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2 Title of article: **How COVID-19 has changed my medical experience**

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28 Summary of article: An expression piece on the personal impact of COVID-19 on my travel
29 home (to Sri Lanka), personal life, studies and clinical placement.

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31 Key words: COVID-19, first-year medical student, classes

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1 **How COVID-19 has changed my medical experience**

2
3 February 2020: Although I had heard of the “novel coronavirus” and the devastation it was
4 blazing in Wuhan, thoughts of a global pandemic were far from my mind as I slowly got
5 accustomed to life as a first-year medical student in sunny Sydney.
6

7 It soon became clear, however, that my first-year university experience would not at all be what I
8 expected. As February progressed, the “novel coronavirus” had become “COVID-19” and was
9 spreading rapidly around the world [1]. Shortly after the World Health Organization declared
10 COVID-19 a global pandemic, the virus infiltrated New South Wales with the docking of the
11 infected Ruby Princess cruise ship in Sydney [2]. By late March, my university had announced
12 that all lectures, practical classes, and examinations would be moving online to contain the
13 spread of the virus, with no clear dates in place for a return to campus. As an international
14 student, this left me free to fly back home to Sri Lanka and continue online learning. However,
15 Sri Lanka’s tough approach to tackling COVID-19 included the imposition of curfews and a
16 nationwide lockdown starting March 20 [3]. Additionally, the Sri Lankan army had built 45
17 quarantine centres in the country by March 23 and all citizens arriving from abroad were to be
18 detained in these centres for a period of 14 days [4]. Therefore, I eventually decided to remain in
19 Sydney, unwilling to rely on the limited internet facilities likely to be available in these
20 quarantine camps to complete my end-of-term exam coming up in early April.
21

22 In Australia, COVID-19’s contagious nature meant major changes to my newly established
23 lifestyle. I rejected the archetype of a messy university student and spent hours disinfecting every
24 fruit, vegetable, and juice carton I bought from the supermarket before placing them in the
25 fridge. I no longer had any physical contact with the new friends I had just started to get to know
26 and had to opt instead to join their Zoom parties. To do my part in flattening the curve, I chose
27 not to eat out anymore and followed Zumba tutorials online in lieu of exercising at the gym.
28

29 Like my personal life, my academic life had changed tremendously. All our lectures and group
30 classes were, by now, being delivered online either live or via recordings. The biggest change I
31 had to get used to, however, was the switch from on-campus practical sessions to our new online
32 practical classes. These newly designed practical classes involved watching videos of faculty
33 professors carrying out experiments in the lab or pointing out important anatomical features on a
34 cadaver prior to the class, followed by a live online ‘Q&A’ to clarify any questions arising from
35 these video recordings. A major impediment of these classes is that we do not have the
36 opportunity to practice experiments first-hand or use laboratory equipment. This makes a lot of
37 the practical content understandably confusing for a first-year medical student like me and
38 renders the idea of an end-of-year practical exam incredibly daunting. Even worse still is the fact
39 that all first-year hospital placements were cancelled, although we continue to have ‘Clinical
40 Skills Sessions’ online where we elicit histories from a tutor who takes on the persona of a
41 patient. Validating my concerns, research has suggested that COVID-19 could have a detrimental
42 impact on a medical student’s exam performance and competency as a junior doctor due to the
43 fact that several medical schools, like mine, have cancelled or delayed hospital rotations to quash
44 the risk of students becoming vectors for COVID-19 [5].
45

1 In spite of my worries about falling behind, it is undeniable that COVID-19 has presented us
2 medical students with a unique learning experience. Having had the opportunity to meet with
3 simulated patients online as part of my university's online clinical sessions, I have gained
4 glimpses into telemedicine. Telemedicine is referred to as a "21st century approach to medicine"
5 as it allows patients to communicate with physicians 24/7 and provide detailed descriptions of
6 their travel histories [6]. A key advantage of advanced telemedicine systems is their use of
7 automated screening algorithms and local epidemiological information that are applied to
8 standardise screening and practice techniques across healthcare providers [6]. Learning how to
9 conduct consultations online has armed me with a modern set of skills that I am confident will be
10 an asset in the future. By pushing medical schools to employ new and innovative teaching
11 strategies, COVID-19 has unwittingly given me the opportunity to experience a fresh facet of
12 medical education.

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14 **Conflicts of Interest**

15 None

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17 **Authors Contribution**

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19

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