

Fireside Chats: A Novel Wellness Initiative for Medical Students in the COVID-19 Era

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Abstract

To supplement preexisting wellness programming for the surgery clerkship, a faculty surgeon at Vanderbilt initiated Fireside Chats (FC) in 2015. Inspired by Franklin Roosevelt's Depression-era radio broadcasts, FC features small group sizes, off-campus excursions, and a reimagining of the mentor–mentee relationship that eschews hierarchy in favor of deep, mutualistic connections in both personal and professional domains. Here we describe the rationale and implementation of FC and present survey data that demonstrate the warm reception of FC and its efficacy in stewarding the mental health of medical students. Moreover, unlike large group activities such as “learning communities,” FC continues to meet in-person during COVID-19 and preserves social engagement opportunities that may alleviate pandemic-induced isolation and distress.

Introduction

Between 1933 and 1944, President Franklin D. Roosevelt delivered a series of radio broadcasts called “Fireside Chats” to the entire United States. Speaking with authority yet reassurance, he elaborated on the New Deal policies enacted to combat the Great Depression, and on the nation's progress in World War II. Despite widespread anxiety related to the economy and national security, millions of listeners found renewed confidence from these Fireside Chats, which demonstrates effective morale stewardship that is directly applicable to medical education. We discuss how one hepatobiliary transplant surgeon at Vanderbilt implemented a contemporary version of Fireside Chats as a novel wellness initiative to supplement preexisting “learning communities” and describe the important role that Fireside Chats plays in stewarding the mental health of medical students both before and during the COVID-19 pandemic.

To reduce everyday stress encountered during medical school and to foster open dialogue, some schools have implemented “learning communities”. These are longitudinal discussion forums¹ between students and faculty mentors² that provide dedicated spaces³ where students can express pent-up emotions, discuss training experiences, and raise concerns without fear of negative evaluation. Learning communities have been well-received⁴ and are associated with improved outcomes in both student wellness and career preparation.⁵ Yet, despite their popularity,⁶ LC do come with several flaws. For example, LC take place in groups of 20–25 students; this large group size may intimidate shier students from participating and

raises the likelihood that some audience members may “tune out” when others are speaking. Moreover, all clerkships are represented during LC sessions, and comments about a particular clerkship may be drowned in a sea of other voices. This deficiency becomes most apparent during surgery rotations, which offer fundamentally distinct challenges such as procedural skills and navigation of the high-stakes operating room. Finally, the fact that LC occur on campus may hamper efforts to mentally separate work from relaxation. In summary, LC can be improved by an additional activity that (1) occurs in smaller groups, (2) specializes in one particular clinical setting, and (3) journeys off campus in the pursuit of wellness.

Methods

In January 2015, the senior author implemented “Fireside Chats” (FC) inspired by Roosevelt's Depression-era radio broadcasts. In an intimate setting comprised of 2 or 3

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surgery clerkship students with 1 faculty member, attendees “check-in” with each other—sharing the week’s positives and negatives, discussing current events, or even recounting deeply personal life stories. Fireside Chats takes place every Friday after morning rounds for approximately 1 to 2 hours, ensuring that students have dedicated time to participate and that FC does not impinge on after-school study hours. While any topic is fair game for discussion, nearly all students intentionally engage in nonmedically related conversation in order to have a brief respite from work. Moreover, residents are not allowed at FC sessions, ensuring that each student has protected space to discuss topics that are specific to the surgery clerkship, or to medical school as a whole. Finally, FC most often occurs off campus in local cafes or restaurants to ensure a true physical and mental separation between work and leisure. Indeed, FC was designed partly to evoke the nostalgia of school field trips.

Of course, FC can also address academic topics. While patient care is regarded as the most important change introduced during clinical rotations, the interaction between students and mentors is another key catalyst in medical students’ transformation from theorists into practitioners.⁷ Fireside Chats provides students with an opportunity to share and listen to personal experiences, best practices, and overall guidance from attending physicians. However, these sessions were not designed as one-way didactics, in which hierarchy governs social interactions. Rather, both learners and teachers regard each other as colleagues, and hold two-way conversations in which neither party is at the center of attention. Students can ask questions about daily life as a full-fledged attending, whereas faculty are curious about what their trainees consider to be challenging and/or rewarding in their educational journeys. This mutual exploration helps bridge professional and emotional gaps between students and faculty, in a manner reminiscent of Roosevelt’s avoidance of pompous grandiosity in favor of mild-mannered conversation to connect with his audience.

Since its inception in 2015, FC has been attended by over 130 medical students, and this number increases every month. To assess the efficacy of FC, previous participants were emailed a six-question survey, with the first 5 items mandatory but the final item optional. On a seven-point Likert scale, ranging from strongly disagree to strongly agree, attendees were asked to what extent they agreed with the following 5 statements:

1. Attending FC helped to lower my stress or anxiety level.
2. Attending FC enabled me to “decompress” and take my mind away from school for a while.
3. I would attend another FC session if presented with a future opportunity.

