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Clinical Support and Practice: UK Medical Students as Clinical Support Workers During COVID-19

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To the Editor: As medical students in our penultimate year at Warwick Medical School in the United Kingdom, our medical education has been affected by the COVID-19 pandemic. Recognizing the falling staff numbers in our local trusts due to self-isolation, along with the inevitable pause in studies during the first national lockdown, our medical school offered students the opportunity to work as clinical support workers (CSW). We wish to share the role that we took on as CSW/medical students within an Accident and Emergency (A&E) Department and advocate for additional experience in acute settings within the medical curriculum.

This hybrid role, based on the important duties of a conventional CSW, also provided the opportunity for performing vital clinical skills such as venepuncture and peripheral venous cannulation. Competency in these skills is essential but, possibly due to varying requirements by different medical schools, is not universally obtained. Studies have revealed that approximately 20% of final-year medical students have not performed either venepuncture or peripheral venous cannulation,\(^1,2\) a worrying statistic, considering that competence in these skills requires repeated practice.

With nearly all patients in A&E requiring such procedures, we gained regular practice throughout shifts. This enabled us to go from having never cannulated a patient, to being proficient and confident within a relatively short space of time. Meanwhile, our peers who did not take up this role found themselves regretting not having had the same opportunity to practice their clinical skills.

Going forward, we propose that other students are offered the opportunity to be CSWs by their institutions and are encouraged to practice their clinical skills on a regular working basis within acute medicine. This would have the dual benefit of providing an invaluable opportunity for students to become more confident in their clinical skills, as well as lessening the burden on A&E staff. Therefore, we would be interested in hearing the thoughts of those
working in both medical education and acute medical settings as to whether this could be viable.

References:
