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Psychiatric Education and COVID-19: Challenges, Responses, and Future Directions

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At the time of publication of this special collection of articles related to COVID-19 and psychiatry education, it will have been approximately 18 months since COVID-19 was declared a worldwide emergency. There is a lot to reflect on in terms of what we have accomplished and endured since March 2020. The first few weeks of the crisis were filled with much uncertainty and fear as we faced caring for patients with a new, evolving disease and a global pandemic that was changing our society.

We have witnessed and experienced the emotional toll of living through this public health crisis and its repercussions. The occupational stress experienced by healthcare workers during the COVID-19 pandemic has been increasingly recognized. Stressors include, but are not limited to, risk of personal injury and death due to exposure, isolation from social support systems, and physical exhaustion, all contributing to an increase in healthcare workers' risk of experiencing psychiatric sequelae. Miu and Moore [1] valuably call our attention to some of the specific ways that stress can be exacerbated by the chronic disparities experienced by mental health clinicians from minority groups.

For many, each day was a delicate balance between work commitments and ever-evolving commitments at home. Shelter-in-place orders enacted by multiple public health organizations required that all educational institutions eliminate large gatherings, and over days, faculty, staff, and trainees transitioned away from in-person learning to remote learning with little opportunity to orient either instructors or learners to the new format. Sanches [2] aptly describes the disorientation we all felt.

This issue of *Academic Psychiatry* offers various perspectives from medical students, residents, fellows, and faculty that explore the impact of the pandemic on training and education, clinical care, and trainees' and physicians' well-being. The delivery of patient care required significant adaptation at every level of the medical system as telehealth was rapidly implemented and expanded and gained popularity as a means for psychiatric treatment continuity. Authors of pieces in the collection [3] share strategies on their adaptations to the surge conditions and for successful implementation of telehealth in their unique settings. A compelling example is offered by Penzner and colleagues [4], who describe a remote liaison service to support families of patients in intensive care units, provided by psychiatry residents in collaboration with palliative medicine physicians. Articles also investigate the importance, feasibility, and challenges of novel models and practices in medical education that resulted from the pandemic, as well as perspectives on education post-pandemic. These challenges were experienced and responded to all around the world, as we are reminded by several contributions in this issue from a workgroup of early career psychiatrists within the World Psychiatric Association [5, 6].

The impact of the COVID-19 pandemic on medical education has been profound. Given the initial shortage of personal protective equipment, limited COVID-19 testing abilities, and uncertainty about how the virus was spread, medical schools were hesitant to engage learners in care of patients with or suspected of having COVID-19. Learning experiences for medical students were altered as preclerkship in-person lectures transitioned to online formats. In addition, clinical clerkships were canceled or deferred. Many faculty members and residents had limited bandwidth for teaching and supervising medical students as they were dealing with patient surges and learning novel care delivery methods such as telemedicine. Restrictions on the usual medical education model of clinical in-person learning required medical educators to develop alternative clinical learning experiences and design different approaches to competency attainment. For example, Patel et al. [7] moved

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their existing simulated patient curriculum to an online experience. Teaching models rapidly changed and focused upon virtual education to ensure limited social contacts and safety for learners and teachers.

Medical trainees are very vulnerable to the adverse mental health effects of such a crisis and reported increased levels of stress as they confronted discomfort with uncertainty and unpredictable circumstances, including those surrounding required examinations. Al-Humadi and colleagues [8] took advantage of a previously planned survey across specialties to gather data about the well-being of trainees and physicians at their institution. They found that depression, suicidal ideation, and burnout were associated with current work demand (specifically frequency on call) and prior history of depression. Examining the flip side of prior illness, Yu et al. [9] found that higher levels of resilience at matriculation were associated with lower stress during the pandemic a year later. Gupta et al. [10] also did a cross-sectional study at their hospital during the pandemic. As expected, they found high rates of depression and anxiety in trainees, but they were surprised that these were worse in medical students than house staff. They also found higher rates of anxiety and lower rates of feeling adequately supported in female trainees but wondered if this was due to greater awareness of their own mental health among women. Effectively responding to these findings requires educators to be mindful of the impact on trainees and to adopt measures to screen for, prevent, and mitigate these harmful effects on their mental health.

While medical education was altered significantly, the pandemic also allowed medical students time to pause and reflect on their choice to pursue medicine and to map out the role that they envision for their future in the field of medicine. Hadler [11] tells how being pulled from rotations was a hidden blessing—the time and space to realize her affinity for psychiatry as a potential career. Fischbein et al. [12] describe how they meaningfully contributed during the pandemic as they sought opportunities to be part of the response and play key roles in developing new models of education and care delivery through the integration of behavioral health services in a student-run free clinic.

