open houses of SingHealth, National University Health System and National Healthcare Group.

Below, a few of our members share their experiences on how the COVID-19 pandemic has affected their overseas medical education.

In March, having read enough tweet storms to sense the imminent threat of COVID-19 in London, I got increasingly worried by the UK’s lack of definitive action. Then, in a span of less than a week, and a barrage of emails from the college later, Year 3 concluded abruptly. With my final examination over in January (thankfully) and my year-end objective structured clinical examination (OSCE) cancelled, I decided to leave for Singapore. During the long journey to Heathrow airport, while ritualistically typing my thoughts on my phone, a sense of loss hit me and I was unsure of how the year was going to unfold. My calendar reflected patient educator sessions that were all cancelled.

Medical students, like me, across continents were losing uncountable hours of essential training. March would have been dedicated to a structured routine of preparing for my OSCE, attending revision sessions and incessant practising on my flatmates. As a replacement, I was cooped up in my room serving my Stay-Home Notice (SHN). However, as time passed, medical schools adapted and attempted to shift their teaching online, and thanks to the virtual connectedness of the world, the transition was not jarring. From online lectures to webinars, GP simulation clinics and a whole host of online resources, there has been a tremendous mobilisation from UK universities and the medical teaching community at large. Amid the gloom of lockdown and disheartening statistics, sharing a common platform (Zoom) to attend SingHealth’s initiative to teach overseas students is a restoration of connectedness and fraternal feeling, reminding me that education is not just limited to one’s campus. Seeing people go beyond their designated roles to help educate the next generation of doctors has been extremely inspiring and opened my eyes to the possibilities that would otherwise remain uncharted.

_Fluctuat nec mergitur ("She is tossed [by the waves], but does not sink") – Latin motto of Paris_
On 11 March 2020, the World Health Organization declared the COVID-19 outbreak a pandemic.

Before this, life in the UK continued as per normal, with only two confirmed cases in the country. However, the rising number of cases in neighbouring European countries stirred concern among people. I met many who harboured different attitudes towards this novel coronavirus. Some expressed that it was not a huge concern as it had a lower mortality rate than the viral flu. Although it might seem naive to think that now, it was understandable given the limited data we knew regarding its virulence then.

By the time the announcement was made, hundreds of new cases had erupted all over Europe in the span of a week. The economy started to decline as the closure of non-essential shops was enforced and the healthcare system became overwhelmed by the surge of new cases. Uncertainty arose as my clinical year came to a premature end and all students were encouraged to return home, with the final-year medical students having their training expedited to join in the fight. The medical school has a duty to produce competent doctors and the pressure was even greater now. With our curriculum disrupted, I wondered how the medical school was going to continue our education remotely and maintain the level of standard it was expected to deliver. As I was promoted onto the next clinical stage without any formal assessment, it stirred feelings of doubt, making me wonder how this would impact my competency moving forward.

Anxiety crept up on me as I embarked on my flight back to Singapore. The journey home lost its familiarity. Everyone around me wore masks, with some additionally wearing gloves and some donning makeshift hazmat suits. It was a funny sight to see, if I overlooked the ominous undertone that came along with it.

A month later, our university provided us with online resources and tutorials. Learning clinical medicine online came with its pros and cons. I had the luxury of learning in the comfort of my home and without the pressure of deadlines. Pre-recorded lectures made it easier to reference notes at my own pace. However, being at home also made procrastination all the more tempting. The time difference made tutorials inconvenient as they often occurred late at night. Most importantly, no amount of online learning could ever replace clinical teaching and patient interaction.

The pandemic has changed the way we interact and learn. Emphasis is placed on the importance of hand hygiene and staying connected with each other, despite the physical distance we must keep. Our reliance on the Internet has also seemed to become a necessity of life, akin to air and water. This will surely pave the way for the future delivery of medical education – with unlimited online resources available anytime, anywhere. Nonetheless, medicine remains an art whose skills can only be honed through clinical placements.

Sara-Jane Chan, Year 3 medical student at the University of Newcastle
I remember when COVID-19 was simply a whisper, tacked onto the corner of a newspaper, another misfortune the world faced. Despite being a medical student, it hardly piqued my interest. I was more concerned with being on time to an 8 am placement and memorising the pelvic floor muscles.

However, COVID-19 soon spread rapidly and changed the world.

Worried that I might contract COVID-19 in a foreign land, my concerned parents promptly shuttled me back home to Singapore. My protests fell flat and I was in Singapore serving my SHN within moments.

During the seemingly infinite time I had during my SHN, I couldn’t help but feel disappointed in myself. As a medical student, I had taken an oath to serve humanity. Fellow students just a few years above me were embarking upon the front line of war against COVID-19 as junior doctors. My friends in the UK were becoming healthcare assistants. The professors, mentors and nurses I knew were facing the challenge of their lifetime. Yet, here I was at home, counting down the days till the end of my SHN. After all, I had a responsibility to both my principles and my education to be on the front line – fighting the virus and saving human lives.

After a few days of wallowing in guilt, I finally came to my senses. Fighting a pandemic didn’t have to mean heroic gestures. I didn’t have to be dressed in formidable personal protective equipment, surrounded by coughing, sneezing and acutely ill patients. I realised I could help fight the pandemic in my own way, with my knowledge as a medical student. Stemming the spread of misinformation and sending verified resources from reputable sources made me feel like I was also making a positive impact.

However, in order to save lives, it is essential we stay at home, practice safe distancing and good hygiene. We are the cogs of the machine that spread COVID-19. Sometimes, the simplest measures can be the most effective.

Arguably, the most important responsibility we have as medical students is to learn; ensuring we’re engaging with material, thinking critically and understanding our patients. So that, if the time comes, we’re prepared to fight the next pandemic.

**Akanksha Sarma**, Year 2 medical student at the University of Central Lancashire