

COVID-19: A medical student's perspective

Guilherme Movio, 3rd Year Medical Student

I would like to dedicate this to the front-line workers who tragically lost their lives during the COVID-19 pandemic.

It was on the 2nd of January 2020, when China notified the World Health Organization (WHO) of a new respiratory illness that was affecting the people in the province of Wuhan. I remember reading the first few case-series reports as I returned to university after the Christmas holiday. My curiosity for where this pandemic would take us grew from there. It wasn't until cases in Italy began to increase, and we had our first confirmed cases in the UK that I really began to understand the magnitude of what 21st century medicine was about to face. Many of my peers feared attending clinical placement and the ever changing situation within the hospital, along with rumours of confirmed cases fuelled anxiety within the medical student body. It wasn't until March 13th that the medical school decided to withdraw all students from clinical placement. We were advised to pack our belongings and return to our home towns. I remember being slightly frustrated at this, because I wanted to help.

At first, I was undecided about what was best to do – return home to London, which at the time was the epicentre of the outbreak in England or stay put in Lancaster, liaise with the local trusts and see what I could do to help. I chose the latter. I applied for a Clinical Support Worker (CSW) role at the University Hospital Morecambe Bay Trust and waited around five weeks for employment checks to be completed. This was a difficult period of time; I understood both the psychological and physical impacts of social isolation and reflected on the difficulties faced by the thousands of people who would be asked to shield for the upcoming months.

It was April when I was ready to start working at the hospital. An odd sense of excitement and anxiety lingered. My first shift was on Ward 6, one of the new COVID-19 recovery wards at the Royal Lancaster Infirmary (RLI). I arrived promptly at 7am and introduced myself to the ward manager, Katherine Mason, who had been re-deployed from the endoscopy unit and brought along her team. It was fantastic to see how the endoscopy nurses quickly re-skilled for ward care. This has been one of the best parts of working during the pandemic – seeing people from countless different backgrounds moving themselves from their comfort zones to help on the frontline. Not long after this a few colleagues from medical school also joined me to work. It was challenging for all of us at first; personal care was not something we were comfortable with. It was daunting, but we were well supported and learned quickly. I continued working on Ward 6 until late May, when it closed; this was the first time during my training that I truly felt part of the multidisciplinary team, which isn't always the case as a student. The importance of a support network within a team was made evident, as at times we faced difficult and sad situations.

Lancaster Medical School rapidly adapted into E-teaching, our lectures were streamed online and our problem-based learning sessions moved to video calls. It made me appreciate the human interaction that we had before. At times, it was very challenging to motivate myself to continue working through the curriculum when the future seemed so unknown. The medical school was very supportive, and I could not fault them. Uncertainty

still remains about how clinical placements will commence again in September.

As Ward 6 closed, due to the decreasing number of COVID-19 cases, I felt equipped with both practical skills and hospital experience to try a different department. I have now been working in the Emergency Department (ED) at RLI. The experience I have gained through this has been invaluable; we do not get clinical rotations in acute medicine until 4th year so I was thrilled at the opportunity. ED has taught me about important presentations I'll be faced with as a junior doctor – from supraventricular tachycardia requiring emergency cardioversion to patients struggling with their mental health needing a sit down, and an ear to listen. I also had the opportunity to merge some of my work in ED with previous work I had done on tracheostomies, with patients presenting with upper airway obstructions due to growing head and neck tumours requiring the procedure done as an emergency. Such learning opportunities would have been difficult to gain as a student on rotations. Witnessing policy changes because of the pandemic has also been enlightening. Working with Hannah Darwen, nurse coordinator for resuscitation, I have learnt that intubation equipment will now be changed to increase the safety of staff members during the aerosol generating procedure. The use of viral filters and in-built suction catheters have now been introduced in ED for intubations, which minimizes the amount of aerosols staff are exposed to. Glidescopes will also be more routinely used, as opposed to laryngoscopes to keep anaesthetic staff safe.



This pandemic has pushed the NHS to its maximum, but at the same time it has brought people together. I believe us, as front-line workers will come out of this more equipped and experienced. I also hope that the harrowing events faced will enforce changes in policies that will make the NHS a safer and more efficient system.

Correspondence to:
guilhermemovio1@hotmail.com