

COVID-19 stole my paediatric elective... but I took it back

Elizabeth Lawson

Most doctors recall their elective with warm nostalgia—a brilliant opportunity, often permitting travel to practise medicine within the context of another culture. While medical curricula vary, this compulsory General Medical Council module is a unifying highlight.

During clinical placements, doctors would often ask if I had planned my elective. This popular conversation topic offered a mutually welcomed respite from clinical questioning. Although all the causes of hyponatraemia do not permanently reside on the tip of my tongue, for this question I always knew the answer. I would reply with excitement that I was going to Uganda to study paediatrics, followed by travelling to climb Mount Kenya and watch the wildebeest migration at the Masai Mara game reserve. The consultant, registrar and foundation doctor would then eagerly await their turn to share anecdotes. While I am sure doctors exist who do not recall their elective fondly, unsurprisingly these are not the ones to enquire about mine. So, without fail, every doctor who asked about my elective has emphasised how much I will learn from the medical exposure and life experiences, and advised me to capitalise on the opportunity, as it is one I am unlikely to have again unless I deviate from my postgraduate training.

It therefore came as a great disappointment, while not a huge surprise, that, in light of the current pandemic and consequent international travel restrictions, I was no longer able to do my planned elective. Naturally I lamented this, before addressing how I would

tackle this suddenly less appealing compulsory module.

First, I considered a clinical elective. However, there were no local paediatric placements on offer. Furthermore, fewer patients in the majority of clinical settings made it unlikely that I would gain sufficient benefit to justify this as 'essential work'. Even the specialties that might welcome additional assistance, such as respiratory medicine or anaesthetics, could probably manage without me once they discovered that I cannot do unsupervised procedures, let alone discharge summaries. Like the majority of my peers I found myself at home with my parents, requiring a remote 'modified elective'. How could I use my time effectively to learn something interesting or do something useful while simultaneously obeying the 'Stay Home, Protect the NHS, Save Lives' rhetoric? With the guidance and encouragement of my supervisor, I have managed to do both.

Through my interest in paediatrics and experience working with disabled children I reached out to a local paediatric disability consultant. She recommended the online resource Disability Matters (www.disability-matters.org.uk), which consists of extensive learning materials aimed at all professionals and volunteers who work with disabled young people. Covering an abundance of topics, I educated myself on the diverse needs of this population group, from advocacy to continence. The material has been co-produced by specialists and service users. Thus, invaluable insights from the parents and children themselves lie interspersed between advice and guidelines. It is interactive and encourages reflection, prompting me to improve my own practice. I then used my acquired knowledge to

evaluate the transition pathway from paediatric to adult services for disabled young people in the local National Health Service trust. I employed my enhanced awareness to adapt the telephone interviews to accommodate each individual. This task allowed me to put my learning into practice for a worthwhile purpose, contributing to the improvement of services.

I have also paused. I have read: novels, not textbooks. Using Zoom I have joined my old ballet school and hosted a virtual end-of-season dinner for the medics netball club. I have appreciated the May sunshine, which I have usually been denied as a result of years of annual summer examinations. Most importantly I have spent time with my family. I am unlikely to live with my parents again and I have cherished sharing regular mealtimes with them, if not the recurrent reminders to remove my running trainers from the hallway.

My elective bears little similarity to the elective I had envisioned and can be added to the accumulation of regrettably missed opportunities to which each individual in lockdown has a contribution. However, I remain hopeful that I will be able to shoe-horn time into my training to travel to Kampala, and translate my dreams into reality. Nonetheless, 'staying home' has not been incongruous with an interesting and meaningful elective. I have acquired skill and confidence in recognising and accommodating the needs of disabled children, and I look forward to applying my knowledge when I return to clinical medicine. Hence, while my 'modified elective' was modified in location and discipline, this modification did nothing to limit its educational benefits or significance. So when I am undoubtedly next asked where I went on my elective, I will not respond as one of the aggrieved 'COVID-19' year group who missed out. I will instead enthusiastically relate my fond memories and profitable experiences, although gained from the comfort of my own home.

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