

COVID-19 and medical education

The coronavirus disease 2019 (COVID-19) outbreak has rapidly transitioned into a worldwide pandemic. This development has had serious implications for public institutions and raises particular questions for medical schools. Frequent rotations between departments and hospitals make medical students potential vectors for COVID-19. Equally, as trainee doctors we stand to learn a tremendous amount and can contribute to the care of patients. More immediate concerns among medical students centre on the impact of COVID-19 on medical education.

A substantial number of medical students are in the process of preparing for or undertaking assessments that require clinical exposure. The effect of COVID-19 on medical education could therefore be considerable. Several teaching hospitals in the UK have reported cases of COVID-19, with some hospitals suspending medical and observership students from attending clinical attachments. This suspension might extend to more hospitals as the COVID-19 pandemic continues to develop, which could lead to clinical medical students receiving reduced exposure in specific specialties, causing a detrimental effect to exam performance and competency as

foundation year 1 doctors.

The situation is more complex for some final year medical students who are in the process of sitting their final assessments. Some medical schools have reduced clinical exposure in the weeks coming up to their final exams to reduce the risk of contracting the virus. Many electives could also be cancelled because of the global prevalence of COVID-19. This situation would not only cause financial losses for students, but also lead to a missed opportunity of working in a health-care system outside of the UK. At this stage, it is difficult to predict what will happen, and most medical schools are following advice from Public Health England to determine how to proceed.

Despite widespread panic and uncertainty, the medical community must ask itself what history has taught us about medical education during pandemics. To answer this question, we reflect on the effects of severe acute respiratory syndrome (SARS) on medical education in China at the turn of the century.¹ Some Chinese medical schools officially cancelled formal teaching on wards and their exams were delayed, hindering the education of medical students in the face of the newly emerging epidemic.¹ Similarly, in Canada, the impact of the SARS restrictions led to the cessation of clinical clerkships and electives for students for up to 6 weeks.² The

Canadian national residency match felt the effect of these limitations, particularly because electives are one of the most crucial factors determining allocation.¹

Despite the challenges posed by the SARS epidemic, several resourceful initiatives were implemented, leading to progress in medical education. In one Chinese medical school, online problem-based learning techniques were implemented to complete the curricula; these methods proved incredibly popular, to the extent that they were applied in subsequent years. These impressive feats illuminate how even in times of distress, solace can always be found. We are waiting to see what ingenuities for medical education will emerge in the face of the COVID-19 pandemic.

We declare no competing interests.

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