data and methodology, and presenting research in a concise, clear manner. These presentations also allowed frontline workers to receive up-to-date information in a setting of rapidly evolving knowledge of epidemiology, clinical presentation and disease management of COVID-19 patients.

3 | WHAT LESSONS WERE LEARNED?

This innovative response to the pandemic provided a powerful opportunity to bridge medical education’s preclinical-clinical divide. This example should serve as a prototype for sustained collaboration as different strains of SARS-CoV-2 emerge as a threat, as well as in post-pandemic times. This learning model can be applied to emerging diseases and is particularly useful for cutting-edge, novel research topics which significantly impact patient care.

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Resident-led virtual peer-support conferences during the COVID-19 pandemic

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1 | WHAT PROBLEMS WERE ADDRESSED?

Many medical residents report burnout, isolation and loneliness. The COVID-19 pandemic has exacerbated these, as residents witness first-hand the devastating impact of the virus on their communities and loved ones. These problems are compounded by lack of access to social support mechanisms due to the need to physically distance from peers, friends and family.

One retrospective cohort study evaluated the effect of a psychologist-facilitated, resident-led peer support group on 62 internal medicine residents over a 2-year period. Those residents participating in the group had improvement in scores on a validated tool for assessing satisfaction and subjectively had increased feelings of connectedness.1

University of New Mexico Internal Medicine residents practise in a safety net hospital in a medically underserved state. During the Spring 2020 COVID surge, medical residents witnessed patients’ grief, fear and death and reported needing an outlet to restore peer support networks.

2 | WHAT WAS TRIED?

We piloted a resident-organised virtual peer support group conference to give residents a platform to connect and share with each other. Our aim was twofold: first, to model that it is normal, acceptable and important for physicians to talk about personal challenges and second, to increase feelings of connectedness between residents. All internal medicine residents were invited to participate in this optional conference held via Zoom during a time usually reserved for our educational conference, ‘afternoon report.’ The conference was facilitated by a third-year resident. Prior to the conference, we solicited three resident volunteers who each agreed to share with the group a personal story about being a resident, including anecdotes of professional or personal challenges encountered or favourite strategies they have used to promote their own wellness. Four faculty members from the Department of Internal Medicine’s Divisions of Hospital Medicine and Palliative Care were invited to participate in a supportive role and share their own coping strategies. The facilitator invited input from all participants. At the end of the conference, the palliative chaplain delivered a non-denominational prayer and held a moment of silence to honour patients who recently died.

3 | WHAT LESSONS WERE LEARNED?

Resident attendees were engaged throughout the conference, although storytelling was primarily by the residents explicitly invited to do so prior to the session. Using the ‘chat’ function allowed participants to express empathy and admiration after their colleagues...
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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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.