

Clinical Volunteering through the Pandemic: An Experience from Final Year Medical Students in Nigeria

Boluwatife Aderounmu,¹ Ayodele Odedara.¹

The Experience

Coronavirus disease 2019 (COVID-19) cases were first confirmed in Wuhan, China in December, 2019.¹ Subsequently, the cases spread throughout the world causing the World Health Organization to declare a pandemic on March 11, 2020.² On February 27, 2020, Nigeria confirmed its first case of COVID-19 and a month later imposed a nationwide lockdown.³

Progression

The lockdown involved a complete closure of tertiary institutions following a directive by the Ministry of Education on 19th March, 2020.⁴ Specifically, medical schools were considered a high-risk institutions due to the possibility of potential exposure of medical students during clinical rotations to patients who may be prone to more severe illnesses due to COVID-19.⁵

Prolonged absences from school could be a challenge for medical students. With the vast amount of new material medical students are expected to learn, a prolonged absence may hinder their learning process due to loss of developing knowledge and clinical skills. To promote continued learning during the lockdown period, some state- and privately-owned medical schools in the country deployed the use of virtual learning environments and online classrooms using platforms such as Zoom.⁶ Most federal-owned medical schools were unable to afford their students such privileges, which was partly due to years of chronic underfunding of the educational sector by the government. This resulted in a complete lack of facilities for online learning, which made these institutions unprepared for the situation presented by the pandemic. The few medical schools which offered limited online learning were unable to sustain it beyond a few weeks following the lockdown. This unfortunate scenario has inadvertently prolonged the total duration medical students spend in school, beyond six academic sessions. This has been further exacerbated by a series of industrial actions by various educational and health unions in the past and the present, as institutions remain closed even after the COVID-19 lockdown was lifted, due to an ongoing 8-month strike action by the association of university lecturers.^{7,8,9}

Clinical Volunteering – Our Experience

For a period of five months, we had hoped for the resumption of academic activities at our medical school. However, these hopes were lost when the Academic Staff Union of Universities continued the indefinite strike action as soon as the COVID-19 lockdown was lifted, just when medical school was scheduled to resume. Following what seemed to be a hopeless wish for resumption, and the desire to learn despite the circumstances, we decided to volunteer at hospitals in our community.

My name is Boluwatife Aderounmu and I am a final year medical student at the College of Medicine, University of Ibadan. The last eight

months have been challenging for me, to say the least. I went from being less than six months away from completing my medical degree, to being forced to take an extra year due to extenuating circumstances. During this period, my family relocated into a new apartment in order to improve our living condition, which coincidentally was close to a privately-owned hospital where I decided to volunteer.

At the start of my rotations, I participated in a training workshop on infection prevention and control strategies. Throughout my rotations, I was careful to implement procedures such as frequent hand washing and proper use of gloves and masks. However, three weeks into my rotations, I began to experience symptoms suggestive of COVID-19 infection, including: fever, malaise, fatigue and a loss of my sense of smell and taste.¹⁰ I immediately began self-isolation, avoiding contact with family and friends and taking time off from the hospital. While I considered taking a COVID-19 test, I was worried about the risk of infecting other members of the society as I would have had to use public transport to get to the testing center. Also, I decided to forgo testing because I did not want to rely on a system that was backed up and often failed to provide quick results. I was worried that several people were experiencing COVID-19 symptoms but could not access testing due to logistical inefficiencies. Instead, I followed the Nigeria Centre for Disease Control COVID-19 guidelines for home care.¹¹ This included staying in a well-ventilated single room alone, limiting my movement in shared spaces such as the kitchen and bathroom, regularly washing my hands with soap and water, wearing masks to cover my face, amongst other guidelines. My family and friends were supportive by providing food and emotional support during this period. I had heard accounts of poor outcomes which made me anxious and overly conscious of my symptoms. To distract myself from this, I engaged in spiritual and fun activities like prayers, watching movies and social media use. Daily, I ingested the recommended daily dose of Vitamin C and also partook in steam inhalation of peppermint oil. Seven days after the onset of my symptoms, my sense of smell and taste returned and I continued my volunteering at the hospital shortly after.

Following my experience, I became more involved in educating my community about COVID-19 and how to minimize exposure. Most of them believed they were immune to the virus based on their African race and the high temperature of Tropical Africa. I corrected these myths in my local language and advised them to frequently observe the preventive measures. I felt joy while doing this, which more than ever has inspired my interest in public health to promote the health of Nigerians.

Conclusion

The COVID-19 pandemic has been unprecedented with a disrupting effect on education beyond the obvious pathological effects on human life. While there was a disruption, I saw an opportunity to continue my medical education in other ways. My volunteering experience provided

¹ MBBS, Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan, Nigeria.

About the Author: Boluwatife Aderounmu is a final year medical student at the College of Medicine, University of Ibadan, Ibadan, Nigeria. Ayodele Odedara is a final year medical student at the College of Medicine, University of Ibadan, Ibadan, Nigeria.

Correspondence:

Boluwatife Aderounmu

Address: College of Medicine, University of Ibadan, Nigeria

Email: boluaderounmu@gmail.com

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a learning opportunity that would contribute positively to my medical practice such as learning the importance of understanding my patients' beliefs, which is key to motivating patients to take charge of their own health, improving my clinical skills and increasing the scope of my career options due to an increased interest in internal medicine during this experience. During a difficult time where my studies were interrupted, this has been an opportunity to build upon my medical knowledge and motivate me while I study for final examinations.

I hope the Nigerian educational system shifts to a more intuitive and supportive system for students, and will towards achieving an environment where academic learning is not disrupted and students' interests are valued in extraordinary times such as pandemics and industrial strike actions.

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