


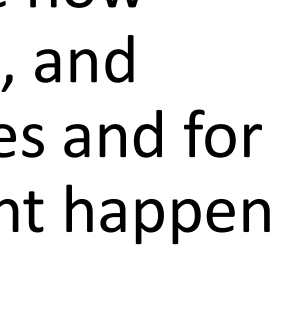
Assessment of early graduation situation and medical students' attitudes on early graduation during COVID-19 pandemic


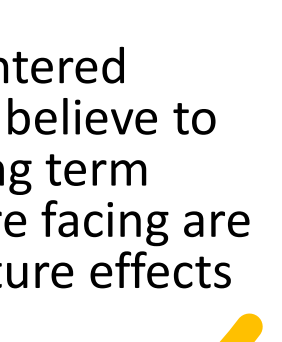
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- Mardin Derik Hospital-TURKEY



Introduction


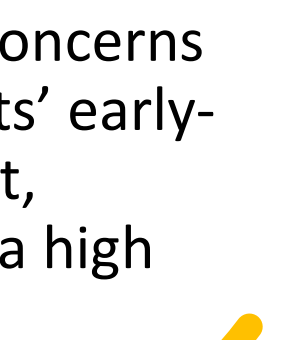
- Undergraduate medical education holds a special position among bachelors degrees: it both consists of science education by having basic & clinical sciences and occupational education, such as problem-solving, communication skills, applied ethics, clinical skills, and many more competencies that directly affect healthcare service.
- In modern medical education, many different approaches for better skills' education have been developed, but the main apprenticeship philosophy and its applications haven't changed that much. This always leads education systems to assign responsibilities in their curricula: mainly in clinical/clerkship years and especially final years for the transition from medical students to junior doctors


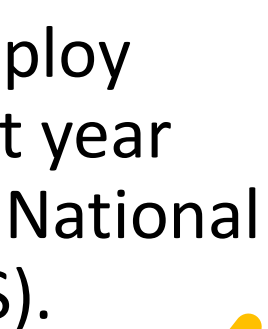
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- After the 11th of March 2020, our lives have changed dramatically in a way that we would never have imagined. We are facing unprecedented changes in our environment as peers in society, economies, education, and in any form of the philosophy behind “globalization”.
 - During these days, we see how important health, science, and education are for ourselves and for future scenarios that might happen in this manner.
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- The pandemics' effect on higher education, including medical education, has been more severe and life-changing than what we could have ever imagined. Today, we are talking about extreme measurements taken in medical education. e-Learning is becoming the only way to acquire knowledge of our curricula.
 - 5th or 6th-year medical students are having to graduate early to start working on pandemic prevention in public health facilities. Another fact is that many other students are not being able to take classes at all since they were in their clinical years when schools had closed down.
 - WHO has released a COVID19 centered Updated Strategic Plan which we believe to be crucial in ensuring that the long term effects of current problems we are facing are not detrimental, including the future effects on our healthcare.
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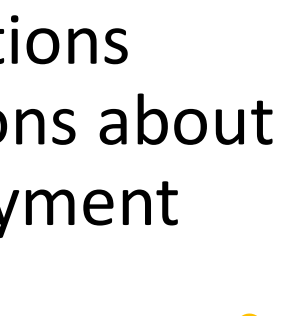
- Besides local differences, many countries have national frameworks for clerkship years and final years which maintain the basic competencies of practice to be achieved, while setting standards on how these should be followed in order to provide a balance between being a student and being a doctor.
- This borderline can sometimes be crossed in minor ways and maybe become an ongoing problem for some locals, regions and even countries. Unfortunately, what we are facing today is overwhelmingly different than just a “line crossed” but a complete extraordinary issue for education systems.



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- According to the WHO, COVID-19 has already overwhelmed health systems even with an achieved suppression by intense measures but WHO points out that COVID-19 can still crack and even collapse healthcare systems seriously which would increase the death toll worldwide.
 - Since there are not any clear predictions on how the pandemic will affect the national healthcare systems, there were rising concerns on last year medical students' early-graduation and employment, especially in countries with a high number of cases.
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- Italian government has announced that they are planning to rush about 10,000 new doctors by saying “which is fundamental to dealing with the shortage that our country is suffering”.
 - UK Government announced that they are planning to employ approximately 5,500 last year medical students in the National Healthcare Service (NHS).
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- This brings us many “riddles” to be solved for both today and tomorrow.
 - How will the medical students be affected, will they be occupied according to national occupational regulations,
 - How will they contribute to healthcare service in such an extraordinary situation while academic years all around the world have been still ongoing before lockdowns?
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- We have conducted a survey study through the European Medical Students Association member faculties, addressing on how a possible early employment would affect clinical year (clerkship years & last years) medical students.
 - In addition, we collected data from National Organizations about national regulations about possible student employment and early graduation.
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Materials & Methods

- We have conducted a survey study on “*Current Situation on Undergraduate Medical Students’ Employment during COVID-19’*”.
- Online questionnaire had 8-items for Local Coordinators/ Local Medical Education Officers and 6 items for National Coordinators, National Medical Education Officers/ Directors.
- Questionnaires for local coordinators/ local medical education officers consisted of items on attitudes of parameters that would be affected by possible employment, on a 5 Likert Scale.
- Questionnaires for national coordinators/national medical education officers consisted of items on information regarding national regulations about student employment on a “Yes/No/I Don’t Know-No Data” basis.

