

Things I'd tell my medical school self, had I known my first year on the job would be during a global pandemic

BY NIKOLAOS TZOUMAS

In a conversation with his younger self, a foundation doctor reflects on the contrast between his expectations of medicine at university and the reality of working during the coronavirus pandemic.

Every doctor arrives at medical school with nervous anticipation, yet most will probably relate to being as excited as I was. Your teachers will reiterate that getting into medical school is the Holy Grail, the trickiest achievement on the path to becoming an actual doctor. Yes, the exams and hospital placements are challenging, but nothing quite encapsulates the feeling in freshers' that you have arrived. You have beaten an elite and rigorous selection process, gaining acceptance at a highly-regarded academic institution that will hand you a life-long career. Even better, you will get to save some lives in the process.

Scotland, where I chose to study, was a world away from Greece, my native home. Befit with entirely new scenery and sounds I was not yet accustomed to, I'd reassure my 18-year-old self that I'd eventually understand English spoken in a range of Scottish accents. However, the bagpipes blazing on my morning commute were always slightly jarring after a medic's night out. I would also tell my first-year self that worries of your family leaving you in this place miles from home are futile, as you'll quickly integrate with new classmates. Medics are in it together; we have a real sense of camaraderie.

Fast forward to the end of freshers' week, and the trepidation as I attempted to begin my ascent upon the mountain that is medical knowledge is still a feeling I carry with me to this day. Our body is an intricate range of complex possibilities, to which no doctor can confidently ascertain to fully comprehend. That's part of the drive to do the job, you want to know more and become better, because that obscure fact you remember from the back of a lecture hall could help one of your patients one day. However, embarking on an understanding of everything recorded in textbooks is a far cry from the routine, mundane tasks of an F1 (in other words, the first job you're given out of medical school). Not many people tell you



Clear skies ahead. Photo courtesy of Kristen Sing, used with permission.

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that. Moreover, if I were to tell my 18-year-old self, unpacking my non-weather appropriate clothes in halls, what five years down the line would hold, I wonder what advice would be of value.

It's 2020, and we are amid a global viral pandemic. It is a coronavirus like SARS, only worse... In fact, it is so contagious that over three million people have been infected and the whole world

is in lockdown, with all but a few essential services still running – that includes our NHS. It is a mighty institution, and I wonder if we occasionally forget the people that make it up, those teenagers dreaming of reading the health sciences will one day be a part of it. I've only been here a matter of months but starting my career amongst the upheaval of COVID-19 has been a baptism of fire. In the moments I have grabbed time to think, I know there are a few things I'd have told myself, or anyone else for that matter, who wants to become a doctor.

For starters, those hand hygiene sessions that I viewed as slightly boring actually did prove more useful than expected, although there are other songs spanning for 20 seconds that aren't just 'Happy Birthday'. In addition, what I perceived as a bit of a faff donning and doffing new personal protective equipment kit soon becomes second nature. The end-of-year progress reports, so emphasised by an academic institution, in the throes of a crisis, will quickly be cancelled. I wish I could tell myself that amazingly, you will pass your Foundation Year 1 after just four months of clinical work. Although perhaps luckily, your limited experience will turn out to be on the respiratory ward, given the vigour with which COVID-19 can attack the lungs.

Telling myself what was in store five years ago, I know I would have started to panic. Education presents a safety net of controlled linear progress; you do not get to the next stage unless you have gained sufficient understanding of the one before. However, beyond the halls of a lecture theatre the real world is not like that. People do not generally anticipate a sweeping global pandemic. Although I'd reassure wide-eyed kids scrubbing up for the first time how much we do learn at medical school. The tool kit is in place, as I found out being plunged in at the deep end. Already I have managed the non-invasive ventilation and interpreted the radiological imaging of critically unwell patients. Yes, the first patients arriving did prove incredibly stressful, as I sat with several patients scoring double-digits on their observations and needing positive airway support and high-flow oxygen, who a matter of 60 minutes before may have been breathing room air. So, I'd tell myself that I'm glad I attended the extra continuous positive airway pressure / bilevel positive airway pressure (CPAP/ BIPAP) teaching with the respiratory physiologist, even if it meant not catching up on my favourite TV shows the night before. However, stay grounded, because any confident understanding of a hospital rota and what jobs you're expected to

do could totally go out the window. As it currently stands, I am scheduled to cover a different ward every week.

If medical school teaches you that people can surprise you in the best possible way, this assumption will be proved correct, time and time again. My hospital, like many others, is now flooded with food, treats and toiletries donated by a country wanting to stand alongside the professions fighting this pandemic. The irony of a masked doctor concealed by protective equipment is that they are provided with a sense of humanity. We too can get sick, but we want to do everything possible to save your life, a vow first made on a UCAS form by a kid in sixth form. From my perspective, public thanks does not go without appreciation. On our side too, I know that we're doing everything we can. At medical school I assumed camaraderie was bonding with a permanent team, but I can tell you now I meet a new colleague almost every day and the service is all the richer for it. In the midst of a crisis, everyone from redeployed GP trainees to neurologist registrars will make up your senior house officer teammates.

If you once viewed each medical profession as a different chapter in your textbook, it's a surprise when the diverging professions of oncology, stroke physicians, dermatologists and ophthalmologists could be rounding up with you. Medical school students, you'll find that your inhaler knowledge will be in high demand, but stay humble, as you will spend a lot of time dealing with cases outside your comfort zone. What about the rest of the medical knowledge you will acquire cramming for those exams? The system and the evidence base which supports it will be in constant flux, and you will need to stay informed through rapid reviews and webinars. Almost overnight all my teaching and meetings went virtual. Textbooks, which I poured over for so many years, just don't cut it anymore, and you will soon discover just how worthwhile it has been to develop your interpersonal skills these last years. Discussions with patient relatives are all the more difficult when you cannot meet them face-to-face. Remember to come back to the doctor's mess, set under the auspices of a retired chemotherapy unit, to debrief after a difficult shift. And for the free coffee of course (yes, I now believe three lattes a day is justified).

If you want a little more advice, stay in touch with your friends on the cordoned 'clean' side of the hospital. Emergency operations and clinics must continue as normal and people are still showing up in their clinic clothes, even though I'm now rather fond of my baggy scrubs and

trainers. Maybe a symptom of being a medic is that, crisis ongoing, I have continued to push the limits of the research and teaching endeavours I can keep on top of. That rush of getting into medical school doesn't fade, and being surrounded by such amazing professionals means I don't want to be left behind. I know my 18-year-old self, however, might question my new hobby choices of late: skipping rope and learning statistical software. Yes, sometimes I do worry if I have contracted a neurologically-predisposed strain of the virus, but I would counsel that looking after mental health is more important than ever. I'm sure my neighbours are only slightly perturbed to see me skipping on the driveway after a 12-hour shift, using it as a chance to let off some steam.

I'm sure there are other doctors like me, who after a bad day remind themselves that becoming a doctor wasn't always their intention. I still think about how different life would have been if I had chosen to be a marine biologist somewhere off the coast of an island. Although, if you're a medical student sitting at a cramped lecture on medical ethics and feeling out of place, stick with it. In a few years, you will be managing respiratory failure patients independently and you will not be able to imagine doing anything else with as much satisfaction and confidence. Prioritise staying in touch with the people you care about, as it can get a bit heavy in the hospital. Do not lose hope. Your pen, once heavy with the solemn duty of end-of-life paperwork, will soon be light with the promise of discharge and rehabilitation planning. Your team will weather the storm, and you will soon be back to managing acute medical cases to the backdrop of a summer bright enough to match that back home in Greece.

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