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COVID and LIC - The importance of educational continuity in a Global Pandemic

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Dear Editor,

In 2020, the Covid-19 pandemic caused major problems for the delivery of healthcare worldwide with significant morbidity and mortality from direct and indirect consequences of the coronavirus itself. As a result, health services around the world struggled to cope with the challenges. Early in the pandemic medical students in the UK were withdrawn from clinical placement over concerns related to the spread of the virus in healthcare settings and the potential impact on the students themselves. We describe an innovative clinical placement delivery model that facilitated students remaining on placement.

In 2018, Cardiff Medical School introduced a Longitudinal Integrated Clerkship (LIC), where students are embedded within a community primary care environment for 10-months during their third year [1]. The LIC was designed to address ongoing challenges of recruitment and retention in underserved communities of Wales [2]. This dispersed, immersed design places 3rd Year medical students in primary care practices for a whole academic year, pairing students with individual practices around two Welsh rural hubs. Learning occurs within the students' host practices, supported by small group sessions delivered within the central hub and appropriate clinics in hospitals. When the Covid-19 pandemic reached Wales in February 2020 the students had already completed five months of their clinical placement and were established members of their primary care teams. They had close working relationships with their educational supervisors and were established within the local communities.

By contrast, the progressive dismantling of the "clinical firm" alongside student placement rotations mean a reduced opportunity for students to become embedded in clinical teams and gain the trust of the hospital clinicians. Therefore, the path of least resistance often displaces the student from the clinical environment when times get tough. The onset of Covid-19 led to rapid changes for medical students. While those on the main programme were initially withdrawn from placements, due to emergency contingency arrangements anticipating a surge

of patients with severe illness, students following the LIC remained on placement throughout the first wave of the pandemic.

Significant differences between LIC students and those on the main programme with regards to continuing participation became evident. It appears that time spent in practice is associated with the depth of working relationships developed between the student, their practice and the community, facilitating continued clinical learning [3]. The students also undertook voluntary role within the community to offer support to patients who were shielding and undertook paid roles as receptionists, pharmacy technicians, phlebotomists and health care support workers in their GP practices and local hospitals as the pressure on the healthcare system increased [4].

Over the last 15 years there has been an international increase in the use LICs, founded upon the philosophy of educational continuity forming a more robust professional relationship with educational supervisors. This is borne out through the current Covid-19 pandemic. Additionally, those relationships extended to the wider team, together with an added sense of accountability to the community. This enhanced the resilience of the LIC as compared to the student experience of the main programme.

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No conflict of interest declared

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