In a thoughtful and topical article, Ross and colleagues discuss how undergraduate medical education is being modified during the COVID-19 pandemic and the impact this may have on students (1). We would like to share our experiences of the challenges we faced, and the educational support we received as three students who had planned to conduct audits in primary care in June 2020.

NS designed an audit on general practitioners’ compliance to NICE guidelines for the management of chronic obstructive pulmonary disease (2). Although she had already collected most of the data prior to the pandemic, she was unable to return to the practice to record the eosinophil counts of each patient. This was required to help determine the most appropriate second-line inhaler. However, the available data did enable her to comment on compliance of first-line treatment (94%) and to provide a useful discussion on the limitations of her audit.

HA designed an audit looking at the characteristics of women having implants and coils fitted, the lengths of time they were used for, and the reasons for removal. (Use of any long-acting reversible contraceptive for a year is known to be cost-effective (3)). Due to COVID-19, the data were obtained retrospectively by general practitioner KC for 83 women who had implants or coils inserted between January and December 2018. This enabled HA to complete her audit which showed 98% continuity rate with only two women having had their implant or coil removed within a year.

NK conducted an audit to investigate how many diabetic patients had been screened for diabetic retinopathy in the past year. She also planned to explore patient, organisation and system level barriers that could explain levels of adherence (4). Although the later was not possible due to COVID-19 restrictions, the practice manager ran a search to assess screening uptake. This showed only 49% of 344 diabetic patients were recorded to have been screened for diabetic retinopathy in the past year,
showing more work was needed at this practice.

Although, the pandemic prevented the students obtaining all of the patient data themselves, additional support from their supervisors and other healthcare professionals enabled them to successfully design, plan and conduct an audit. Subsequently, we conducted a brief focused literature review; wrote a clear structured discussion instead of how COVID-19 had limited the audit, and presented our findings on a poster. As with the article by Ross and colleagues (1), we hope our experience may be useful to other educators and students facing similar challenges.

REFERENCES