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- 66 European medical faculties from 15 countries have filled the our questionnaire. Countries list:
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RESULTS

“Are final year medical students currently being asked to be employed in your faculty?”



24 faculties responded as “No”, 27 faculties responded as “Voluntarily Yes” and only 2 faculties responded as “Mandatory Yes”. There was no data from 13 faculties.



This result shows us that 44% of the participating faculties are somehow employing their last year medical students.



We accumulated “Mandatory Yes” and “Voluntarily Yes” questions into one group and asked the second part of the questionnaire.



How early employment would affect them

- We asked how early employment would affect them in a couple of parameters on a scale of **0 (No Effect)-5 (Positively Affecting)**.
- Results for each parameters are:
 - Mental Health and Well-being: 51.7%: 3 (Neutral)
 - Transition of Student to Junior Doctor:
 - 24.1%: 1 (Negatively Affected),
 - 24.1%: 2 (Somehow Negatively Affected)
 - Clinical Experience: 37.9%: 4 (Somehow Positively Affected)
 - Quality of education: 34.5%: 3 (Neutral)
 - Quality of learning process: 34.5%: 3 (Neutral)

- 1- Negatively affected
- 2- Somehow negatively affected
- 3- Neutral
- 4- Somehow positively affected
- 5- Positively affected


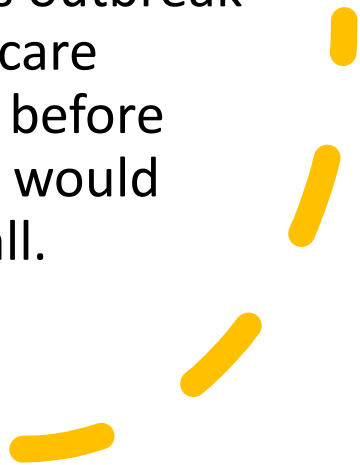
“Are there any planned/applied focused training on fighting COVID-19?”


- Results showed that only 6 faculties have training.
- **“If volunteering/employed, will medical students be supervised at all times?”** question is asked. Results showed that 4 participants responded “Not at all times, but they have some supervision”, 5 participants responded “Yes” and unfortunately, 20 participants responded as “No data”, which is 72% of the group.

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- To member national bodies, we asked the following questions and got these results:
 - 1. Does your country have national regulations on student employment for emergency situations? (outbreaks, terrorism, wars, natural disasters, nuclearbiological-chemical attacks, etc.)
 - a. 66.7% answered “No”
 - 2. If employed/ volunteering, are medical students protected legally?
 - a. 60% answered “Yes”
 - 3. If employed/volunteering, will final year medical students be expected to carry out the same duties as junior doctors?
 - a. 86.7% answered “No”
 - 4. Do final year medical students (if employed) have legal liability according to your country’s occupational laws?
 - a. 46.7% answered “No data”, 40% answered “No”

Discussion

- Occupational safety is one of the most important workforce issues across Europe for the last few decades. Providing a safe working environment for employees has a lot of positive outcomes like increased performance, preventing experienced personnel from leaving for other institutions, contributing to the economy etc. (Neufeld et al. 2020)

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- Occupational safety is especially important in healthcare work. Because healthcare workers are in the front-line of threads concerning the wellbeing of the society. Safe working environment is crucial. By providing sufficient equipment and facilities, we will have a big positive impact on keeping the front-line solid.
 - However, we need more: Healthcare workers must be thoroughly educated and experienced to handle this outbreak on many levels. Putting healthcare workers into the working-field before they complete their education would constitute a grave danger for all.
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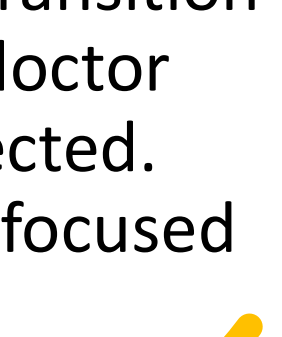
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- During the COVID-19 Pandemic, the safety of our healthcare workforce has to be our top priority. Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) have published guidelines which emphasize three main concepts;

