

Starting Clinical Clerkship in Indonesia during the COVID-19 Pandemic - *Keisha Lyubiana*

Hey there, my name is Keisha Lyubiana and I was a student at International School Groningen from 2010 to 2014. After getting my MYP diploma, I went back to Indonesia to continue my education. I recently graduated from undergraduate medical school at Universitas Gadjah Mada, Yogyakarta, Indonesia, which is followed by two years of clinical clerkship before taking the Hippocratic oath.

Like around the world, graduation in Indonesia is certainly a unique experience. We could not do the traditional ceremony of course, so instead we were asked to get our diploma during specific times to avoid overcrowding. While this was undoubtedly disappointing since graduation is a huge milestone, it was the best option considering the circumstances.

Starting clinical clerkship, however, was a whole different experience. Normally, we would spend every day at the hospital to learn directly from bedside teaching, while also getting the chance to examine and do medical procedures directly on real patients. However, hospital has become one of the most dangerous places during this pandemic. Protective measures are heightened and personal protective equipment (PPE) have to be worn religiously, which certainly required massive funding increase. This caused many hospitals and other health centers to suffer from lack of proper PPE, meaning that clinical clerkship students could not go to hospitals as the PPE available had to be allocated to the doctors and other health professionals who had jobs to do.

My clinical clerkship program finally commenced after a month delay. The faculty provided some basic PPE such as surgical mask, hand sanitizer, and gloves. Out-of-town students living by themselves also get weekly food distribution since food is more difficult to get due to the lockdown. All lectures, exams, and discussion and consultation sessions have to be done online, while some clinical skill training sessions can still be done at the faculty for limited number of students and masks have to be worn at all times.

Meanwhile, how often we can go to the hospital depends on the department. I started at ophthalmology where I got to visit the hospital once a week which I am very thankful for as I got to do clinical skills on real patients and saw for myself the clinical manifestations that I only read about before. This experience also opened my eyes to yet another crisis caused by the COVID-19 pandemic. A lot of the ophthalmologic patients were suffering from diseases requiring surgeries to prevent permanent blindness. However, these surgeries can only be covered by the national health insurance if done at specific hospitals. Meanwhile, these hospitals are also the COVID-19 centers, meaning that all other medical interventions deemed non-emergency are postponed indefinitely, including these ophthalmologic surgeries, to decrease infection risk and due to the limited PPE. Having to tell this to the patients while at the same time telling them that the risk of permanent blindness will increase the longer the surgery is postponed, is very heartbreaking.

As someone who does not yet have the authority or capability to care for COVID-19 patients, one of the things I can do is promoting the importance of physical distancing and hygienic lifestyle. This has proven to be quite difficult in Indonesia as the government does not enforce strict lockdown or quarantine measures. Many people still have to go to work every day to survive. This, however, is made worse by the people who are getting restless and careless after two months of quarantine. In addition to that, Ramadan is well underway and Eid is fast approaching, which is a huge celebration in Indonesia where there is mass mobilization throughout the country as people are going back to their hometowns. It is saddening to see that the number of COVID-19 cases are still increasing in Indonesia, and I am afraid things will not look up until significant changes are made in people's mindset as well as government policies.

Regardless, I do hope everyone else in the world is staying safe and healthy, including the people at ISG and in Groningen. This is a difficult time in a lot of different ways for everyone and I do believe the only way we can get through this is if we empathize, care, and are willing to work together.

