

Medical Students' Response to: Willingness and Self-Perceived Competence of Final-Year Medical Students to Work as Part of the Healthcare Workforce During the COVID-19 Pandemic [Response to Letter]

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Dear editor

Thank you for the opportunity to respond to the letter by Almohtadi et al concerning our paper “Willingness and Self-Perceived Competence of Final-Year Medical Students to Work as Part of the Healthcare Workforce During the COVID-19 Pandemic.”

Nowadays, many medical schools in different countries adapt a curriculum in which medical students are expected to possess competencies by the time of graduation, which is why we purposefully included final-year medical students in our study. We wanted to see how competent the students perceive themselves as they are near the completion of their program. Then, we attempted to correlate their overall competence with their willingness to work. Estimating willingness to work in specific tasks within the healthcare system was not part of the purpose of this paper because students can help if shortage emerges in a wide range of COVID-19- and non-COVID-19-related tasks. Our work could serve as part of a funnel technique inquiring, in general, about competencies, and, based on the results, further inquiries about specific tasks can be done as part of pre-work training or future research. Willingness question preceded competence questions in the questionnaire to minimize the influence of the latter on the former, although we cannot exclude the possibility of students going back to change their willingness responses after viewing the competence questions. Lastly, the skill of choosing appropriate and cost-effective investigations is expected from medical graduates as per reports published by different medical education bodies.¹⁻³

Concern for transmitting infection to family members, especially if they are at high risk for complications, is one of the reported barriers for healthcare workers to work in a disaster in the literature.⁴ We only included one barrier, which is the presence of personal health issues, as it is important to describe their occurrence among students and thus alert decision makers to take them into consideration if students were to be called, as well as to investigate their possible influence on willingness. We did not intend to inquire comprehensively about barriers, as this

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would have increased the number of items in our questionnaire, resulting in the threat of a lower response rate and respondents' disengagement and fatigue. Therefore, we recommended exploring barriers in future research and incorporating qualitative methods for a better understanding of students' perspectives.

We thank the authors for their letter that illustrated students' perspective and highlighted important issues relevant to the topic of our paper. Hopefully, our response would be helpful to the readers in addressing and clarifying the points raised by Almohtadi et al.

Disclosure

The authors report no conflicts of interest in this communication.

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