



SURVIVING COVID-19 AS A MEDICAL STUDENT

**LEARNING AND COPING WITH THE
CHALLENGES OF THE COVID PANDEMIC**



Editors: Dr. Suhas Chandran & Dr. Sandip Deshpande

Disclaimer:

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About the Cover:

The cover illustration was inspired by the major themes of mental health and medical education during the COVID-19 pandemic. A minimalistic illustration style, combined with simple geometric shapes and bright colors, serves to highlight the importance of resilience and self-care so that medical students can better balance their emotions, responsibilities, and learning in these challenging times.

Acknowledgements:

To all the authors for their selfless time and contributions.

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To our reviewers Dr. Nachiket Shankar and Dr. Farah Naaz Fathima for their valuable insights.

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FOREWORD

written by

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& Emotional Well-being Of Medical Students and Doctors in India

C Change is the Constant = **ACCEPT** it!

O Optimize own Health = **INVEST** in it!

V Value your Education = **RESPECT** it!

I Innovate and Integrate = **INCULCATE** it!

D Doctors for Doctors = **SUPPORT** it!

The year is 2020, and we are living in unique and uncertain times. Even as we face new challenges during this Pandemic we have an opportunity to learn something new every day! You, the medical students of today are the doctors of tomorrow. You will usher in the “New Normal” way of medical practice. In the decades to come, this COVID-19 crisis will become a somber and interesting historic taking point. The medical world, and indeed the social world as we know it could be discussed as BC = Before Corona and AD = After Degree as they represent two distinct periods in your MBBS lives.

To offer some support to you, our future colleagues during this challenging transition, the Indian Medical Association's Doctors4Doctors Initiative presents this guide book. We have tried to capture the expertise and experience of many senior doctors from across India to allow you to feel reassured, hopeful and motivated. This is your copy of “Coping with Covid- A Handbook for Medical Students”. This short handbook is in addition to the detailed MBBS Survival Guide eBook we brought out last year.

Please know that we will face these difficult times together. Friends, family, all the medical college teachers and the 300,000 plus members of the Indian Medical Association will stand with you. We believe in the capabilities of all MBBS students and know they can grow the strength to cope with this pandemic. It is important to be confident in oneself and have faith you have a wonderful career ahead of you. The path of a doctor is not an easy one but can be most rewarding for you and those around you.

Never hesitate to reach out and seek help whenever you need it. There is no shame in admitting we all need help sometimes. Preventing stress, burn-out and emotional distress through self-care is important. Timely help from the trained professionals and a supportive circle of friends, family and peers is the smart and healthy way to prevent such issues from becoming a barrier to your career growth and overall well-being.

My deep gratitude to Dr. Sandip Deshpande & Dr. Suhas Chandran for taking the time during a very busy and troubling few weeks to make this guide a reality. Thank you to all the authors who have contributed to this handbook on Covid-19 in 2020. To all the students reading this, know that we are all wishing you the very best. Stay safe, positive and committed to your education as well as your mental health.

MESSAGE TO STUDENTS

written by

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Dy Chief IDS (Medical), Member BoG in supersession of MCI

I have great pleasure in reviewing a guidebook that is explicitly addressing the added stress from COVID-19, which has burdened medical students. Medical training is an arduous journey fraught with the physical and the mental stresses associated with long hours of burning the midnight oil. Understanding the complex human body and mind in health and disease and keeping up with the advances of modern medicine is not easy. Medical students are the brave warriors who have chosen and been chosen to undertake this journey.

When the going gets tough, the tough get going is a famous saying among soldiers, but today it applies to medical students more than ever. I am glad they are being provided with the right ammunition and supplies to fight this COVID war in the form of this handbook.

I am pleased to see the book covers specific situations being faced by students of an uncertain future and changing paradigms in the learning and practice of medicine. This initiative of the Indian Medical Association (IMA) and specifically the D4D group is catering to an urgent and essential need.

The authors and editors should derive great satisfaction from having taken the time to reach out to help when most needed. To all the students my best wishes to gain from this handy resource and keep moving forward.

THE IMPACT OF COVID-19 ON MEDICAL EDUCATION

written by

Dr. Suhas Chandran & Dr. Sandip Deshpande

Pandemics used to be a concept medical students would probably only read about in the community medicine text book under the 'history of medicine' chapters. Before the year 2020, nobody anticipated a pandemic that would affect each and every soul on this planet in some way. One of our professors in psychiatry stated that this is a 'once in a generation event' and that one cannot predict or prepare for something like this. Terms like social distancing, hand hygiene, quarantine, lockdown, N95 masks etc. have come into usage even among the lay public. Medical students (both at an undergraduate and postgraduate level) have had their own unique challenges as a result of this catastrophe. Following our previous work with the '[MBBS Survival Guide](#)', we thought that this book might be helpful for medical students during such an unparalleled crisis.

COVID-19 has had an unprecedented impact on medical education worldwide, leading to the cancellation of lectures, exams, clinical rotations, and ultimately the temporary closure of medical schools. Currently, the definition of essential personnel/workers during the COVID-19 crisis has excluded medical students. This is perhaps a justified action, as safe patient care should be the utmost priority. However, the profound consequences of this crisis on medical education and its future repercussions in the training of physicians must be acknowledged.