4. Given the appropriate social distancing and masking precautions, I would prefer to attend an in-person FC rather than a virtual FC.
5. I would prefer to have FC in a small group setting with less than 5 attendees rather than in a larger group setting.

Finally, attendees were posed a free-response item: “What did you find to be most valuable about FC? What other comments or suggestions do you have about FC?”

Results

Out of 132 attendees, 55 completed the survey with a response rate of 41.7%. 51 respondents (92.7%) believed that FC helped lower stress or anxiety to some extent, with the majority selecting the “agree” option. 53 respondents (96.4%) believed that attending FC enabled them to decompress and take their minds away from school; the plurality selected the “strongly agree” option, with “agree” trailing in a close second. All 55 respondents would attend another FC session if presented with a future opportunity; 48 respondents (87.3%) would prefer to attend an in-person rather than virtual FC, provided that social distancing and masking protocols are followed; and 51 respondents (92.7%) would prefer to have FC in a small group setting of less than 5 attendees rather than in a larger setting. For questions 3 through 5, the majority of respondents selected the “strongly agree” option, with “agree” in a distant second place. Please see the enclosed [Table 1](#) for a full data set and the enclosed [Figure 1](#) for a graphical representation.

Among the 55 survey respondents, 28 completed the free-response item. Responses were thoroughly examined and found to comprise several themes. 15 responses mentioned the idea of mutual exploration—of how FC enabled students and attending physicians to know each other more deeply. 13 responses appreciated having an opportunity to discuss topics unrelated to medicine or to school. 9 responses commented positively on the small-group, off-campus structure of FC. 9 responses expressed increased feelings of welcome and support during the surgery clerkship. 5 responses specifically used the word “humanize” to describe how FC shaped their relationship with faculty mentors. Finally, 2 responses suggested adding more surgical services to FC in order to increase student and faculty participation.

Discussion

Survey data indicate that FC effectively lowers stress and anxiety levels in medical students and can provide a mental respite from the academic workweek. Data also indicate that medical students are receptive to attending

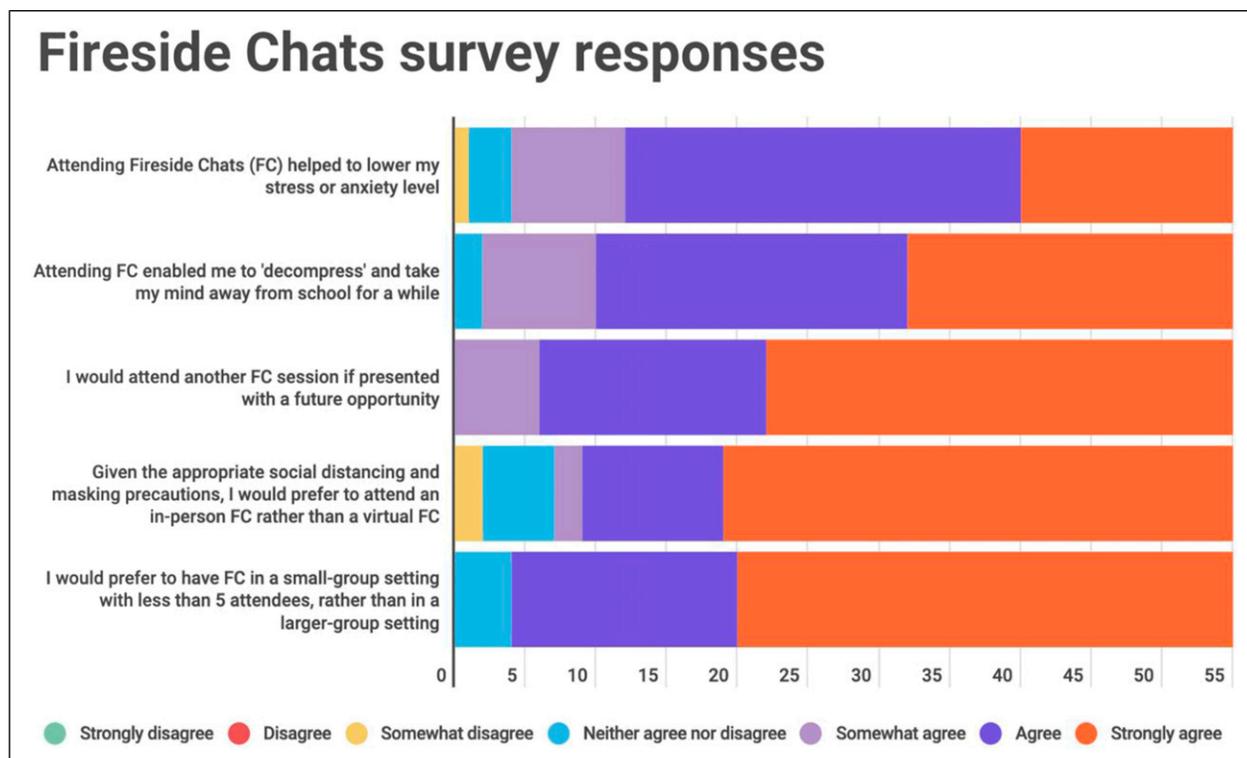


Figure 1. Graphical representation of responses to Likert scale items in Fireside Chats survey; N = 55 for each item.

