Supporting Medical Student Mental Health during COVID-19: Strategies Implemented for an Accelerated Curriculum Medical Campus

Sonal Chandratre1,2, Christopher Knight3 and Lisa Dodson3
1Ascension Medical Group-Regional Medical Director Primary Care Northern Region, Stevens Point, WI, USA. 2Pediatric Endocrinology, Ascension Saint Michael’s Hospital, Stevens Point, WI, USA. 3Medical College of Wisconsin-Central Wisconsin Regional Campus, Wausau, WI, USA.

ABSTRACT: Medical student education has not been immune to life altering changes of the global Coronavirus disease 2019 (COVID-19) pandemic. Pre-pandemic anxiety and mental health concerns were already a significant problem in the world of medical student education. Educators are reformulating strategies to address the increased demand for mental health services and wellness during COVID-19. Adaptations include increased and varied internal and student focused communication, as well as new support structures built around student connection and coaching, mental illness, and general wellness. Additional alterations to student support include expanded mental health counseling and also incorporating novel wellness events in an effort to support thriving during COVID-19.

KEYWORDS: Medical student mental health, COVID-19, Mental health supportive strategies, Accelerated curriculum

The Coronavirus disease 2019 (COVID-19) pandemic has impacted the world in varied ways. Medical student education has seen multiple challenges in a span of time as a direct result of COVID-19 pandemic and both medical students and educators are diligently working toward continuing to sustain medical student education. Since March 2020, medical students have faced multiple struggles. There has been abrupt medical student displacement from clinical rotations, involuntary transition to virtual learning, limited peer interactions, uncertainty surrounding licensure exams, struggles with understanding their role in healthcare, variable engagement in medical student education by health systems in addition to worrying about the direct impact of COVID-19 on themselves and their loved ones.1 Virtual interviewing has additionally posed challenges to the admission process in the second wave of COVID-19 pandemic. Medical students and institutions are struggling with gearing up for the virtual interviewing process given the travel limitations. There is still limited data on the impact of virtual interviewing on the admission process. A recently published systematic review article about preparing for the virtual interviewing process described virtual interviewing experiences from interviewees and interviewing institutions in healthcare and additionally shared best virtual interviewing practices for the interviewees and interviewing institutions.2 However, it will be crucial to further explore the impact of virtual interviewing on the admission process during the pandemic. Similarly, the impact of other forced changes on medical education need to be individually explored in further depth to understand if virtual learning has negatively impacted medical student education. For example, currently there are studies showing different effects of transitioning to virtual learning on medical students. After transitioning to virtual learning, some students found virtual learning challenging whereas some studies have shown no difference in learning. A recent study (n = 3348 Libyan medical students) evaluating medical students’ attitude toward e-learning demonstrated that the majority of its participants (64.7%) reported challenges with e-learning and more than half of the respondents (54.8%) found that e-learning was not useful for learning clinical aspects of medicine.3 One study assessing the clinical preparedness for medical students enrolled in a surgical extended mastery learning rotation reassuringly reported that medical students showed progress in their clinical skills and foundational science knowledge despite COVID-19 disruptions.4

These struggles being faced by all medical students globally are further compounded for medical students enrolled in an accelerated curriculum program, with its already increased time demands. Medical students are having to quickly adapt to this new state of education, consequently heightening their stress and anxiety.

Challenges posed by COVID-19 have put enormous strain on medical education. Studies have shown that, compared to peers, medical students have increased likelihood of depression, suicidal ideation and are more likely to hesitate in seeking support due to associated stigmatization around depression.5 Additionally, medical students have demonstrated baseline high rates of mental health concerns including burnout, substance
Our Strategies to Support Medical Students’ Mental Health

Medical students on our campus were abruptly retracted from clinical rotations in March 2020 and rapidly transitioned into virtual learning activities similar to medical students all over the United States. Displaced medical students were offered a variety of optional virtual rotations to continue their engagement in medical education. As a campus, we quickly realized that maintaining robust communication with medical students and keeping them abreast of the COVID-19-related campus response was key in avoiding panic among medical students. We consolidated important information and updates into one daily email from the Campus Dean’s office to avoid misinformation overload and spread of misinformation. A COVID-19 response team, consisting of campus leadership and clinical course directors who met daily to coordinate response was established. This strategy helped us to all be on the same page and collaboratively understand the implications of these strategies. Taking the input from clinical course directors on a daily basis helped us better understand the impact of these decisions on individual courses and on medical students enrolled in those courses. The campus Student Services Manager sent informal “check-in” emails and weekly individual texts to students to encourage open communication and to discuss concerns. This strategy allowed individual students to discuss specific concerns with the campus team and promptly seek appropriate help. We wanted the students to continue to feel a deep level of connectedness with the campus and for them to feel comfortable reaching out at any point without hesitation for their needs. Peer to peer interaction is an integral part of learning. Understanding the disruption of peer-to-peer interaction during social distancing, virtual platform peer sessions were offered to medical students to facilitate peer interaction. The Campus Dean hosted weekly, later reduced to monthly, Town Hall meetings to allow students “drop in” time to ask questions or to discuss concerns. This allowed the students to interact with leadership on a regular basis in addition to email communication. Supporting mental health was crucial. Mental health support groups were organized that met virtually to encourage voluntary discussions about challenges. There was a mix of students, faculty and staff in these support groups to gain different perspectives. A recently convened “Suicide Task Force” of staff, faculty and students quickly transitioned into a comprehensive Wellness Initiative. Funding was obtained to double the number of unbilled mental health visits to a total of 10 visits for medical students or members of their household. MCW also added ComPsych which provides students additional mental health services and legal services without out-of-pocket expense. SilverCloud was introduced which offers digital mental health programming that helps with reducing stress, sleep disturbances, and assists in building resilience. The campus Suicide Task Force/Wellness Committee, navigator small groups (learning communities), as well as early increases to counseling visits were already in the making prior to the pandemic, but took on greater urgency for implementation with new pandemic stressors. Lastly, a trip through the drive-through at a local ice cream establishment gave medical students a safe chance to see each other face-to-face (socially distanced, of course!). Images 1 and 2. This was the first time many medical students had interacted with the outside world in almost 2 months, a universally welcomed event on the heels of quarantine.