The vast, dense and fast-paced medical school curriculum is challenging in the best of times. This break in education or at least the limitations to hands-on learning might result in negative long-term consequences for our students and our society as a whole. A medical student may miss out on the opportunity to deliver a newborn on their obstetrics rotation or to participate in a code, called in the emergency department. Learning anatomy dissection virtually is unrealistic as the tactile element and real-world complexities of the body cannot yet be simulated satisfactorily. Medical education and indeed medicine as a profession was never designed to be fully online. We do not know the impact of large gaps away from direct, in-person clinical rotations.

Although many medical students find some aspects of medical education adequate in an online environment, other parts of the curriculum may not be feasible. Multi-level team-based learning, patient interviewing skills, and physical exam skills cannot be effectively learned through online methods. The aspect of learning directly from patients and healthcare professionals, with the nuances of seniority, multi-function roles and hands-on procedures has been stripped away completely. Without such lessons students will be left with incomplete knowledge and lower confidence when they have to deal with patients themselves.

What is really important right now is for everyone to remain calm, remain focused and be flexible and accepting of change. The world and all our lives keep moving forward

irrespective of our fears and concerns. There will still be exams to prepare for and students are just going to have to rely on different methods and schedules. You have to focus on more digital learning methods and be self-motivated to make the most of such classes. In person classes will likely stay cancelled for a while and even small study groups will not be advisable in-person. We must focus on digital tutoring, participation and testing and along with lectures.

The global community must realize that there are bigger systemic impacts of COVID-19 on medical education. The healthcare workforce depends on medical students progressing from students to residents and experienced doctors in a timely manner. Medical students are the future of medicine and significantly impact society, the country and indeed the world. Thus, we should all want medical professionals to learn absolutely everything they can to be the best doctors they can be.

Therefore, medical education should not be disrupted even in a crisis, with proper precautions taken to keep students safe. Educators will also need technical, policy and training support to transform current teaching and evaluation tools to online platforms within a very short span of time. This transformation will not be easy; then again most worthwhile transformations usually are not. There are many questions educators and the medical community as a whole are pondering today.

These include:

How should we protect students who may feel obligated to care for ill patients due to a supervisory and grading aspect?

How do we determine who are essential medical personnel in the era of responsible use of personal protective equipment?

What are the implications of avoiding patient encounters for our learners' professional identities and responsibilities as members of health-care teams?

How can we help residents tackle the challenges of this pandemic as competent graduate physicians?

No one was prepared for the coronavirus pandemic and its impact on education, healthcare and the world as we know it. However, an already existing pandemic had been forgotten in the chaos of it all - the pandemic of mental health issues amongst medical students. Medical students are not above the additional stressors impacting people during this global crisis. This pressure and stress add to the already challenging workload. Thus, it is no surprise that mental, physical and spiritual wellbeing is becoming compromised for many students and working physicians.

Ironically, a field that advocates health and wellness in patients falls behind in supporting and addressing the needs of its own members and students. Students also need to recognise that healthcare educators across the globe are doing their best, often with very limited resources, unforgiving timelines and severe infection control restrictions. The longer that this pandemic goes on, the more likely it is for educators to succumb to stress and burnout. The upcoming chapters will be useful to help you cope with the rapid changes you are facing as well as the compounded stress, anxiety, sadness, anger and fear that naturally come with it.



CHAPTER 1

HANDLING CHANGE AND UNCERTAINTY

written by

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HANDLING CHANGE AND UNCERTAINTY

"Change is a wonderful thing. It helps us to grow and navigate the waters of life that are yet uncharted."

Change begins with us. The life of a medical student is riddled with constant changes from day one. The student must get used to hostel life, staying away from home, making new friends and studying books whose content seems like Greek or Latin. Most will need to get used to not being the 'topper' of the class (which most medical aspirants are in high school), and get used to not getting 95% or more scores in tests. They have to be accustomed to continuous learning and changes in treatment protocols and diagnostic criteria, as well as adjust to several new and evolving diseases. Not to mention the changing daily schedules and clinical rosters once they are actually exposed to hospitals. By the time medical students evolve into full-fledged doctors, they are experts in navigating changes. These adjustments and changes occur at a local level surrounded by similarly struggling peers and those who have made it through.

On the contrary, the COVID-19 pandemic has been a global-level, unprecedented change, creating mayhem which has been tough to address, even by the best of experts. With time, a few countries are succeeding in flattening the curve, and are reasonably able to control the onslaught of the virus. The healthcare fraternity has been dealing with such changes since the past few months. Medical students too, have faced a significant impact: suspension of the regular classroom, laboratory, and clinical teaching along with a transition into online education. Many additional challenges have surfaced, such as those described below:



CHANGES IN PROFESSIONAL LIFE:

Further career on hold

Doing duty different from one's field

Uncertainty regarding the conduct of exams

Uncertainty of travel back

Learning and skills affected; clinical postings stopped or changed

Conferences and CMEs cancelled

In some cases, working in a new environment with new colleagues

Having to act-up and get promoted prematurely to fill in gaps

The universal concern of every medical student in these times: "Will I be a good enough doctor? I haven't even spoken to a patient in months."



CHANGES IN PERSONAL LIFE:

Fear of contracting the infection

Fear of bringing infection back home

Staying away from family and loved ones

Personal goals like marriage and settling down on hold

Leisure activities and hobbies affected

Socialisation with friends and family impaired

Maintenance of routine like pre-COVID times is difficult

Uncertainty can lead to a sense of losing control, apprehension, and inability to carry out usual activities effectively, and many students have taken up innovative ways to deal with it, of which a couple of examples are mentioned below.

