Letters to the Editor

Remote Learning for Medical Students in Nigeria During a Pandemic

To the Editor: As an international medical graduate who finished medical school in September 2019, I found resuming my training in Nigeria in January 2020 in a compulsory one-year internship in the middle of the COVID-19 pandemic to be quite challenging. My classmates and I recited the Hippocratic Oath with joy and celebrated with our parents over the successful completion of medical school only to find ourselves being recruited into a battle against an enemy about which the entire world is still learning. It was tough working with a limited supply of personal protective equipment. Several front-liners at my hospital got infected and were admitted immediately into an isolation center. This decreased the number of medical workers available to take care of an already overwhelming number of patients.

There is a shortage of doctors in Nigeria,1 and COVID-19 has caused a further decrease in the number of health workers by stalling medical education in my country. Clinical activities for medical students have been suspended due to government-mandated social-distancing guidelines and are expected to resume when the pandemic ends. There is uncertainty as to when medical students will begin to attend clinics and observe surgical procedures again. The lack of electronic medical records (EMRs) makes it difficult to create platforms to conduct virtual ward rounds.2 In the meantime, students have been encouraged to embrace remote learning. They can join live video lecture sessions via Zoom and access study materials using Telegram and WhatsApp. Participation in remote learning, however, has created additional costs for data and Internet services.

Further, my country’s unstable electric power situation has had a negative impact on the educational level of the students.

Our experience illustrates that medical students can play a meaningful and impactful role in the COVID-19 response via innovative online programs. Our student-led initiative has been well received and enhanced students’ learning processes by lowering cognitive distance, role modeling exercises, and providing a safe learning environment. Our program also helped address the COVID-19-related increasing levels of anxiety, frustration, fear, and demotivation among medical students and interns through regular meetings and engaging them in the COVID-19 response. Medical schools—particularly those in resource-limited settings with already overburdened health care systems and restricted financial and human capital resources—could greatly benefit from student-led, peer-to-peer online educational platforms designed to compensate for the loss of educational and direct patient care opportunities brought about by the COVID-19 pandemic.

Disclosures: None reported.

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Reference


A Student-Led Medical Education Initiative in Iran: Responding to COVID-19 in a Resource-Limited Setting

To the Editor: Iran has had the highest number of COVID-19-related hospitalizations and deaths in the Eastern Mediterranean region: As of October 3, 2020, 464,596 confirmed COVID-19 patients and 26,567 deaths were reported.1 When the first COVID-19 patient was detected in Iran on February 19, 2020, hospitals entered into a state of emergency due to shortages of personal protective equipment and frontline staff. Our medical school classes were suspended, and our clinical attending professors were overwhelmed with hospitals’ soaring patient loads. Additionally, limited infrastructure capabilities for transferring traditional in-person medical education to online platforms have contributed to anxiety and fear of an uncertain future amongst medical students. We, as senior medical students (sixth- and seventh-year students [medical interns]) in the capital city of Tehran, aimed to contribute to the COVID-19 response in Iran by filling the medical school educational gap through a student-led COVID-19 initiative.

Under the supervision of 2 clinical attending professors, in late February we developed a student-led 2-week follow-up program for discharged COVID-19 patients. More than 70 fourth-year through seventh-year medical student volunteers participated in a 40-hour online training course on COVID-19-related prevention and care. Starting on March 9, 2020, through follow-up phone calls, fourth- and fifth-year medical students interviewed patients on days 1, 2, 3, 5, 7, 10, and 14 after their discharge using a predetermined research protocol; recorded patients’ clinical data in an online database; provided education and support for patients and their family members; and regularly reported patients’ status to senior medical interns and the 2 clinical professors. Patient profiles were presented in interactive online platforms (i.e., WhatsApp group, teleconference calls, Skype presentations) for a thorough discussion of lessons learned and improved decision making for future patient follow-ups. In the first phase of implementation, medical students collected data on more than 820 recovered COVID-19 patients via these telephone-based surveys.

Our experience illustrates that medical students can play a meaningful and impactful role in the COVID-19 response via innovative online programs. Our student-led initiative has been well received and enhanced students’ learning processes by lowering cognitive distance, role modeling exercises, and providing a safe learning environment. Our program also helped address the COVID-19-related increasing levels of anxiety, frustration, fear, and demotivation among medical students and interns through regular meetings and engaging them in the COVID-19 response. Medical schools—particularly those in resource-limited settings with already overburdened health care systems and restricted financial and human capital resources—could greatly benefit from student-led, peer-to-peer online educational platforms designed to compensate for the loss of educational and direct patient care opportunities brought about by the COVID-19 pandemic.

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