Taking into consideration that the pandemic was here to stay for long, it was essential to create a supportive environment for the incoming medical students entering our medical school during the peak of COVID-19 pandemic. We accelerated the plans for development of learning communities to provide another layer of staff, faculty, and near-peer coaching and mentorship for incoming medical students.

Effectiveness of These Strategies

Although this is not an exhaustive list, it is a good start. Many of the strategies deployed were largely done independently of each other within the campus, but all with the overarching desire to improve student success and well-being. The various formats for increased campus communication were an outgrowth of lost connections from pandemic-induced quarantine and restrictions on in-person interactions. Anecdotally, students, staff, and faculty alike have widely expressed appreciation for these avenues of information and interaction, which was particularly crucial during the early months of rapid change and uncertainty. There has been an increased utilization of counseling services among medical students during COVID-19 pandemic institution-wide. SilverCloud, ComPsych, and Behavioral Health Science utilization rates reflect an increased usage of 26% to 28% higher service rate in 2019 to 2020 over the previous 2 years. It is important to note that the statistical approximation reflects lack of required reporting of status when accessing certain resources. It is also significant that SilverCloud was not deployed until March of 2019...
Image 1. Sadie Miller and her fiancé Jake, ensuring social distancing from the tailgate of their truck.

Image 2. Jake and Mary Faye-Shields are featured here, talking to classmates. Most students had only had pets as companions for a few months, thus their furry best friends participated heavily in this event.
and ComPsych only began in the third quarter of 2019. As a campus, we continue to strive to improve our response in supporting mental health and wellness in medical students.

**Future Direction**
Improved lines of communication, more robust counseling services and reformulated learning communities will be the silver lining of this pandemic. Ongoing assessment on long term medical student experience is still being evaluated for continuous improvement.

In the meantime, it is important for institutions to share their strategies, what worked and what didn’t, in supporting medical students’ mental health and disseminate their success stories in literature to inspire other medical schools and the medical community in promoting medical students’ mental health.

**Author Contribution**
SC contributed to the conception, literature review, design, writing, editing, revising and approval of the published version of this manuscript. CK and LD provided images, edited and approved the published version of this manuscript. Authors agree to being accountable for all aspects of this manuscript ensuring its integrity and accuracy.

**ORCID iD**
Sonal Chandratre [https://orcid.org/0000-0001-7309-1976](https://orcid.org/0000-0001-7309-1976)

**REFERENCES**
1. Chandratre S. Medical students and COVID-19: challenges and supportive strategies. *J Med Educ Curric Dev*. 2020;7:2382120520935059.
2. Chandratre S, Soman A. Preparing for the interviewing process during Coronavirus disease-19 pandemic: virtual interviewing experiences of applicants and interviewers, a systematic review. *PLoS One*. 2020;15:e0243415.
3. Alsoufi A, Abuyehli A, Msherghi A, et al. Impact of the COVID-19 pandemic on medical education: medical students’ knowledge, attitudes, and practices regarding electronic learning. *PLoS One*. 2020;15:e0242905.
4. Nnamani Silva ON, Hernandez S, Kim AS, et al. Where do we go from here? Assessing medical students’ surgery clerkship preparedness during COVID-19. *J Surg Educ*. Published online January 16, 2021. doi:10.1016/j.jsurg.2021.01.010
5. Schwenk TL, Davis L, Wimatt LA. Depression, stigma, and suicidal ideation in medical students. *JAMA*. 2010;304:1181.
6. Molodynski A, Lewis T, Kadhum M, et al. Cultural variations in wellbeing, burnout and substance use amongst medical students in twelve countries. *Int Rev Psychiatry*. 2021;33:37-42.
7. Cao W, Fang Z, Hou G, et al. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Res*. 2020;287:112934.
8. Li Y, Wang Y, Jiang J, et al. Psychological distress among health professional students during the COVID-19 outbreak. *Psychol Med*. Published online May 11, 2020. doi:10.1017/S0033291720001555
9. Elhadi M, Buzreg A, Bousouwaish A, et al. Psychological impact of the civil war and COVID-19 on Libyan medical students: a cross-sectional study. *Front Psychol*. 2020;11:570435.
10. SilverCloud. Froedtert & the Medical College of Wisconsin. Accessed February 18, 2021. [https://www.froedtterr.com/silvercloud](https://www.froedtterr.com/silvercloud)