Take the case of **Raj**, a second-year medical student, who, when the lockdown was announced, was suffering from an upper respiratory tract infection and was unable to get back to his hometown when other classmates left. The sense of loneliness, being away from family and friends, loss of daily routine troubled him. He consulted the psychiatric services. Taking expert advice, he established a routine for himself, which included academics, leisure, physical exercise, regular meal times, connecting with loved ones online, and limiting the 'corona-time' (looking at pandemic related news, discussing the situation with others). This routine helped him gain control over his activities, which increased the sense of accomplishment and satisfaction. Such mood elevation, in turn, improved his overall emotional health significantly.

Meher, a final year student, was midway between preparing for final examinations when the pandemic hit. She had returned home, but would find it difficult to focus, and longed for the library on campus, and was apprehensive about preparation and performance in the exams. She was also concerned about having no consensus on dates and patterns of exams as she got different news updates every day. However, a daily video-chat with her friends helped her vent her frustrations and to discuss struggles with individuals in a similar situation.

Accepting the situation at hand and addressing it in a constructive helped Raj and Meher deal with the anxiety effectively.

SURVIVAL GUIDE:

Now that we know these things, what can students do to handle the pandemic changes better?

Fact check:

Rely on demonstrable facts. Do not believe everything you hear around you. In the era of social media, several myths and misconceptions are floating around us. Learn to identify reliable sources.

No news is good news:

Limit 'Corona time': Earmark a few minutes to catch on news related to the pandemic, and avoid frequent checking for stats.

Be positive:

Rather than focusing on the negative aspects of the pandemic. Focus on the positive ones: such as how many people recovered and were saved.

Safety first:

For people doing COVID duties or working in hospitals, it is essential to follow all safety precautions. Similarly, students on home quarantine would also do well to practice adequate safety measures.

Routine matters:

Make a routine and stick to it. Make sure you get adequate sleep and have a healthy sleep-wake cycle. Don't forget to include physical exercise in your daily routine. There are countless exercise apps and YouTube videos where you can learn activities you can do inside the house, with minimal equipment.

The Netflix fix:

Use Netflix, Amazon-Prime, Hotstar, Voot, etc. to your advantage to take your mind off distressing things.

Happy hobby:

Pick a hobby if you don't have one. Or follow the one you always wanted to. Now is the time!

Relax:

Do activities that relax and calm you: listening to music, reading a book, meditation, yoga. Now is as good a time as any to tick things off your wish list.

Connect/Reach out:

Reach out to your friends and family via video conferencing. Social distancing applies to physical distance, not an emotional one!

Keep balance:

Divide your time well between studying and recreation.

Diet:

Strive for a balanced diet, avoid junk food, binge eating and substances like alcohol or other drugs.

Get help:

Do not hesitate to ask for help whenever you require it. There's nothing weak about acknowledging a concern.

Remember, there is no right way to cope, just your style. Work at your pace. Do not over-commit; you are not required to come out with incredible skills and superpowers – if you survive, that is enough. Humanity has already endured several pandemics, and this time will be no different. Ending on a humorous note, our professor always said: "This too shall pass. It may pass like a kidney stone, but it will pass!"

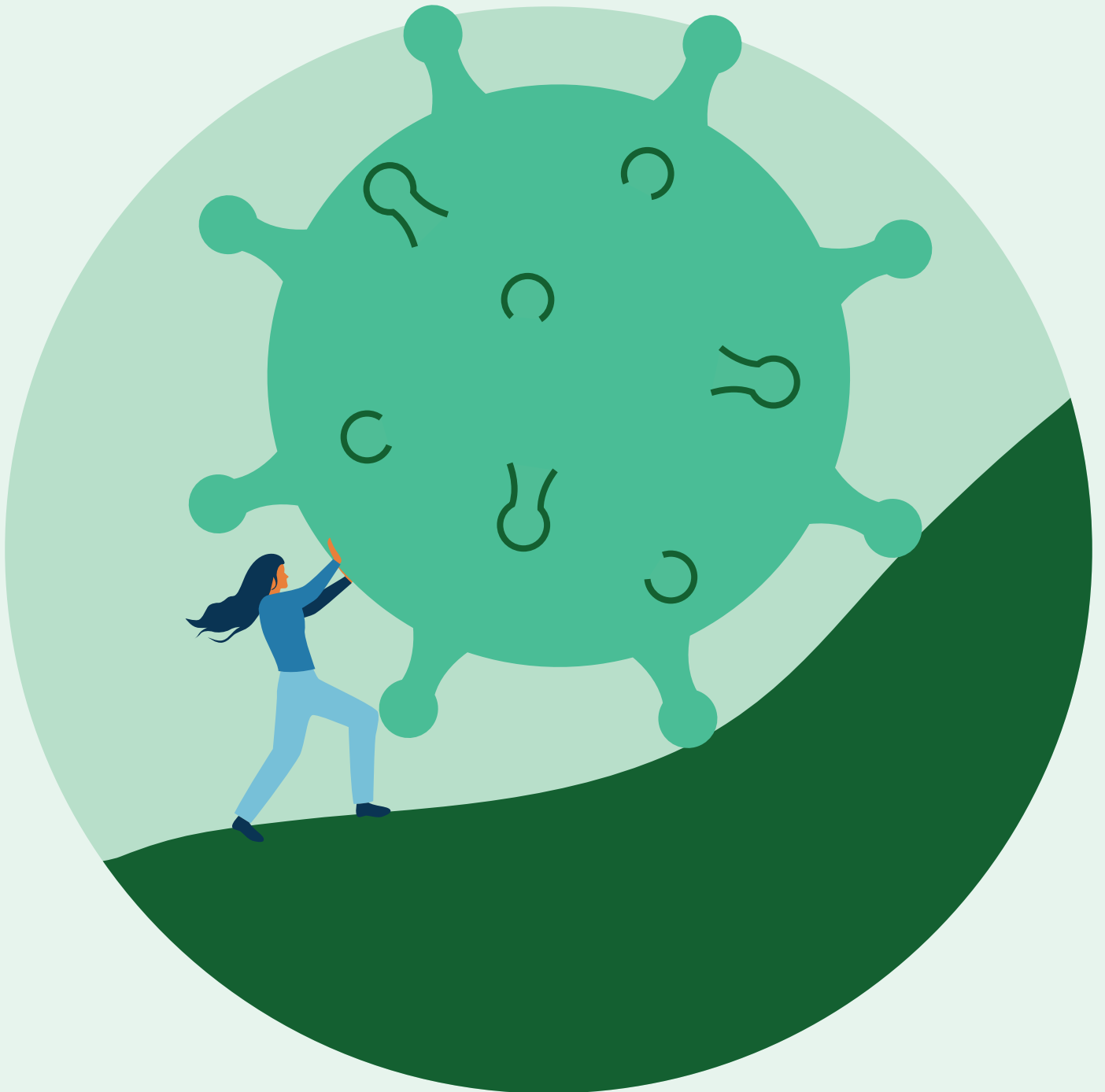
ACTIVITY:

