Learning Lessons from the Calamity: Stress in Medicos during Pandemic

The Covid-19 pandemic has challenged medical education in an unprecedented manner. A study being published in this issue of the *Annals of Indian Academy of Neurology* reports the assessment of the severity of stress among medical and dental students during the pandemic and provides an opportunity to discuss a few important issues.^[1]

Some of the results of the study make intuitive sense. Less stress was noted among students residing at home instead of hostels and in unmotivated students as compared to the motivated ones. Those engaged in regular exercise and male gender were also associated with lesser stress. It may be difficult to parse out the cause-and-effect relationship between exercise and stress. Maybe exercisers bear a personality trait, less prone to anxiety and stress. Another observation supported by prior studies is that online classes are more stressful. Interestingly, direct care of patients with Covid 19 did not result in significant deterioration in anxiety and depression.

Almost all of the similar studies in last one year are one-time horizontal cross-sectional surveys.^[2] We know that even in non-pandemic times, medical students have high levels of depression and anxiety. Yet, historical controls may be misleading for comparing levels and causes of stress now during the pandemic with those in earlier times. Longitudinal studies will be needed.^[3]

Medical colleges must implement strategies to support student's skills in crisis management, self-mental care to strengthen them in coping skills and mental preparedness. Lifestyle coaching is important for the reduction of anxiety and stress.^[4] One innovative way may be peer mentoring of junior students by senior residents.^[5] Subjects with higher stress and anxiety had lower levels of 'cognitive reappraisal' and higher levels of 'expressive suppression'. Methods should be applied to mitigate these two harmful personality traits and behaviours.^[6]

Last year, many critical decisions regarding the training of medical students were made in a hurry all over the world, without significant input from the stakeholders. Clinical rotations were interrupted abruptly, disallowing crucial exposure to outpatient, inpatient, surgical, procedural, diagnostic, therapeutic, and counselling activities, which are integral and essential for medical teaching. It has been a panic reaction on the part of the state and medical college administrations.

The above situation did not occur for the first time, nor will it be the last. SARS (Severe Acute Respiratory Syndrome) Covid 1 (2003) and Hurricane Katrina followed by PTSD (Post traumatic stress Disorder) at Tulane University of School Medicine had earlier seen sudden removal of medical students from educational settings resulting in frustration at lost opportunities and student's inability to help.^[7,8] Such administrative knee jerk reactions are in contradiction to medical student's perceived obligation to participate in pandemic response despite knowing the risk of infection to themselves. It should be possible in future for Deans, Principals, and Superintendents of schools, colleges, and hospitals to minimize the disruption in practical medical training while ensuring the safety of students.

While it is important that students should continue to come to the wards and get practical exposure it is also crucial that we keep their anxiety level low by ensuring the following: good quality personal protection equipment should be freely available. The results for rapid antigen testing and RTPCR (Reverse Transcriptase Polymerase Chain Reaction) testing for the virus should be available with a short turn-around time. The students and residents must be informed promptly about the updated protocols. If the students and residents themselves or someone in their family suffer from the illness, it should be clear to them that they will get leave as per the requirement.^[9]

We need to know how our new doctors with a truncated apprenticeship are coping and feeling? Are there certain types of induction training that will put them on a more secure footing now and in the long term? Thousands of students may choose to graduate early, freeing them up to start work over the next few weeks and months and join the workforce. We need to actively consider how doctors and other healthcare professionals, who first started work during the pandemic will fare psychologically. In particular, the long-term impact and outcomes will have to be measured.^[10]

Medical schools must not forget that students and residents can contribute in multiple innovative manners. There have been interesting reports from all over the world about how various medical schools have come up with new ideas. A team worked for reducing the misinformation in society.^[11] A British medical college did the early online graduation of the final year batch.^[12]

First-year medical students at Western University developed an initiative to deliver handmade gowns to primary care providers in London, Ontario, Canada. The successful execution of the initiative within several weeks of its inception, the delivery of

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more than 400 gowns over the period of approximately one month, and the positive feedback from the gown recipients indicate that medical students can play an important role during the COVID-19 pandemic, and other periods of crisis, even outside of clinical settings. Specifically, they are able to demonstrate the qualities of leadership, collaboration, and advocacy to spearhead initiatives to fulfil unmet community needs.^[13]

Something similar has been done in India for the CBSE (Central Board of Secondary Education) examination of class 10. Another suggestion is to fast forward processes of the examination passing and Medical Council registration. An eminent cardiac surgeon and director of Narayan Hridayalay, Dr. Devi Shetty, wrote in a recent op-ed in *The Times of India*, that over 1.3 lakh young doctors are sitting at home memorising multiple-choice questions to secure a PG (Post graduate) seat through NEET (National Eligibility Entrance Test) exam. Since there are only 35,000 PG seats in clinical subjects, there will be over a lakh doctors who will be unsuccessful in securing a PG seat. They can be offered grace marks for the next NEET exam, provided they work in a Covid ICU (Intensive Care Unit) for one year.^[14]

It is true that nobody has had any experience of planning and implementing medical education, training, and high-pressure medical jobs during a raging and disruptive pandemic. Yet, we never thank any calamity or console ourselves by uttering the oft-repeated cliché: 'blessing in disguise'. However, any civilisation is judged by how it copes and learns to do better for the future.

Apoorva Pauranik

Pauranik Academy of Medical Education, Deparment of Neurology, MGM Medical College, Indore, Madhya Pradesh, India

> Address for correspondence: Dr. Apoorva Pauranik, 4, Ahilyapuri Zoo Road, Near Residency Club, Indore, Madhya Pradesh, India. E-mail: apauranik@gmail.com

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