

# Medical Student as Medical Practitioner during Pandemic: Boon or Curse

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## ABSTRACT

**Background:** Coronavirus 2019 boosted health education. Due to increased unpredictability and disassociation about the suitable role of medical student during the epidemic, student participating in medical care has been diverse across institution. Some medical colleges prohibit any contact with the sufferer, while some hire student based on hospital found activities or undergraduates from medical school to work early under senior staff members in the delivery of health care and are included in the team.

**Summary:** Government, regulating agencies and medical school all has a great responsibility in their hands to both present as well as future patients to ensure that our medical student as physicians are adequately taught and supported to provide essential care to patients during normal as well as in the most difficult situations. Because of the unprecedented pressure on health care system during COVID violence many undergraduate medico students around the world volunteer to help in hospitals. However, in this uncertain time, fore thought and transparency is essential.

**Conclusion:** Since the present epidemic comes with new challenge every day, there isn't any problem to keep our health care system up to standard. Failure in consideration of the role of our medical students now makes current and future students lose believe in the managing authorities. Various acceptable methods of clinical experience vary from departmental medical institutes to hospitals. Medical schools must consider potential impacts and potential differences in students during the recruitment of students as practitioner in the current situation.

**Key words:** COVID-19, Medical student, Frontline workers, Support group, Pandemic

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## INTRODUCTION

The 2019 Coronavirus has been officially declared by the WHO to be a pandemic, indicating its inability to stop its global spread. Injuries related to the COVID-19 epidemic in humans and health systems cannot be underestimated.

In general, racism and xenophobia, directed at a wider group of people, are less common during epidemiological events. In particular, during the COVID-19 violence various groups of undergraduate students were exposed to behave as practitioner who may be remarked as a dual role for medical students as future health care workers. They may be equally involved in health care response during public emergency but conversely, are regarded as unimportant in clinical practice and sometimes are debarred from practice and clinical learning. With the advent of COVID, the period of skills based medical teaching came to an end which was pressurizing medical schools around the world

to move from didactic learning to online self-study. Group based learning was exempted based on challenging situations. As a result, this evolution has initiated an attempt to develop teaching methods in a way that help student to stay mentally activated and preoccupied in the things that is needed to be learnt. Since the present conditions of the epidemic have made medical authorities as well as the current medical student increasingly concerned about student well-beings, education providers have recognized the urgency to help student connect as education progresses on the internet and its new emphasis on both consensus and Visual reading. This strategy did not do well in promotion of student engaging in studies therefore; it needs to be carefully considered in reviewing content delivery. Medical schools have had a variety of responses so far. Some medical schools have completely boycotted medical students and their choice of education, while others continue to promote placement in clinics and hospitals. This measure may sound appropriate to reduce burden on health professionals but they still represent significant amount of loss in learning opportunities as well cause burden shift from doctors to future doctors that are still on learning phase. A clear and consistent response is required at the national level to

ensure that each and every student receives timely and appropriate advice so that the impact of their future performance is not minimized. Several government bodies have indicated that medical student can be used in patient care programs affected during COVID. While there are no questions about their willingness, with the exception of the latest presentation, the lack in guiding any of the students enrolled is terrifying. In specificity, we find a lack in formal and explicit statement about compensation, contractual agreements, expected role and responsibility and anticipated clinical supervision. Most of medical undergraduate final year students are wishfully making a significant contribution in COVID-19 era and at any cost don't want to be ignored. Despite the burden increment in students, the current epidemic has offered new chances for medical student to learn as it is compulsory for medical school and hospital to provide practical concept and training when students are appointed in clinical settings.

### LITERATURE REVIEW

#### Medical students serving as clinicians: Advantage or disadvantage

During the Corona violence, medical student acting as practitioner present an unnecessary risk to patients as well as other physicians. Medical students can act in things additional member for transfers, use Personal Protective Equipment (PPE) when there is a severe shortage and place an additional burden on doctors who teach them. Medical education does not get excused by the risks. This risk need serious consideration and must be minimized. Many believe that students can be allowed to participate in clinical activity, in some cases it may prove beneficial to patients despite the associated risk with student engagement. Firstly, a medical student can help in general care in outpatient department. Medical student may contribute in improvement of efficiency in low skilled clinics *via* taking history, calling patient to notify about laboratory test result, educating patients, writing and asking questions concerning COVID. Even in epidemic, patients presenting with chronic symptoms need ongoing continuous care. Pregnant women have to undergo regular follow-ups and discharged patients also need regular checkups. Medical student can effortlessly contribute in these situations and reduce work load. These functions can be performed by medical student as tele medicator using telemedicine, reducing the risk of transmission of viruses. Secondly, medicos can look after patients in outpatient service that don't include patients of COVID. Under senior doctor supervision visiting medical students usually treat their patient with advance techniques serving beneficial to training opportunity for students. If medical students contribution is nullified in these activities patients will have to be looked by the housing authorities, which may exacerbate the staff shortage. Drawback is that this type of involvement may require PPE and many other hospital facilities which are required for senior staff to treat patients with COVID-19. Undoubtedly medical student as practitioner increases the number of staff required to control pandemic.