Change management gurus divide change into tasks and events that are predictable and unpredictable; and, voluntary and involuntary. COVID-19 was an unforeseen and involuntary event for all of us. Try and create a 2x2 table as illustrated below and populate it with changes that are happening and expected soon. Once you have the table, you can focus strategies directed at each of them.

Change	Predictable (expected)	Unpredictable (unexpected)
Voluntary (Desired/Wanted)		
Involuntary (Undesired/Unwanted)		

RECOMMENDED READING:

1. Cao W, Fang Z, Hou G, Han M, Xu X, Dong J, Zheng J. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry research*. 2020;112934.
2. Bowen M. COVID-19 has changed how we teach students. *Veterinary Record*. 2020;186(14):461.
3. Rose S. Medical student education in the time of COVID-19. *JAMA*. 2020;323(21):2131-2132.
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CHAPTER 2

RESILIENCE AND COPING IN THE TIME OF COVID-19

written by

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RESILIENCE AND COPING IN THE TIME OF COVID-19

"She stood in the storm, and when the wind did not blow her way, she adjusted her sails."

- Elizabeth Edwards

Resilience refers to the ability to adapt and thrive during difficult times. Medicine is a tough field to be in, and COVID-19 makes it that much harder. How should you as a future doctor, navigate this uncharted territory?

You could give up due to the stress of COVID 19 and feel defeated. You could put up with all the stress that allows you to "manage". You could bounce back from these stresses. Finally, you could step up and meet the challenges and perform at an even higher level than before. This chapter tries to provide some answers that could help you bounce back and hopefully perform well. We are sure that you have the tenacity and resourcefulness to get through this extraordinary state of affairs.

Let us examine the evidence first for considering medical college as a tough circumstance.



FIRST YEAR:

Difficult subjects like anatomy force you to engage parts of your visual memory as opposed to rote learning. Physiology deals with dynamic aspects of various organs within the body while biochemistry deals with chemistry in complex systems as opposed to controlled experiments in a laboratory.



SECOND YEAR:

First-time patient encounters along with a serious course load is what you will face. Subjects like pathology, pharmacology, forensic medicine and microbiology are not simple or straightforward. During this year, you get introduced to individuals being sick as compared to the first year of medicine where you studied a healthy human body.



THIRD AND FOURTH YEAR:

Focus shifts and includes not just the biological aspects of medicine but also clinical presentation and management. You become acquainted with the potential application of what you have learnt to real-life situations.challenging.



MEDICAL INTERNSHIP:

This period will help you figure out with a safety net of seniors, what it means to be a doctor in real life. You experience protracted periods of sleep deprivation with much time spent in doing seemingly dull but necessary tasks—blood collection, diagnostic tests, routine chart updates etc. Internships also provide a ringside view of the many life and death decisions that doctors need to take as part of patient care.

So, how does COVID-19 make medical college tougher than usual?

Masks: They might hamper the rapport necessary for the development of the doctor-patient relationship.

Physical Distancing: This might give rise to a sense of isolation.

Constant Need to Sanitise: This might lead to anxiety which might interfere with routine clinical work like physical examination.

While these items can be quite daunting, they will make you stronger in the future.

THE FIRST YEAR OF MEDICINE:

The beginning of medical college is euphoric. A goal that you toiled for several years has finally been achieved: you have been granted entry through the hallowed portals to medical college. You are excited over the prospects of making new friends over dissection cadavers with long discussions about the circulatory system and enzymes. Unfortunately, COVID-19 has crashed your party and will change some of how you will be taught medicine.

Real life classes could get converted to an online class at short notice depending upon whether student, teacher or the institution goes into quarantine and containment. In this case, while it might be a relief to be spared from the formalin stench, it might be more difficult to bond with your friends during a virtual dissection class. Additionally, humor and breaking the ice is difficult in online spaces. The camaraderie that one develops over the years on attending classes together in real life might not appear that easily through virtual interactions.

