Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

of resident growth and well-being during times of crisis is unknown.

APPROACH

We recruited 3 pediatric faculty to participate in an interactive 2-hour storytelling and discussion session during a required resident academic half-day session. We used the online videoconferencing platform *Blackboard Collaborate*. In preparation, faculty attended a 60-minute storytelling workshop (in-person for 2 faculty, online recording for 1 faculty) on finding a story and the elements of good storytelling. After developing their stories, faculty emailed a voice recording of their story draft to the other storytellers, the session facilitator, and a professional storyteller to receive personalized feedback. During the live storytelling session, each faculty shared an 8- to 10-minute story about challenging clinical experiences from which they derived meaning. Stories explored fears of inadequacy, challenging social interactions, patient death, and grief. Faculty related their stories to their current personal and professional lives during the COVID-19 pandemic. After storytelling, faculty facilitated guided discussion about the narrative themes from the stories. A survey was administered immediately following the session using a 5-point scale to investigate: 1) emotions experienced during the COVID-19 pandemic, using questions based on prior work assessing emotional responses to traumatic exposures,[2] and 2) perceived impact of the storytelling session.

OUTCOMES TO DATE

Thirty-seven pediatric residents attended the session, and 17 participants (45.9%) completed the survey. Participants included 11 females (64.7%), 5 postgraduate year (PGY)-1 (29.4%), 5 PGY-2 (29.4%), 6 PGY-3 and chief residents (35.3%), and 1 respondent (5.9%) who selected "other" for year in training. Emotions experienced during the COVID-19 pandemic (some, most, or all of the time) included: worried (n = 13, 76.5%), anxious (n = 12, 70.6%), helpless (n = 10, 58.8%), confused/disoriented (n = 10, 58.8%), angry (n = 9, 52.9%), sad (n = 9, 52.9%), guilty (n = 9, 52.9%), afraid (n = 8, 47.1%), and detached (n = 7, 41.2%). The majority of residents reported that it was moderately, very, or extremely true that hearing faculty tell stories was beneficial for their emotional growth (n = 13, 76.5%) and for their professional growth (n = 11, 64.7%) and that they wanted to hear more faculty stories in the future (n = 12, 70.6%). Fewer residents reported that the storytelling was cathartic in the setting of COVID-19 (moderately, very, or extremely true, n = 9, 52.9%). The most common critique provided in the free text comments was that in the setting of COVID-19, stories describing distress and death exacerbated personal stress (n = 5, 29.4%).

NEXT STEPS/PLANNED CURRICULAR ADAPTATIONS

Storytelling may promote emotional and professional growth and may provide catharsis during times of stress. However, stories featuring highly stressful events may exacerbate distress for some. When storytelling events are implemented, trauma-informed practices should be utilized. Listeners should be notified if potentially triggering emotional content will be discussed, should be able to opt out, and should be provided with supplemental resources for emotional support. Stories focused on levity and joy may provide more benefit to residents during stressful times.

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Deploying Medical Students to Combat Misinformation During the COVID-19 Pandemic

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PROBLEM

DISPLACEMENT OF STUDENTS from clinical rotations disrupts their education and creates gaps in their knowledge, including about the pathogen responsible for the interruption in their education.[1–3] We have an opportunity to close this gap in medical education and address the general public's

need for guidance from the medical community about COVID-19 by engaging medical students as leaders in sharing knowledge about COVID-19 with the general public.

APPROACH

Physicians from the University of Minnesota created the online course "COVID-19: Outbreaks and the Media" to engage students in the COVID-19 pandemic response and teach them skills for communicating about medicine with the general public. Through this course, medical students learn about COVID-19 in a manner that facilitates rigorous evaluation of the evolving sources of information. Students engage in public service to the medical profession, and our patients, by amplifying high-quality information about COVID-19 on social media.

We created the following learning objectives:

- Describe previous pandemics, including lessons learned about effective and ineffective responses
- Assess the quality of media reporting about COVID-19
- Apply professional fact-checkers' techniques to assess the credibility of media
- Critically assess medical and scientific literature and translate it for a lay audience
- Utilize social media to connect people with accurate information about COVID-19
- Apply principles for public health messaging as a physician

Sample assignments

- Create a video demonstrating techniques to assess the bias of websites
- Create a social media action plan using the Centers for Disease Control and Prevention's Crisis and Emergency Risk Communication Manual's worksheet
- Create an infographic using open-access tools
- Correct misinformation on social media
- Create a video sound bite
- Write a blog post on a topic related to COVID-19
- Create a Tweetorial

As this course was developed, a curriculum document was created for other institutions to use which can be accessed through the following website https://z.umn.edu/COVIDmediaCurriculum.

OUTCOMES TO DATE

Together, 10 students accumulated more than 25,000 Twitter "impressions" after 2 weeks of class. Twitter impressions are the number of times a tweet is seen on a user's screen.

NEXT STEPS/PLANNED CURRICULAR ADAPTATIONS

The long-term goal of this curriculum is to equip students with skills necessary to engage with the general public about COVID-19 and other medical topics in a manner appropriate for our profession. The next steps could include assessments of students' ability to apply "fact-checker" techniques to determine the quality of medical media outside of a classroom setting or outside of COVID-19 and/or following this cohort of students' ongoing activities on social media. Alternatively, this curriculum could be adapted for more general medical communication training for medical students outside of a pandemic.

The impact of students' social media presence is a unique and scalable contribution to the pandemic response from the medical community; an alternative framework for being on the frontlines. The template for this curriculum is highly adaptable and open dissemination will allow other institutions to teach and empower their medical students at this time when many students feel disconnected from medical education.

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Medical Student Development of K-12 Educational Resources During the COVID-19 Pandemic

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