However, if students work in hospital, they may also be exposed to risk from SARS-CoV-2. Students are at greater risk during treating patients with COVID. Secondary work like screening hospital guests, holding PPE drives, management of crowd and providing pediatric care, can be assigned to medical students and can reduce requirement of additional staff members to do so. In addition, the risk involved in student participation may be lower than involvement of old age retired medical doctors, who are at greater risk for COVID complications due to their age. However, viewing the fact that personal risk can't be ignored there must be an agreement that any involvement of medical student in hospital work must be voluntary without any pressure.

Undoubtedly, this epidemic presents unique challenges in providing medical education for graduate students. Instead of choosing between patient safety and student safety and student education, we encourage alternative alternatives to EM clinical practice and secretary [3].

#### Medical student role

Through student led volunteer programs to support efforts to combat COVID in various countries, medical student spread findings through social platforms and online forums. Student offer no cost care for children or pets, pick and drop or advanced services. They can provide additional direct support to senior health providers by assisting in collection and distribution of protective equipment and coordination of community sewing. Some of UG students are committed in support of improving patient care in TTC, hospital ward and ICU. With the prediction of a severe shortage of staff as the need for patient care grows and visualizing that healthcare worker themselves have begun to feel sick, it is responsibility of medical students to support ad assist clinical staff. Student response team has identified many clinical and non-clinical roles in which medical student can provide assistance. This can be suggested as a model for organizations that they can use to work with student volunteers. These have played role in patient care have contributed greatly to both the expanded health care system and the emerging professionals. This type of participation can be continued to provide access to real world learning opportunity and help in prevention of loss of clinical skill as well as student's self-esteem. There is an urgent need to consider roles in determining areas where students could contribute effortlessly which is under their eligibility standards. Although clinical education is major focus area but the involvement of final year student in crucial care of COVID patient can be a valuable and aid in teaching specific skills like ICU care and ventilation techniques. In addition, this may be helpful to prepare for disaster risk management in relation to future epidemics. The current epidemic is a challenging and to keep clinical education up to date for students upon graduation it can be seen as a great chance to teach them other than the traditional strategies [4]. New ideologies are an urgent need to take advantage of this type of reading opportunities and at the same time involve final year student member of emergency teams.

### Integrated team

Sharing responsibilities and commitments towards the same goal adhere students in developing mutual relationships, which leads to greater association in between the group members. The interactions within the team members and close patient interactions have served as a powerful and constructive learning related experience, demonstrating holistic patient care and an effective health care organization. Group integration requires subsequent time and fluctuation in medical student posting prevent this. Long term appointed secretaries allow students to immerse themselves longer and can allow for deeper integration. The results of the development were empathy, confidence and a sense of familiarity and function in the clinical organization, the principles of patient centered physician and compliance with professional standards [5]. Physicians have traditionally developed a unique identity and the remnants of static framework where a doctor is placed on top as compared to other healthcare professional who are still the part of other settings but remain a part of the "hidden curriculum". This attitude and small traditions often serve as a hindrance for a student to come in contact with multi-disciplinary communities which result in poor relationship with rest of the employees. Learning situated within these multi-specialist domains has potential to reduce barriers for future staff interaction and as a result, reduces the risk concerning patient safety and patient care. Searching for professionals often only provides a summary of partner processes. In contrast, running a 12 hours shift patterns provide medical students an understanding on how pressure in different part of the group vary throughout the day. Student not only witnesses the work of a partner but also the process, time and structure for the work to be done. This integration improves patient care. Although it is easy to see safe mealtime as official considering example, interns experience new significant amount of happiness when they are considered to have a period of calm during the busiest hour of day. Learning about this process allows medicos to know more about the interconnected characteristic of each activity and in doing so one must consider and support colleagues.

### Reducing social isolation

In the wake of the COVID-19 violence, social isolation is a necessity and is a chief hassle amongst older age institution and adults dwelling in supportive unbiased residing communities. There are adequate amount of evidences that shows this is a critical trouble to be addressed. To reduce social isolation, we present effective interventions for fitness experts who talk with older adults as well as unbiased residents living *via* phone. Our end result shows that it's far viable and useful to inherit twin steerage in each scholar and adult citizens. Students experienced empowered and capable of make a distinction within the lives of unmarried adults. The consequences also confirmed that they were mastering how to be patient and decrease conversations with deaf adults, particularly getting to know important geriatrics

teachings inside the manner. Older adults have been appreciative and glad to get hold of calls, as they may disrupt their isolation from the network. Many college students experience that the calls are properly acquired; recipients have expressed appreciation for both calls and senders. Some college students felt that the call had little impact and another felt as if they were interrupting a person with a call [6]. Student volunteers have proven that with extra than a third of adults' social networking packages in the back of the telephone, many students feel confident and lively; another describes the emotion evoked *via* the adult's tale and several explicit the adult's appreciation. Some students have acknowledged challenges, including the need for patience and for speaking about subjects which might be exceptional from the ones normally discussed with younger adults.

