

Clerkship in Infectious Diseases for Medical Students During COVID-19

TO THE EDITOR—We read with great interest the article by Sigler et al. [1] published recently in this prestigious journal about the evaluation of the infectious disease elective for early clinical medical students in their internal medicine clerkship. This article evaluated self-reported learning and the level of satisfaction with the rotation using a Likert scale.

Clerkship, internship, and rotation are terms related to the clinical experience and education of medical students in which they are introduced to the actual care of patients with particular diseases or characteristics.

The Supplementary Data reported by Sigler et al. do not mention previous training on biosafety and personal protective equipment (PPE) use. As the rotation was carried out during the first wave of the severe acute respiratory syndrome coronavirus 2 pandemic and the risk of infection was very high, we assume biosafety recommendations were carried out and PPE was used, considering that the third-year students followed in the study had no experience handling patients. PPE training in undergraduate and medical residency programs produces good results in both large [2] and small [3] groups.

Kern's 6-step approach is commonly used worldwide for implementing new curricula and has been demonstrated to be useful during the coronavirus disease 2019 (COVID-19) pandemic [4]. The Infectious Diseases Society of America (IDSA) made some recommendations to improve preclinical teaching in the specialties of infectology and microbiology [5]. Carrying out undergraduate

infectious disease rotations contributes to training and interest in choosing the specialty. Peiffer-Smadja et al. reported that 30 of 71 (43%) applicants to the infectious disease specialty made the decision during their undergraduate rotation [6]. Other reports of infectious disease programs during undergraduate years show successful results, as in an international internship course with undergraduate medical students, with pilots of 75 students per year for 3 years [7].

Regarding the results and discussion, 3 groups are described: 40 third-year medical students, 13 infectious disease fellows, 14 faculty on service, and 14 infectious disease coaches. We noticed that 2 tables are missing: Table 1 with descriptive statistics of the study population (age, sex, etc.) and Table 2 with analytical statistics using nonparametric tests such as the Wilcoxon and Mann-Whitney tests, which compare differences between groups [8].

In conclusion, it is important to highlight the need for PPE training for medical students, especially during the COVID-19 pandemic. The methodology described by Sigler et al. is adequate, but including 2 summary tables could improve understanding of their results.

Acknowledgments

Financial support. Self-funded.

Potential conflicts of interest. All authors: no reported conflicts. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

Author contributions. E.C.H.C. conceived the study. All authors drafted the manuscript and critically reviewed and approved the final manuscript. All authors assume responsibility for the content of the manuscript.

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Received 18 April 2022; editorial decision 10 May 2022; accepted 13 May 2022; published online 16 May 2022

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