

LETTER TO THE EDITOR

Strategies to improve healthcare students' intention to care for COVID-19 patients: A medical student perspective

Dear Editor,

We read with great interest the article by Al Maskari et al., (2021) which explored the different belief variables influencing nursing and allied health students' intention to care for COVID-19 patients. We note that the authors propose recommendations predicated on their findings to promote the inclusion of nursing and allied health students as auxiliary members of the healthcare workforce in the event of future pandemics. Based on our views and prior experiences as medical students who will soon be joining our nursing colleagues in providing health services, we offer ideas on these recommendations that we believe will be beneficial to all students in the medical field.

We concur with the authors' suggestion that there is a need for formal training programmes on managing communicable diseases (Al Maskari et al., 2021). It is well established that few universities have devoted space in the curriculum for pandemic preparedness and disaster medicine training (O'Byrne et al., 2020). Neglecting this is a major oversight and may result in low levels of perceived behaviour control when students are called on to aid in pandemic response amidst unfamiliar settings, poorly equipped with the requisite knowledge and skills to safely contribute to patient care. We urge universities to incorporate multifaceted pandemic preparedness training. Research suggests that such training may encompass (i) public health issues such as disease surveillance and outbreak response, (ii) clinical competencies such as donning and doffing of personal protective gear, (iii) managing ethical dilemmas in relation to resource scarcity in emergency settings, (iv) leadership, teamwork and decision-making, (v) resilience training to develop coping strategies, boost self-efficacy and improve interpersonal relationships. Such teaching may be delivered in a multimodal format that combines traditional didactic approaches with simulated exercises. An emphasis on multidisciplinary collaboration to reflect the make-up of teamwork in crisis settings is also critically important (Ashcroft et al., 2020; O'Byrne et al., 2020).

The authors also propose that students who join the frontline response should receive support in the form of supervision and mentorship (Al Maskari et al., 2021). Given the unfamiliar nature of the role, formal supervision may help students respond to unforeseen challenges and also offer reassurance to those who doubt their ability to care for patients. Moreover, implementation of senior support increases students' assimilation into the team: a sense of solidarity may increase students' intent to treat patients. Student well-being may also be managed by the assignment of mentors. Given the emotional challenges of the clinical environment during the pandemic,

specifically, exposure to high mortality rates and observation of morally complex clinical decisions, it is essential that students receive psychological support (O'Byrne et al., 2020). Aside from organising regular meetings with mentors, we propose that multidisciplinary Balint groups may encourage students to resolve conflicting emotions through reflection (Colthorpe et al., 2020). Collaboration of students from all healthcare disciplines may also foster supportive relationships and encourage positive attitudes regarding their intent to care for patients.

The final recommendation the authors make relates to the need for healthcare policies to guide students' practice in clinical settings in future pandemics. We propose that these policies are devised and implemented at the institutional, rather than governmental level, given that as providers of health education training, universities are more aware of students' competencies at each stage and are thus well-informed to delineate our roles in the workforce. Institutions may opt to employ a credentialing system whereby trained students can evidence that they are qualified to participate in aiding healthcare delivery in crisis situations (Ashcroft et al., 2020). Not only would this ensure patient safety, but it would also serve to increase students' confidence in their ability to work under such settings. It is crucial that students' involvement in the pandemic response does not impede their achievement of learning outcomes. Indeed, concerns regarding managing the workload of the curriculum alongside volunteering may constitute an unexplored factor affecting intention to care in this study—this would certainly be a key consideration for us as students. It is imperative that healthcare students graduate with the required competencies they will need in their professions and as such, this should always take highest priority.

There are therefore a number of considerations that universities must take into account when incorporating healthcare students into the workforce during a future pandemic. By implementing formal training programmes, adequate support systems and institutional policies, we believe that students may be more prepared, resulting in increased intention to care for patients in the event of a future crisis.

KEYWORDS

clinical education, COVID-19, healthcare students, intention to care, medical student perspective, pandemic preparedness

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CONFLICT OF INTEREST

We have no conflict of interest to declare.

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