## DISCUSSION

### Relieving burden on professional staff

As scientific placement is disrupted, adult college students may also revel in publicity to instructional desires. Considering the vital intellectual fitness consequences of COVID-19, scholar contributions may additionally relieve the weight on expert body of workers while minimizing any experience of helplessness, improving the mental well-being of college students and personnel alike. Importantly, remedy combines self-sacrifice with personality; many students do that work for that reason. Like neighborhood physicians, senior scientific students can also experience the want to contribute to the COVID-19 response [7]. Extraordinary times require top notch steps. With right criminal safety, practice and schooling, senior clinical students play a position in responding to COVID-19 in the event that they desire responsibilities must be below the authority, beneath the course and criminal protection of the organization. Inside the COVID-19 telephone carrier. Students who carry out those obligations free physicians from administrative obligations which will absolutely change their recognition on crucial care for severely unwell patients. Many students took their work seriously and felt that medical professionals valued it. This emphasizes that students can perform specific tasks with symbiotic advantage to physicians and college students. However, its miles dubious if those students are competently educated to perform accountable roles, together with supporting with inhaling sufferers' unique air.

### Supporting staff

During the COVID-19 epidemic much of the treatment needed was supported. Departments especially the Intensive Care Unit (ICU) have seen an increase in the number of patients, which increases the workload of these specialist nurses. To help alleviate these pressures, many medical student volunteer volunteers are used as health care providers: to provide health care, to support patients with food, bathing and hygiene and to assist nursing staff in providing appropriate care. This

integration of medical students as part of a team of nurses is likely to be such a major test and provides important insights into the future benefits of including health assistants for medical students [8-10]. Although the current epidemic is rare, there is a real opportunity to use a participatory model built during the current crisis for long term benefit. Universities have worked amazingly well on this existing issue to quickly find a way to put thousands of medical students into hospitals.

### CONCLUSION

Due to the environmental variability of COVID-19 caused by the onset of the epidemic, a huge number of advanced medical workers were crucially needed in other clinics such as hospitals and testing centers. Other health care programs have dealt with temporary rehabilitation of staff, relocation of doctors and trainees, rehabilitation of retired medical workers in primary care and refusal of medical students from clinical courses. Recent responses include a variety of responses, including a permanent postponement of bedside reading in hospitals, the transformation of educational and clinical activities into visual aids, a review of medical studies and a novel inclusion of former medical students. In addition, many medical students have found ways to volunteer to restore some of their lost clinical experience. In all cases, it has become clear that medical students are often encouraged to continue their education and training activities while contributing to primary care. They can monitor patients with mildly unacceptable symptoms of COVID-19; speed up patient care by reviewing charts, taking notes and ensuring that tests are performed; and follow up of patients after discharge. Although all of the roles we have discussed may require medical attention, they will reduce the overall burden on clinical teams. We believe that, similarly, they will improve patient care. In conclusion, as medical schools determine how they progress during the COVID-19 period, we are wary of attempts to shelter students from volunteer work. Medical students are doctors who care for patients and who should be allowed to do their job well. In addition to patient benefits and the health care system, allowing students to participate reinforces important values, such as dedication, service in difficult times and solidarity and work. Students are prepared and able to fight this historic epidemic and should be given the opportunity to do so.

Many of the staff and assistance given by this team of teenagers, highlighted the advantages of their volunteer work and encouraged that they should be taken under consideration for emergencies because of their willingness to participate in the many activities that support the health care system.

### REFERENCES

1. Miller DG, Pierson L, Doernberg S. The role of medical students during the COVID-19 pandemic. *Ann Intern Med* 2020; 173:145-146.
2. Baker DM, Bhatia S, Brown S, et al. Medical student involvement in the COVID-19 response. *Lancet* 2020; 395:1254.
3. Khamees D, Brown CA, Arribas M, et al. In crisis: Medical students in the COVID-19 pandemic. *AEM Educ Train* 2020; 4:284-290.
4. Drexler R, Hambrecht JM, Oldhafer KJ. Involvement of medical students during the Coronavirus disease 2019 pandemic: A cross sectional survey study. *Cureus* 2020; 12.
5. Nolan H, Owen K. Qualitative exploration of medical student experiences during the COVID-19 pandemic: Implications for medical education. *BMC Med Educ* 2021; 21:285.
6. Office EE, Rodenstein MS, Merchant TS, et al. Reducing social isolation of seniors during COVID-19 through medical student telephone contact. *J Am Med Dir Assoc* 2020; 21:948-950.
7. Chinelatto LA, Medeiros VMB, Boog GHP, et al. What you gain and what you lose in COVID-19: Perception of medical students on their education. *Clinics* 2020; 75:e2133.
8. Buckland R. Medical student volunteering during COVID-19: Lessons for future inter professional practice. *J Interprof Care* 2020; 34:679-681.
9. Klasen JM, Meienberg A, Bogie BJ. Medical student engagement during COVID-19: Lessons learned and areas for improvement. *Med Education* 2021; 55:115-118.
10. Bazan D, Nowicki M, Rzymiski P. Medical students as the volunteer workforce during the COVID-19 pandemic: Polish experience. *Int J Disaster Risk Reduct* 2021; 55:102109.