

REFERENCES

1. Sridhar S, Yip CCY, Wu S, *et al.* Rat hepatitis E virus as cause of persistent hepatitis after liver transplant. *Emerg Infect Dis.* 2018;24:2241-50.
2. Andonov A, Robbins M, Borlang J, *et al.* Rat hepatitis E virus linked to severe acute hepatitis in an immunocompetent patient. *J Infect Dis.* 2019;220:951-5.
3. Sridhar S, Yip CC, Wu S, *et al.* Transmission of rat

hepatitis E virus infection to humans in Hong Kong: A clinical and epidemiological analysis. *J Hepatol.* 2020; hep. 31138.

4. Nelson KE, Heaney CD, Labrique AB, Kmush BL, Krain LJ. Hepatitis E: Prevention and treatment. *Curr Opin Infect Dis.* 2016;29:478-85.
5. Dreier J, Knabbe C, Vollmer T. Transfusion-transmitted hepatitis E: NAT screening of blood donations and infectious dose. *Front Med.* 2018;5:5.

Medical Education Adjustments Amid COVID-19: UK Medical Students' Views

The coronavirus disease 2019 (COVID-19) pandemic has caused unprecedented disruptions worldwide. Medical educators have had to respond promptly to ensure future physicians' competency and training. Sahi, *et al.* [1] share their thoughts on the pandemic's implications to medical education. As UK medical students, we offer our perspective on adjustments to pre-clinical and clinical education.

Before the COVID-19 pandemic, UK pre-clinical teaching was already being digitalized through online lectures and "flipped classrooms". Indeed, students often opt for e-learning which enables content consumption at individual pace, allowing users to pause and revisit teachings. The universal popularity of Free open access medical education (FOAMed) amongst undergraduates and postgraduates also supports the shift to e-learning [2]. In addition, during the pandemic, students have innovated ways to educate peers remotely through online platforms, such as social media and Zoom [3]. Nevertheless, while remote digital education has become the new norm, we agree with the authors that there are limitations to this transition. We have lost the sense of community and camaraderie between students sitting in lecture theatres together, as well as the ability to interact directly with lecturers. Problems with time-management, self-motivation, and dependence on technologies and stable broadband connection are increasing issues. Additionally, we feel that physiology practical sessions and anatomy dissection sessions have not been adequately replaced by virtual learning. Thus, further innovation is required to retain the advantages of face-to-face teaching.

Meanwhile, clinical placements, including community-based medicine for pre-clinical students and hospital placements for clinical students have been suspended in the UK

since March. Although simulators, telemedicine and other technologies are possible alternatives, clinical teaching is best achieved in clinical setting [4]. Face-to-face experiential learning from patient interactions is undoubtedly irreplaceable at this point in time. Yet, before resuming clinical placements, it is crucial for educators to balance education, service, and students' safety and wellbeing. In a recent survey, two students have reported concerns for themselves as well as housemates, family members and patients over coronavirus infection and spread [5]. Therefore, whilst aiming to minimize infection risk, educators should communicate frequently with students allowing them to share their concerns, and provide support when needed.

COVID-19 has imposed significant challenges to medical education. Although troublesome, the current crisis presents a unique opportunity to accelerate evolution in medical training. Students, educators and physicians must seize the moment and innovate ways to deliver safe and high-quality care and education.

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REFERENCES

1. Sahi PK, Mishra D, Singh T. Medical education amid the COVID-19 pandemic. *Indian Pediatr.* 2020;57:652-7.
2. Chan TM, Stehman C, Gottlieb M, Thoma B. A short history of free open access medical education. The past, present, and future. *ATS Scholar.* 2020;1:87-100.
3. Rose S. Medical student education in the time of COVID-19. *JAMA.* 2020;323:2131-32.
4. Lim ECH, Oh VMS, Koh D-R, Seet RCS. The challenges of 'continuing medical education' in a pandemic era. *Ann Acad Med Singap.* 2009;38:724-6.
5. Gallagher TH, Schleyer AM. "We signed up for this!" – Student and trainee responses to the Covid-19 pandemic. *N Engl J Med.* 2020;382:e96.