So, how do you cope?

Participate enthusiastically in all opportunities that encourage real-life interaction. While this might appear difficult to those who feel socially awkward, there is no shortage of introverts in medicine, and it might be much easier to interact than what you feared.

Embrace the differences in your friends. They might not speak your language or food habits and could have different sets of beliefs. They might appear to be of a different wavelength, but do remember that they share your passion and ambitions for medicine. So, do try to make use of all opportunities that you are provided with to get to know them better.

Homesickness can be quite severe for those going to medical college away from home. One strategy would be to look around your college and locate places, book stores and eateries that remind you of home. Pandemic related restrictions could make this problematic. Keeping in touch with local happenings online along with periodic food takeaways could make this easier.

THE SECOND YEAR:

There is a possibility that several clinical postings like medicine, surgery, OBG, community medicine, psychiatry could be conducted online. While this could remove the joy of interacting with patients in a group, this might help you focus on developing core skills without some of the distractions that friends bring. Do keep reminding yourself that you are not alone in your current situation. Most medical students around the world will experience this level of uncertainty.

THE THIRD AND FOURTH YEARS:

You might experience multiple changes in your clinical posting on account of social distancing rules. Some assignments might require you to wear personal protective equipment which can cause anxiety and discomfort. Consider this as a part of the learning process. In some places, you might be asked to volunteer for COVID-19 duty. Such a duty/experience could serve as a remarkable and early exposure for the foundations of the way you approach medicine.

THE INTERNSHIP:

You could be posted at fever clinics giving rise to anxieties about getting infected. However, working in such crunch situations often help increase confidence levels and boost the morale of most doctors later on.

Some more useful coping strategies are shown below:

Change the way you look at the problem. Plan ahead. Make action plans with lists of steps to handle problems. Handle the problem one step at a time. Treat the problem as a puzzle which will help you grow. Laugh at that problem and yourself; humor is a great medicine!

Distract if unbearable and there is no immediate forthcoming solution. Movie & web-series are great when used as occasional distractions. Books and music are time-tested and always reliable. Don't underestimate the power of physical activity and exercises. Don't overdo the distraction as you might end up avoiding the problem altogether.

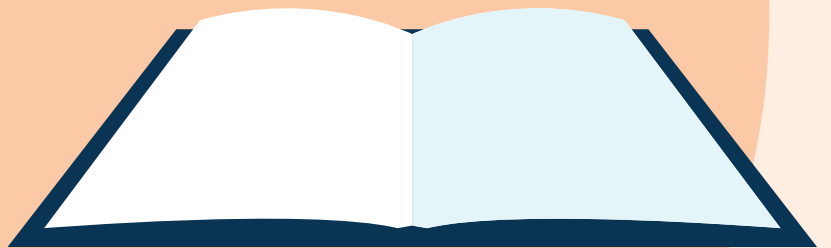
Accept reality. This is a pandemic. Things are not in your control; accept this. Seek support from family, friends and teachers as they could be a great resource for you. If you are religious, seek help from your faith and beliefs. Delay any response that could cause you regret in the future like quitting. Take your time and keep your emotions in check. If that is difficult, don't hesitate to seek help from a counselor or mental health professional.

TAKE-HOME MESSAGES:

Resilience is an essential quality to survive in and enjoy medical school.

COVID-19 could help rather than hinder in gaining resilience.

COVID 19 might bring its own set of unique challenges to medical college. You, as a future doctor, would do well to embrace these challenges and flourish in this still noble and always essential profession.



CHAPTER 3

HANDLING THE CHANGE IN ACADEMICS

written by

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HANDLING THE CHANGE IN ACADEMICS

Why has there been a change in academics? The new era of E-learning is here. Students must remember that a shortage of PPE and exposure to a clinical environment are important factors governing their non-engagement in the medical college during the crisis. Student safety is the primary concern. As the debate of the pros and cons of online teaching rages on, e-learning has subsequently become inevitable during these times. It is necessary to sustain the learning process until the risk of infection ceases and medical colleges reopen to students.

The inevitability is also because ultimately, the students have to be assessed to clear this phase with requisite knowledge and skills. For this to happen, the teaching, learning and assessment strategies need to be in sync with each other for logical reasons. For example, students who are taught respiratory diseases only theoretically cannot be assessed for their skills in clinically examining such a case. Similarly, students not acquainted with OSCE (objective structured clinical examination) cannot be evaluated using the same. Overall, strategic planning during this COVID-19 pandemic, that includes triaging of critical activities is a must. There needs to be a priority-driven decision on what actions should be continued, which should be postponed, adapted, as well as dropped, or added in academics.

Here are a few tips for students on how they could handle the changes in academics (These are suggestions derived from the literature available, the author's interaction with teachers of medicine and the author's own views on the topic):



THEORY/LECTURE CLASSES:

Didactic lecture-based teaching has been transitioned to online platforms such as Google Meets, Zoom, Skype, Microsoft Teams, MedWhiz and Cisco WebEx. Update yourself on the system requirements for online learning.

Attend as many live classes as possible, and go through the pre-recorded videos of the ones missed. The option of going through the lecture at one's own time and one's own pace is a definite advantage.

Participate and ask questions through text-chat or interact directly using device-audio.

Close any distracting tabs and apps. Put your phone on silent if that could be a potential distraction.

If you were in the habit of taking notes before then continue to do that as you would if you were there in person.

Attempt assignments and group discussions related to the class attended to solidify the knowledge gained.