Likewise, graduate medical education also experienced disruptions as trainees may have experienced reduced patient volume, abrupt schedule changes, and/or redeployment to medical services. Castillo [13] reports on the lessons that can be learned, and taught, when an addiction psychiatry fellow finds himself working in palliative medicine. Johnson [14] finds the restrictions of self-disclosure in psychotherapy challenged by a public health crisis. Amerault [15] shares how her patient's suicidality tragically worsened due to the pandemic, and how hard it is for a trainee to bear such a loss in the context of the physical isolation of a pandemic. The demands of psychiatry training are emotionally exhausting and have always had the potential to negatively impact trainees' well-being and professional fulfillment. It is clear that this situation has been exacerbated by the pandemic for many, and Shapiro [16] examines how the crucial task of professional identity formation has been complicated by the role confusions caused by the pandemic.

Authors in this collection also share their thought-provoking insights on pathways toward resilience and recovery, for trainees and provided by trainees to others. Resnick and Fins [17] offer a vision of professionalism as an antidote to the collective trauma and moral distress experienced by healthcare workers during the pandemic. Chochol et al. [18] report promising results from a pilot offering a Balint-style group to child and adolescent psychiatry residents. Warhit and colleagues [19] describe a program using psychiatry residents as supportive liaisons to front-line nursing staff. Bains [20] describes how an effort of psychiatry residents to provide aid to families of patients with COVID-19 similarly created opportunities to stand with and support colleagues from internal medicine.

In support of learning during these times, programs and trainees piloted new methods of instruction, rethought their approach to assessment, and adopted new strategies for recruitment in a travel-constricted world. Some of these new approaches offer advantages that may argue for their permanent addition. For example, Owen [21] described that the move to a video format for outpatient psychiatry visits allowed for real-time coaching that was more responsive and less intrusive than would be the case in an in-person encounter. Derflinger et al. [22] argue that telepsychiatry can allow more psychiatry residency programs to offer experience in forensic and correctional settings. During the post-peak wave or post-pandemic period, it will be important to evaluate whether it will be best to return to traditional learning methods or to adopt a blend of in-person and virtual teaching and learning approaches. Heldt et al. [23] offer some preliminary data indicating that while learners and teachers may consider in-person classes superior, many favor retaining some remote classes after the pandemic. The authors note that the only advantage seen to remote learning was convenience, but this is no small thing. Less time commuting to class means more time available for learning from direct patient care and more time for one's personal life. It will also be necessary to assess whether training programs have achieved the main learning outcomes established for medical students and psychiatric trainees during their education and to what extent their learning has been affected by the current COVID-19 circumstances.

While we will primarily remember the COVID-19 pandemic as a source of loss and disruption with continued ripple effects, it may also be viewed as a catalyst for the transformation of medical education that had been brewing for the past decade. While each learning institution approached

their response somewhat differently, COVID-19 has been a collective experience for the profession that for many has reaffirmed shared professional values. In addition, the pandemic has highlighted the importance of considering physician mental health during times of peak stress and the need for proactive psychological support for front-line personnel.

The response to the call for papers regarding COVID-19 and psychiatry education has been tremendous, and the journal will continue to review papers related to this theme beyond the previously published call for papers. Many of the papers in this issue were written with a sense that the end is in sight. Since their submission, we have seen the emergence of the delta variant around the country, attitudes toward vaccination and masking became increasingly politicized, and new surges have brought renewed threat to the function of healthcare systems in many locales. We encourage readers to continue to submit papers with data about the impact of COVID-19 on psychiatry education as well as interventions during the pandemic. We remain interested both in how programs have responded to the acute crisis and in how programs are teaching about the different intersections of COVID-19 and mental health, as well as how departments are responding to the continuing accumulation of stress on their faculty and trainees. We look forward to reviewing your submissions.

Declarations

Disclosure On behalf of all authors, the corresponding author states that there is no conflict of interest.

