

Medical students are PEE'D off with the pandemic

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Medical students are PEE'D off with the pandemic

One could call it being PEE'D off. Many of our students indeed appear to be suffering from 'Post-pandemic Educational and Experiential Deficit'. This is increasingly evident to those of us in the privileged position of facilitating our future colleagues' acquisition of the core skills required to become excellent doctors. Against a backdrop of nearly 2 years of often virtual consulting, it is apparent that many undergraduate medical students feel they lack basic clinical experience.

By only seeing face-to-face those patients who have complex or serious presentations, students are lacking confidence in just talking with patients.

SACRIFICING THE 'WHOLE PATIENT' APPROACH

Equally concerning is a want of hands-on examination experience. Specialised clinical skills are, of course, being taught but rarely in the context of the 'well' patient. History taking and examination with well patients is a fundamental skill for building confidence in general practice and distinguishing normal from abnormal. The (likely irreversible) shift to teleconsulting will diminish our younger colleagues' opportunities to 'calibrate themselves' as medical instruments. At stake is the very essence of a GP's ability to reassure patients without recourse to over-investigation by saying, 'I'm pleased to say your examination is normal', and to hear the gratifying response, 'I feel better already, doctor.'

We note this is a particular issue for clinical medical students soon to enter their challenging final year.

At risk is the job satisfaction that comes from performing to a high standard, managing uncertainty, communicating with patients, and building confidence. This brings implications for patient safety, early burnout, and premature career drop-out.



With general practice already at breaking point, we must all dig deep to support the next generation. Key to that is the chance for students to experience formative learning through clinical apprenticeship. We need only to remember occasions when busy senior colleagues made time to offer guidance on how to manage a consultation, to perform an examination properly, or when a GP took us on a home visit affording invaluable insight into the 'whole patient' approach.

REVISITING CORE CLINICAL SKILLS

These are difficult times for our profession. Alongside public and political clamour for a return to face-to-face consulting, there are calls to accelerate training to boost numbers as more GPs retire. To meet these challenges, we write to signal a need for a concerted catch-up plan in medical education for students to acquire those fundamental consultation and clinical skills that are best learnt in general practice. Strategies are required for clinical students to revisit core clinical skills in the context of the 'well' patient. It is in this setting that students encounter the GP paradigm of disease,¹ learn to value the therapeutic nature of the examination,² and develop key consultation skills. Despite challenges to

recruiting student placements, solutions do exist for expanding clinical opportunities in general practice.³ GPs can also contribute their unique understanding through small-group case-based discussions and simulated surgeries.⁴

Our appeal is a recognition that today's students have been through educational and personal challenges unprecedented in recent times. Time invested now is required to 'rescue' this PEE'D-off cohort of students — not least because it is they who will be caring for us in the near future.

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