Use virtual study groups if it works better for you. If you're used to studying alone in a library, you can find YouTube videos/ audio soundtracks online that recreate the library ambience with headphones. Such a set-up may also help in studying from home full of family members.

Once allowed back in campuses, flipped classrooms could be considered, wherein students can go through reading materials, online lectures, participate in online discussions, carry out research at home. Students will engage in discussing concepts with the guidance of teachers in classrooms rather than listening passively. Such a system will make it easier for you as well as the teachers to maximise in classroom learning.



PRACTICAL/CLINICAL POSTINGS:

An online repository of live/ pre-recorded patient-interview sessions can be requested, if not already available. Use this content to develop interview skills, observe and learn to identify non-verbal cues of the patient as well as of the interviewer. These are better possible in online platforms rather than real-life scenarios, as you could be an unobtrusive observer.

Discussions can be conducted with seniors and peers online, in case-presentation format, and can be utilised to build analytical, communication skills as well as clinical knowledge.

Once you're back to ward postings, another option to reduce exposure and continue clinical learning at the same time is by one student taking a case, and the interview being recorded with patient's written informed consent. The case can then be discussed similar to usual group ward discussions.

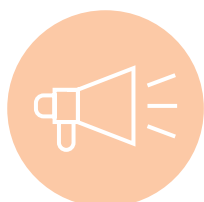


ASSESSMENTS (INTERNAL AND SUMMATIVE):

Currently, assessments (both theory and practical) are being conducted in virtual platforms. Students may have to answer theory questions, under video call invigilation, and submit scanned copies for digital evaluation, or examinations may be held in more straightforward multiple-choice question format.

The practical assessments are focused on assessing knowledge, identifying images of spotters/specimen and having discussions based on them. Faculty have been attempting to have clinical assessments by asking students to present cases whose details they already have and discussing them.

Students who have to appear for their final examination shortly are apprehensive about inadequate exposure to skills of clinical examination. Efforts and innovations are ongoing to devise strategies for summative assessments, particularly in clinical subjects with minimal resources: patients, infrastructure for precautionary measures etc.



ADDITIONAL TIPS AND SUGGESTIONS:

Though the changes might be distressing, make an effort to adhere to the regulations set by institutions. These regulations cover teaching, learning methods and assessment modes. Attending classes and completing assignments on time is still important as this unprecedented situation may continue for the next few months.

Be mindful that not all teachers may be tech-savvy and be patient during classes when they're navigating new systems.

Provide feedback as to how effective these changes are, or how they can be modified to suit your current academic needs (mentioning network related issues, suggestions for pre-recorded sessions over live classes, etc.). Remember that your feedback will be kept confidential too if that is something that worries you.

Seek help in getting e-books/ scanned copies of books wherever possible if there are issues in accessing hard copies of books.

Create or get involved in the WhatsApp groups of peers/batchmates to get learning resources and updates on scheduled classes, assignments and other announcements.

Be aware of excessive screen time and strain from viewing screens continuously. You may need to consciously break the monotony and have other leisure and relaxing strategies beyond screens.

As it seems, the time has come for adult learners to take the onus of learning onto themselves. It is important to explore authentic online resources, videos for practical demonstrations and clinical skills. In this regard, it would be ideal for keeping in touch with students of other institutions, which would also help in disseminating other novel initiatives.

The practical assessments are focused on assessing knowledge, identifying images of spotters/specimen and having discussions based on them. Faculty have been attempting to have clinical assessments by asking students to present cases whose details they already have and discussing them.

In a crisis like this, change is the new norm. Everyone is in the process of adapting, and this includes teachers and management as well. Motivate yourselves and other batch mates to be active in the learning framework. Stay safe and happy learning!

TAKE-HOME MESSAGES:

Give as much importance to online assessments as you would to regular submissions. They help you identify weak points and provide focus areas for self-study. Reaching out to faculty and engaging with them is important. Utilise all the resources available to you.

RECOMMENDED READING:

1. Martin Grønnebak Tolsgaard, Jennifer Cleland, Tim Wilkinson & Rachel H. Ellaway (2020) How we make choices and sacrifices in medical education during the COVID-19 pandemic, *Medical Teacher*, DOI: 10.1080/0142159X.2020.1767769
2. O'Byrne L. Medical students and COVID-19: the need for pandemic preparedness. *Journal of Medical Ethics* Published Online First: 03 June 2020. DOI: 10.1136/medethics-2020-106353
3. Theoret, C. and Ming, X. (2020), Our education, our concerns: The impact on medical student education of COVID19. *Med Educ*, 54: 591-592. DOI:10.1111/medu.14181



CHAPTER 4

WHAT CAN FACULTY DO TO SUPPORT STUDENTS?

written by

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WHAT CAN FACULTY DO TO SUPPORT STUDENTS?

The COVID-19 pandemic brought forth a spate of calls requesting for help dealing with psychological difficulties from medical students in the past few months. Working with these individuals brought a realization that these stories need to be shared widely to help others who may be going through similar issues, which have become all too common during these difficult times. Also, I highlighted the lessons we learnt from these interactions, as faculty, and what role teachers play in supporting medical students during this pandemic.



A 3rd-year medical student called me during the second week of lockdown, reporting that she felt it unbearable to stay at home any longer, because of her parents always fighting. She also said that she thinks that she is depressed and hopeless, and requested for help dealing with these issues.



