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9. Hauer KE, O'Brien BC, Hansen LA, et al. More is better: students describe successful and unsuccessful experiences with teachers differently in brief and longitudinal relationships. *Acad Med* 2012;87:1389–1396.
10. Mihalyuk T, Bates J, Page G, Fraser J. Student learning experiences in a longitudinal clerkship programme. *Med Educ* 2008;42:729–732.
11. Worley P, Prideaux D, Strasser R, et al. Empirical evidence for symbiotic medical education: a comparative analysis of community and tertiary-based programmes. *Med Educ* 2006;40:109–116.
12. Schopper H, Rosenbaum M, Axelsson R. 'I wish someone watched me interview:' medical student insight into observation and feedback as a method for teaching communication skills during the clinical years. *BMC Med Educ* 2016;16:286.
13. Gonzalo JD, Heist BS, Duffy BL, et al. Content and timing of feedback and reflection: a multi-center qualitative study of experienced bedside teachers. *BMC Med Educ* 2014;14:212.

Invited Commentary

Remembering Priceless, Soulful Moments as a Student

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When I was a third-year medical student at Rush Medical School in 1978, I did my surgery rotation first in order to get it out of the way. My plan was to become a pediatrician because that really was the only doctor I had ever known when as I was growing up in a small town in Illinois. The rumors on how tough the rotation on surgery was were so vibrant that I gathered up my energy and grit and started my rotation, first on orthopaedics and then on general surgery.

On orthopaedics, I immediately was sent to the operating room to scrub in on a spine case and I took call with the residents a few nights a week and drained my first abscess. On general surgery, I was able to first assist many cases and actually was allowed to sew with prolene on an arterial-venous fistula. The attending and residents knew me well as we spent each day and every other night together. We spoke at length about who we were and where we came from. We spoke about the patients and their issues and problems. We spoke about our failures to diagnose, and about treating and delivering an optimal operation and outcome. We actually got to know one another's souls.

With this intense medical student rotation, I was also able to know the patients well. I remember one breast cancer patient who I took care of after her mastectomy. She gave me a gift when she was discharged. I also remember an elderly male patient who underwent a huge resection of his face due to cancer and had to wear a mask to cover the cavity. The most devastating memory I have as a third-year medical student while on my general surgery rotation was of a patient who was admitted one afternoon for an upper gastrointestinal bleed. When I returned from home in the morning, I found out that she had bled more, was transferred to the intensive care unit and unfortunately died. I still can see that empty room where I had left her the evening before and I still remember today how empty and helpless I felt.

My experience on surgery changed my life. It was so very similar to the preceptor model described in this manuscript by Geary and colleagues from Boston University, Boston Medical Center.¹ The ability to get to know the attending surgeon and residents throughout the week is so essential to let medical students understand the whole picture of what it is like to be a surgeon. Learning not only how they operate, but also how they see patients in clinics, deliver good and bad news, treat their colleagues and staff, organize an operating room team, and balance their personal life, is priceless for the medical student.

Additionally, it is priceless for the attending surgeon to see the medical student participate in these activities as well. This interaction with medical students can lead to such personal satisfaction for the attending surgeon and can help prevent burn-out. I have written about shadowing² and mentoring,³ but actually being with that surgeon as a preceptor, day in and day out, is where the priceless experience begins.^{4,5}

I have recommended to our medical students, who will eventually not have a Step 1 score as a screening tool, to determine where they receive interviews and to get to know a few faculty in the specialty they want to pursue well enough so that those faculty know their soul. By getting to know the medical student in a more meaningful way, the letters the faculty write will be much about the type of person and surgeon the student will become and not just paragraphs that list their college, medical school, research activity and volunteer experience. Those preceptor faculty will be able to write about the student's inner motivation and their spirit, their soul.

During these unprecedented times of COVID-19, we have also seen the souls of our patients, providers and communities. Wouldn't it be nice that we would know our medical students we work with on our services so

well as preceptors that we would be able to predict their souls in times like these?

Being a preceptor could be a priceless experience for us as teaching surgeons.

REFERENCES

1. Geary AD, Pernar LIM, Chugy PV, Carter CO. Evaluation of a Preceptorship Model on Third Year General Surgery Clerkship. *J AM Coll Surg* June 2020;230:957–964.
2. Freischlag JA. Shadowing physicians. *JAMA* 2011;305:2415.
3. Freischlag JA. My mode of mentoring. *Surgery* 2003;3:416–417.
4. Moore J, Parsons C, Lomas S. A resident preceptor model improves the clerkship experience on general surgery. *J Surg Educ* 2014;71:e16–e18.
5. Quillin RC 3rd, Pritts TA, Tevar AD, Hanesman DJ, Edward MJ, Davis BR. J Students' expectations on Surgery clerkship exceed those of residents and faculty. *Surg Res* 2013;184:495–500.

Disclosure Information: Nothing to disclose.