

STRENGTH IN TIMES OF ADVERSITY

Singapore Medical Society of the United Kingdom (SMSUK) rounded off 2020 with two online events – one for our members in the UK and the other for members studying remotely in Singapore. For those in the UK, we hosted a “Wine and Dine” social event on 19 December. Participants were given the option of making mulled wine or baking together in breakout rooms, with a mini competition held to vote for the best creations! We also incorporated our ever popular “speed-dating” segment, with participants rotating through breakout rooms given seven minutes at a time to meet fresh faces. Our members in Singapore had the opportunity to get together with fellow SMSUK members to bake Christmas-themed treats and stood a chance to win shopping vouchers with the video of their baking process!

We are proud to have started 2021 on a high with our sixth annual conference, held on 6 and 7 February. This year, our committee collaborated with Malaysian Medics International UK and the Hong Kong Medical Society of the UK to bring together medics from all three societies. Our conference this year focused on contemplating the attributes and skills needed to succeed in the medical profession amid times of uncertainty and rapid medical and technological advancements. With talks ranging from humanitarian work to coding in medicine, our conference delegates certainly had much food for thought! Despite being unable to gather in London as with previous conferences, the planning committee successfully brought together enthusiastic delegates and experts at the top of their fields from Singapore, Malaysia, Hong Kong, the UK, and even Timor Leste and Germany!

The 26th Committee of SMSUK will be stepping down in March and handing over our duties to the 27th Committee. On behalf of the 26th Committee, I would like to express our deepest gratitude to SMA for the valuable opportunity to share about our society in this column and for the SMA News team’s guidance and partnership throughout our term. We look forward to many more years of collaboration with SMA!

– Tan Ying Hui, Editor, SMSUK

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2020 has, to say the least, been a year riddled with unprecedented global disruption to our lives, jobs and relationships with one another.

What started out as an outbreak in late December 2019 eventually developed into a full-blown pandemic that has changed the world through social distancing, closure of schools and non-essential businesses, and limitations on travel. Wearing masks and washing hands have now become the norm for everyone – difficult changes that we all had to adapt to quickly.

COVID-19’s impact on medical education

Life before the pandemic feels like a distant memory. March 2020, I was on a week-long vacation in Budapest and was taking in the breath-taking skylines by the Buda Castle when I received a notification from the medical school: “Owing to the widespread transmission in Edinburgh and the rest of the UK, our clinical placements for the rest of the term have been cancelled and we are allowed to go home and conduct the course online.” Medical education was not spared from the impact – curriculum and assessment were restructured with major changes to clinical placements. Needless to say, we were shocked and anxious about the uncertainty that came with learning clinical medicine online.

As the number of COVID-19 cases accelerated in the UK and showed no signs of abating, my parents urged me to return home to Singapore. I underwent a self-induced, non-mandatory 14-day home quarantine (just to make sure I was socially responsible to those around me). Over the next few days, Edinburgh Medical School took swift action to transition our Year 4 cohort to online learning, holding daily live tutorials interspersed with patient case scenarios to simulate how we would approach and manage medical conditions in a real clinical setting. Our end-of-year assessment was changed into an online open book examination and objective structured clinical examinations were postponed to the following academic year.



Although lecture style teaching was readily converted to an online configuration, interactive small group sessions and clinical exposure were not as readily recreated. Given the change in the medical school's curriculum structure, the pandemic has birthed an exasperating dichotomy for medical students. A virus that capitalises on human contact for survival is hindering an educational ecosystem that also necessitates human interaction.¹

Online learning is useful and convenient, but is it enough to replace face to face clinical exposure? Our medical school harboured those same thoughts and decided to introduce a three-week Year 4 catch-up placement in Year 5. To facilitate the extra catch-up and to make up for lost time, adjustments were made to Year 5 placements. While we normally have six-week blocks of O&G, paediatrics and psychiatry, each, as well as four-week blocks of other specialties (dermatology, ENT, ophthalmology, etc), these are now curtailed to five- and three-week blocks, respectively.

Going back onto the wards again

I flew back to Edinburgh in late July in time for Year 5 and went through 14 days of quarantine. The thought of being able to get back onto the wards after months of online learning made those isolating days a bit easier to get through. We were assigned to shifts such that there would only be one or two medical students on the ward or in clinic at any one time, including weekends and night shifts.

After attending a mandatory session on donning and doffing of personal protective equipment, I was finally able to step into the hospital again! The excitement of seeing and talking to patients, and observing and assisting with clinical procedures reignited the joy of medicine in me. It was after all the genuine rapport and interactions, the patient-doctor relationship, and the ability to provide comfort and hope to the infirm that drew me to embark on this long and arduous medical journey in the first place.

On the wards, I realised that many things had changed due to the pandemic. As the UK government prepared for an influx of COVID-19 cases, the National Health Service was instructed to reduce the number of non-essential medical services. Surgical procedures were reduced and patient follow-up intervals were lengthened in a bid to prevent the health system from crumbling under pressure. After months of fighting the virus, healthcare professionals were also beginning to suffer from COVID-19 fatigue. Medical education has since taken a back seat. Fewer patients coming into hospital translates to fewer face-to-face clinical

opportunities for us. We were also barred from any aerosol-generating procedures such as bronchoscopy and intubation.

With that in mind, the medical school adopted a hybrid learning approach, supplementing reduced clinical exposure with online teaching sessions and resources. Although I had expected this, I still felt slightly disappointed about missed clinical opportunities. Nevertheless, I strove to make sure that I maximised whatever time that was assigned to me on the wards or clinics, be it involving myself in clinical procedures like taking bloods and setting IV plugs, or having a chat with patients about their lives and conditions.

The importance of resilience in a pandemic

I would be lying if I said I wasn't stressed out by everything that happened in the last year. So many things in medical school (and the world) have been turned on their head and we were expected to adapt to these changes quickly. It did not help that with our limited interactions with fellow medical students and friends, we felt even more alone in this uphill "battle". The notion of resilience has never been more important than now: this ability to recover and bounce back in the face of adversity, to focus efforts on events that we have control over and to have the optimism to see bad situations as temporary rather than permanent.² This pandemic has built a strong sense of resilience in us, a key trait that would no doubt be of help to us when we graduate as doctors, dealing with workplace stresses, building coping strategies and developing self-efficacy.

It is unfortunate that COVID-19 has been disruptive to our medical education, but perhaps it reflects a recognition that a paradigm shift in the traditions of medical education may be necessary to prepare medical students and future doctors to face more novel crises in the years to come.

COVID-19 has exacerbated the uncertainty of the future and we do not know whether our medical education would be impacted further, but with the right mindset, resilience and optimism, we will rise to the occasion and come out stronger than ever! ♦

References

1. O'Byrne L, Gavin B, McNicholas F. Medical students and COVID-19: the need for pandemic preparedness. *Journal of Medical Ethics* 2020; 46(9):623-6.
2. MindTools. *Developing resilience: overcoming and growing from setbacks*. Available at: <https://bit.ly/37iCbNu>. Accessed 24 October 2020.