Table 1. Responses to Likert Scale Items in Fireside Chats Survey; N = 55 for Each Item.

Item	Response category						
	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
Attending FC helped to lower my stress or anxiety level	0	0	1 (1.8%)	3 (5.5%)	8 (14.5%)	28 (50.9%)	15 (27.3%)
Attending FC enabled me to "decompress" and take my mind away from school for a while	0	0	0	2 (3.6%)	8 (14.5%)	22 (40.0%)	23 (41.8%)
I would attend another FC session if presented with a future opportunity	0	0	0	0	6 (10.9%)	16 (29.1%)	33 (60.0%)
Given the appropriate social distancing and masking precautions, I would prefer to attend an in-person FC rather than a virtual FC	0	0	2 (3.6%)	5 (9.1%)	2 (3.6%)	10 (18.2%)	36 (65.5%)
I would prefer to have FC in a small group setting with less than 5 attendees rather than in a larger group setting	0	0	0	4 (7.3%)	0	16 (29.1%)	35 (63.6%)

Abbreviation: FC = Fireside Chats.

future FC sessions and would prefer FC to remain as small groups that meet in-person, with requisite masking and distancing procedures. Survey comments reveal that the intimate nature of FC humanizes attending physicians and helps form strong, mutualistic relationships between

learners and mentors. Moreover, the rotation-specific nature of FC enables focused discussion about rotation-specific issues, creating a supporting and welcoming transition for medical students. Currently, FC is offered only during the hepatobiliary transplant rotation of the

surgery clerkship. However, the senior author has expressed a keen interest in expanding FC to other surgery rotations. While exact plans for recruitment and training have not been elaborated at present, participating faculty will be expected to set aside time each week to spend with students and interact with them on a deeper, more personal level. To evaluate the efficacy of future FC sessions, the same survey can be sent to future participants, with additional items included to evaluate the quality of new faculty facilitators.

Unfortunately, COVID-19 has disrupted medical education by disbanding large group activities such as LC, eliminating spaces for in-person socialization with peers and commiseration about pandemic-related stress. This “loss of collaborative experience...[can] be a significant detriment” to overall well-being,⁸ and several studies have noted increased anxiety and/or depression among trainees resulting from social isolation.⁹⁻¹² However, these observations are not unique to the United States. Medical students from countries as diverse as China,¹¹ India,¹² Australia,¹³ Canada,¹⁴ and Pakistan¹⁵ all report increased psychological distress due to COVID-19. The enormity of this problem requires decisive action, and to this end, some authors recommend social media to conduct virtual “check-ins” as a means to preserve social engagement.^{8,9,16,17} Other authors suggest the creation of mentoring groups to “[combat] feelings of isolation”,¹⁷ with these groups consisting of “senior students providing...guidance to junior students” via “telecommunications to overcome barriers imposed by social distancing.”¹⁷ The aforementioned goals of maintaining meaningful interpersonal relationships in the midst of challenging circumstances align precisely with the goals of FC. Indeed, FC can be utilized to steward the mental health of medical students during the COVID-19 era.

Fireside Chats at Vanderbilt remain largely unaffected by the pandemic. With faithful utilization of face coverings and physical separation, surgery clerkship students and faculty continue to meet in-person as they have before COVID-19. The small-group, socially distanced nature of FC reduces the likelihood of viral transmission, a crucial asset during a pandemic and a key advantage over large group gatherings such as LC. Of course, off-campus meetings occur less frequently due to business closures, but the spirit of FC remains unchanged. COVID-19-era FC sessions ensure the continuity of crucial interactions between students and faculty that aid in the transition from classrooms to the wards. Like Roosevelt’s radio addresses, FC helps boost morale by providing a platform where attendees can share their experiences in coping with the pandemic and offer mutual encouragement in an uncertain era not unlike the Great Depression or World War II. Through FC, medical students are reminded that they are not alone in their educational journeys—that there is solidarity in the medical profession. Finally, FC

has an advantage over virtual “check-ins” by preserving the in-person aspect that screens cannot replicate. Indeed, virtual meetings may not be as emotionally gratifying as in-person gatherings, and FC can be implemented by any clinical department—surgical or not—that may be unsatisfied by virtual forums or suffering from pandemic-related deficits in social programming.

In summary, we have described the rationale and implementation of FC, a novel wellness initiative inspired by the intimate, restorative qualities of Franklin Roosevelt’s Depression-era broadcasts. Pilot data indicate that FC effectively stewards the mental health of surgery clerkship students and has broad support for continuation and even expansion to include more rotations, faculty, and trainees in the COVID-19 era. Over 75 years have passed since Roosevelt’s final address in 1944, but as the world currently grapples with the COVID-19 pandemic, Fireside Chats has become particularly relevant as a novel application of a historic communication style to enhance medical student wellness.

Declaration of Conflicting Interests

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