References

1. Miu AS, Moore JR. Behind the masks: experiences of mental health practitioners of color during the COVID-19 pandemic. Acad Psychiatry. 2021:1–6. https://doi.org/10.1007/s40596-021-01427-w.
2. Sanches M. Research education, distance learning, and the COVID-19 era. Acad Psychiatry. 2020:1–2. https://doi.org/10.1007/s40596-020-01367-x.
3. Academic Psychiatry. COVID-19 and psychiatry education. Available at https://link.springer.com/journal/40596/topicalCollection/AC_ab08ae134da8fbdf449373f19aec4656/page/1. Accessed 30 Aug 2021.
4. Penzner JB, Power JD, Green C, Mouallem J, Diamond R, Hong K, Maytal G. Remote liaison to families: a psychiatric response to medical care gaps created by pandemic surge conditions in New York City. Acad Psychiatry. 2021:1–4. https://doi.org/10.1007/s40596-020-01374-y.
5. Ransing RS, Pinto da Costa M, Pereira-Sanchez V, Adiukwu F, Orsolini L, Gonzalez-Diaz JM, et al. Peer learning, research, and support in times of the COVID-19 pandemic: a case study of the early career psychiatrists model. Acad Psychiatry. 2021:1–6. https://doi.org/10.1007/s40596-021-01464-5.
6. Nagendrappa S, de Filippis R, Ramalho R, Ransing R, Orsolini L, Ullah I, et al. Challenges and opportunities of psychiatric training during COVID-19: early career psychiatrists' perspective across the world. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-021-01482-3.
7. Patel M, Hui J, Ho C, Mak CK, Simpson A, Sockalingam S. Tutors' perceptions of the transition to video and simulated patients in pre-clinical psychiatry training. Acad Psychiatry. 2021:1–5. https://doi.org/10.1007/s40596-021-01504-0.
8. Al-Humadi S, Bronson B, Muhlrad S, Paulus M, Hong H, Cáceda R. Depression, suicidal thoughts, and burnout among physicians during the COVID-19 pandemic: a survey-based cross-sectional study. Acad Psychiatry. 2021:1–9. https://doi.org/10.1007/s40596-021-01490-3.
9. Yu A, Wilkes M, Iosif AM, Rea M, Fisher A, Fine J, et al. Exploring the relationships between resilience and news monitoring with COVID distress in health profession students. Acad Psychiatry. 2021:1–9. https://doi.org/10.1007/s40596-021-01444-9.
10. Gupta P, Anupama B K, Ramakrishna K. Prevalence of depression and anxiety among medical students and house staff during the COVID-19 health-care crisis. Acad Psychiatry. 2021:1–6. https://doi.org/10.1007/s40596-021-01454-7.
11. Hadler N. Distance brought me closer. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-020-01385-9.
12. Fischbein R, Gardner-Buckshaw S, Loucek A, Ravichandran S, Eicher M, Boltri JM. Pandemic productivity: student-run free clinic integrates behavioral health in the wake of COVID-19. Acad Psychiatry. 2020:1–5. https://doi.org/10.1007/s40596-020-01368-w.
13. Castillo F. On redeployment to palliative care. Acad Psychiatry. 2020:1–2. https://doi.org/10.1007/s40596-020-01355-1.
14. Johnson MC. Self-disclosure as a public health intervention. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-021-01476-1.
15. Amerault C. Loss in the time of COVID-19: a new narrative. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-021-01480-5.
16. Shapiro MA. Competence vs. identity, trainees vs. physicians: how COVID-19 has highlighted role confusion in residency training. Acad Psychiatry. 2020:1–4. https://doi.org/10.1007/s40596-020-01346-2.
17. Resnick KS, Fins JJ. Professionalism and resilience after COVID-19. Acad Psychiatry. 2021:1–5. https://doi.org/10.1007/s40596-021-01416-z.
18. Chochol MD, Pease E, Swintak C, Anand U. Addressing well-being, burnout, and professional fulfillment in child and adolescent psychiatry trainees during the COVID-19 pandemic through implementation of a virtual Balint-like group: a pilot study. Acad Psychiatry. 2021:1–6. https://doi.org/10.1007/s40596-021-01488-x.
19. Warhit A, Ahern M, Turman ML, Emrich M, Avery J, Raso R, et al. Novel support model for the management of occupational stress among frontline healthcare workers during the COVID-19 pandemic: a new training opportunity. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-021-01456-5.
20. Bains A. Liaison psychiatry during challenging times. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-021-01419-w.
21. Owen A. Whispering in: real-time coaching for medical students rotating virtually in psychiatry clinic. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-021-01428-9.
22. Derflinger B, Niedermier J, Misquitta D. Use of telepsychiatry to increase resident exposure to forensic psychiatry during COVID-19. Acad Psychiatry. 2021:1–2. https://doi.org/10.1007/s40596-021-01457-4.

23. Heldt JP, Agrawal A, Loeb R, Richards MC, Castillo EG, DeBonis K. We're not sure we like it but we still want more: trainee and faculty perceptions of remote learning during the COVID-19 pandemic. Acad Psychiatry. 2021:1–5. https://doi.org/10.1007/s40596-021-01403-4.