1. Reduce risk facility by minimizing the contact,

2. Isolate infected patients as soon as possible,

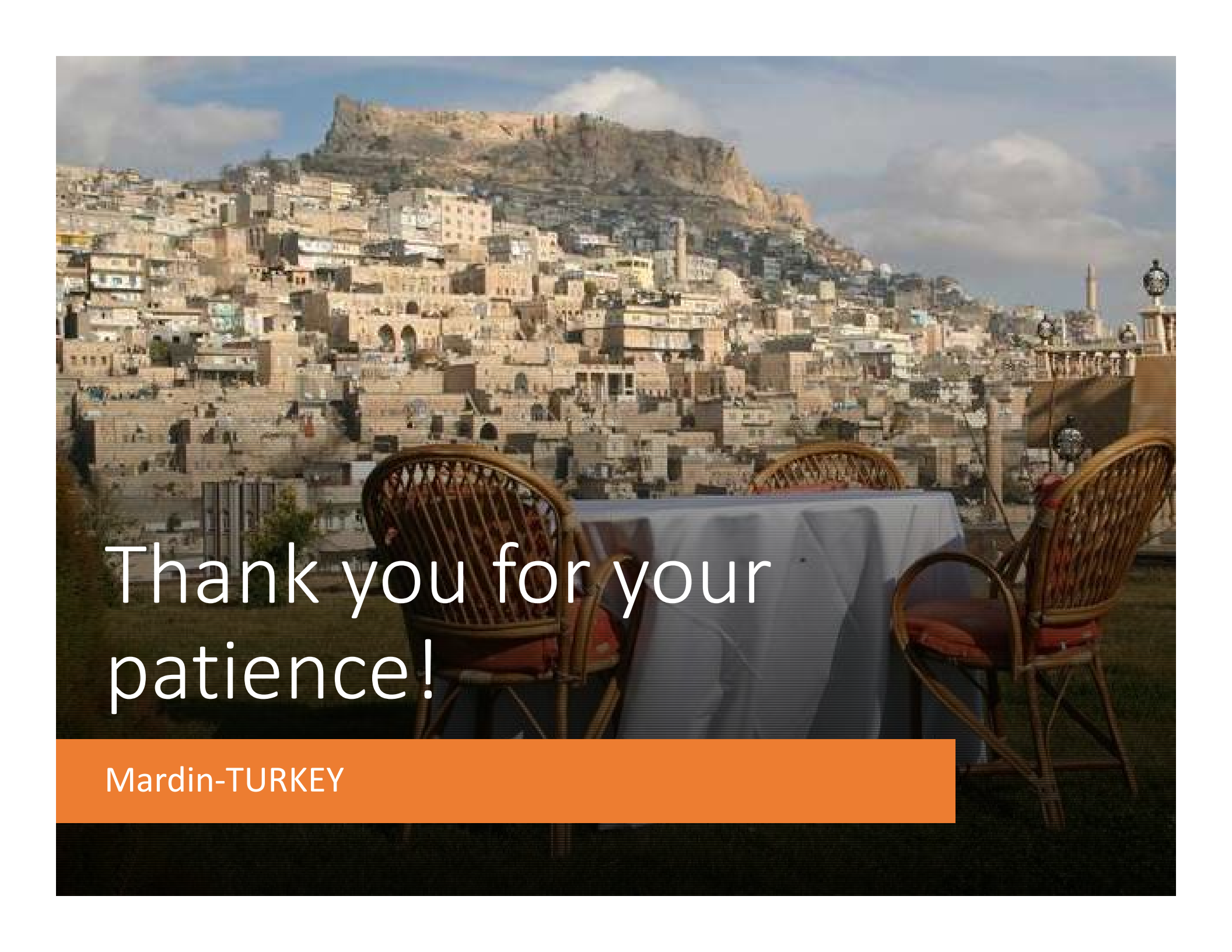
3. Protect healthcare-workers as good as possible.



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- Employing undergraduate medical students in any direct patient care is not recommended unless there is an urgent need for the workforce by many associations like the American Association for Medical Colleges. As shown in our small-scale study, students' mental health and the transition from student to junior doctor might be negatively affected. These areas need to be focused on further studies.
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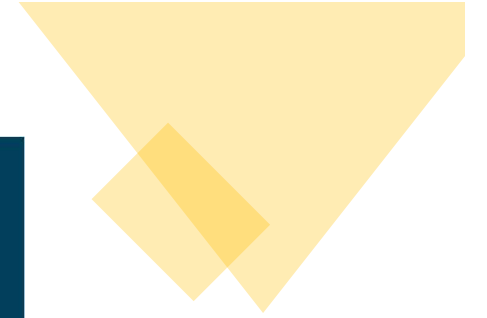
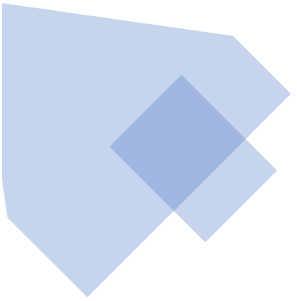
Conclusion

- Although desperate times require desperate measures, early graduation of final year students might have untoward consequences. Authorities should always monitor the situation and take appropriate measures to ensure the safety of the students. Students should not be recruited unless it is the last resort and keeping students safe should always be our first choice.



Thank you for your
patience!

Mardin-TURKEY



Students' Association
European Medical
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