shared their struggles. Attendees were solicited for qualitative feedback after the meeting and generally reported feeling hopeful for the future and appreciation for supportive peers and leadership. Most participants were those who usually attend afternoon report during this time slot, highlighting the importance of accommodating resident schedules by offering this during existing meeting times. Soliciting participation from all invited residents prior to the session may help improve inclusion and sharing. Having faculty at the meeting did not appear to limit resident participation, but this is something to consider. We will continue the virtual peer support conferences on a routine basis and continue refining the process to ensure ongoing relevance and benefit to residents during the COVID pandemic.

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DOIs: 10.1111/medu.14617

Utilising medical students as wellness coaches during the CoVID-19 pandemic

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1 | WHAT PROBLEMS WERE ADDRESSED?

In the early days of the COVID-19 pandemic in the United States, the physician authors observed a marked increase in anxiety in their patients in their primary care practice in Camden, NJ, where they serve a largely urban, low-income, Spanish-speaking population. Many of their patients were in distress due to fear about COVID-19 transmission. They also had many questions about symptoms and transmission risk.

Many medical students felt frustrated when they were suddenly pulled from classes and clinical clerkships to observe social distancing recommendations. They wanted to help our patients and community, but were required to stay at home.

Our intervention helped match a student desire to help in the community with an acute need amongst our patients.

2 | WHAT WAS TRIED?

We developed a ‘COVID-19 check-in programme’ that paired medical student volunteers with patients from our primary care practice for semi-structured phone calls or video chats.

The physician authors enrolled patients whom they thought might benefit from contact with medical students. The patients were enrolled during routine primary care visits with their physicians based on (1) the perceived benefit to the patient based on the physician’s knowledge of their mental health and living circumstances and (2) the patient’s interest in the programme.

Student leaders developed a scripted protocol to train other student volunteers to perform weekly or biweekly calls with patients. The protocol included public health information about COVID-19, community resources and mental health resources collected from a variety of trusted sources including the Centers for Disease Control and Prevention and locally-run databases of Camden community programmes. Students used Doximity, a free telehealth application, to contact patients without disclosing their own phone numbers. Students used the health system’s telephone language interpretation system for non-English speaking patients.

They documented each call in a shared secure spreadsheet, setting a follow-up appointment time for the following week at the end of each visit. Student leaders led volunteers in three semi-structured debrief sessions to share challenges and successes the volunteers were experiencing. Fourteen students performed check-ins with a total of 16 patients for a total of 8 weeks, at which point they were discharged from the programme.

3 | WHAT LESSONS WERE LEARNED?

Student leaders proved themselves enormously capable of developing a protocol for the check-ins and leading a cadre of student volunteers.
With mentorship from the physician authors, the students collated relevant COVID-19 public health information, in addition to performing a literature review on health coaching and motivational interviewing. These two frameworks for clinical relationship-building were instrumental in guiding our team’s development of the protocol.

While we did not undertake a formal motivational interviewing training process, it was clear that many student volunteers felt the check-in project helped them improve their communication skills and allowed them to build rapport with their assigned patients.

Several enrolled patients communicated their appreciation of the programme to their student volunteers. Common positive themes from patients included access to accurate information about COVID-19 and enjoying social connection with the students.

Multiple patients were lost to follow up during the programme, indicating that future student coaching programmes may benefit from clarifying patient enrolment criteria and explicit communication about the programme’s structure and purpose.

There were also several occasions during which patients discussed clinical concerns with students who were not equipped to address them. Future programmes may benefit from more extensive student training in a systematic clinical escalation strategy and more on-call faculty advisors to address urgent questions.

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**Paediatric emergency department weekly newsletter**

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1 | WHAT PROBLEMS WERE ADDRESSED?

With the emergence of the COVID-19 pandemic, the paediatric emergency department (PED) teaching has been disrupted with the monthly half-day education teaching mornings not taking place due to social distancing and reduced numbers of staff being allowed to be physically present on each shift. This lowered staff morale and reduced learning opportunities through the community of learners in the PED. This is particularly significant in a setting which manages a diverse range of pathologies, which has a high turnover of junior staff and where junior staff often face a steep learning curve at the start of their post, potentially posing increased clinical risk.

2 | WHAT WAS TRIED?

A new teaching strategy was implemented and delivered electronically in the form of a weekly 1-page newsletter, taking 6–8 hours each week to construct, as part of the education fellow’s job role.

It contained bite-size information on the paediatric ED topic of the week, signposting to further resources on the topic and an update on departmental news which included any new COVID-19 guidelines, local and regional training opportunities and celebrations of team-member’s achievements and contributions to the department during that week. There was also a summary of learning outcomes from the departmental weekly simulation sessions and a section on learning from a real case that had recently been seen in the department. Additionally, there was a link to a weekly quiz which was predominantly based on the topic of the week, for staff members to assess their knowledge on the topic.

The topic of the week was based on common PED presentations. The quiz was used for participants’ own self-assessment, and this has been shown to be an effective learning strategy within education. Sharing real-life examples of cases and learning points from simulation allowed participants to connect with their learning by highlighting its relevance to the real world. In addition, it provided them with the opportunity to safely reflect on their own practice (e.g., what might they have done differently) and helped learners build across their ‘zone of proximal development’, thus giving them the opportunity to develop their cognitive skills and their own world view.

3 | WHAT LESSONS WERE LEARNED?

Anonymised feedback was collected using an online survey 4 months after the intervention was started. The feedback received was hugely positive, stating that length and frequency of the newsletters was