Another student called up, wanting to discuss her brother, who had started acting 'oddly', and had reportedly mentioned that he hears voices talking about him even when he was alone in a room. The family discovered that he was using cannabis (ganja) for a long time. There was also a change in his behaviour pattern after the enforcement of lockdown. The student was worried and afraid of her brother's behaviour. She wanted advice from faculty on how to deal with her brother's issues and what she could do to help.



A 1st year student called asking for advice about helping a friend who had confided to him that it was better to be dead than face the current situation, after a recent break-up of a romantic relationship.

All these were first time consultations, and students approached the faculty they preferred on their own. There was an added element of word of mouth spread about assurances of confidentiality, and students were comfortable utilizing telephonic or video modalities for the first consultation as well. A trend of increasing need for such psychological services was also observed. The reasons for consultation were also varied, with students discussing academic difficulties, dealing with conflicts in the family, problems with romantic relationships, substance use, and even asking for guidance to help near and dear ones going through similar issues.

What can a teacher do to address student concerns during the COVID crisis as well as the aftermath?

Students may approach any teacher of their choice, irrespective of preexisting institutional support systems. This scenario means that every teacher should be sensitive to concerns and its implications for the student, and must be reasonably well equipped to assist students within their capacities.

Teachers may be the first point of contact, and if required, must be capable of providing psychological first aid, and further appropriate referral services.

Teachers must also consider confidentiality concerns, which may entail bringing these issues to the notice of the Dean or other authorities, as per the institution protocol, but at the same time, keeping the concerned student in the loop of communication.

Here is a proposed plan that can be used by medical college faculty. A detailed faculty training method for addressing academic and nonacademic issues of students has been published elsewhere [1,2]. These include simple psychological approaches such as "BATHE" [3]. BATHE represents:

- **B**ackground (What is going on?)
- **A**ffect (How does the student feel?)
- **T**rouble (What is the worst/most troubling part?)
- **H**andle (What helps them cope?)
- **E**mpathy (Relating and Common ground to remove stigma)

STEPS TO ASSIST A STUDENT IN DISTRESS:

Listen attentively and keenly

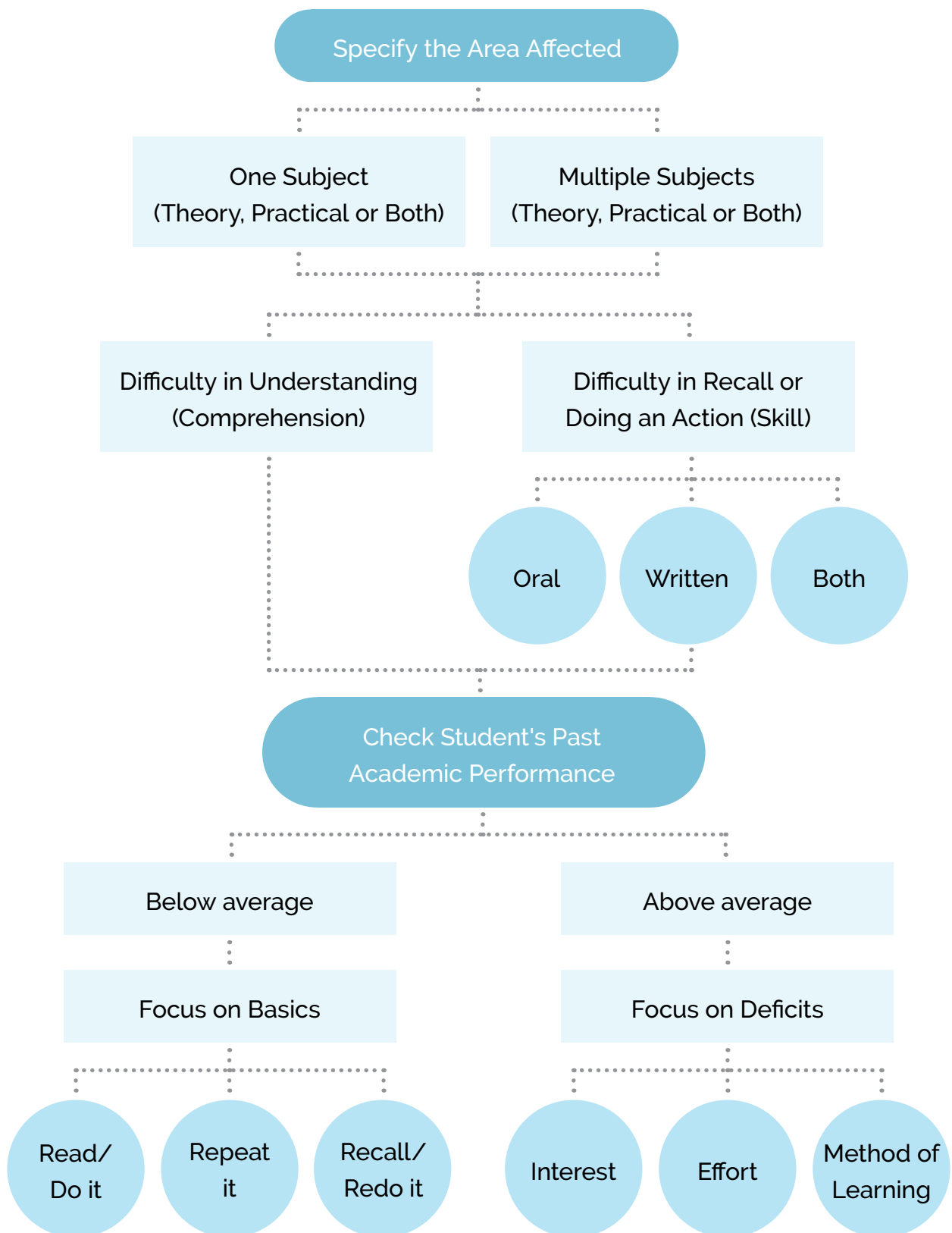
Be non-judgmental

Communicate with concern

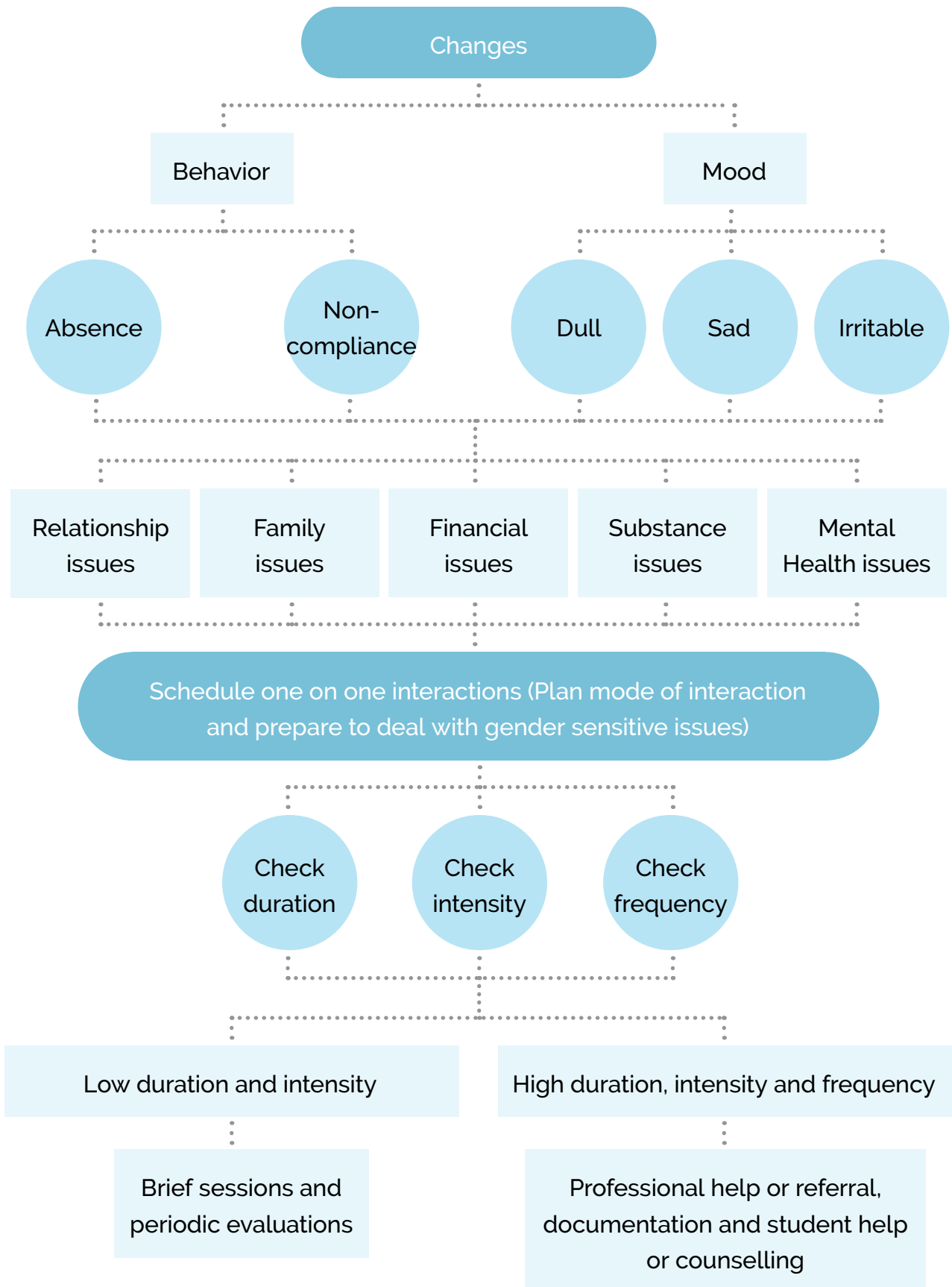
Know the boundaries

Here, in two schematic diagrams, an attempt is made to assist faculty on points to consider while addressing students, mainly for academic and nonacademic issues.

ASSISTING STUDENTS WITH ACADEMIC ISSUES:



ASSISTING STUDENTS WITH NON-ACADEMIC ISSUES:



TAKE HOME MESSAGES:

Faculty training to address student concerns is the need of the hour.

Students may approach any faculty members or seniors they feel most comfortable with to discuss their concerns.

RECOMMENDED READING:

1. Kishor M, Vinay H, Kusuma KS, Kantanavar P, Chandran S. A faculty training module on the art of counseling students in academic issues. *Int J Health Allied Sci* 2018;7:210-1.
2. Kishor M, Chandran S, Vinay HR, Kusuma KS, Kantanavar P. A faculty training module on the art of counseling students on nonacademic issues. *Int J Health Allied Sci* 2018;7:273-5.
3. Kishor M, Ekanand D. Structured action plan for mental and behavioral preparedness against virus COVID19 outbreak in India (SAMBAV Bharath): Proposal for augmenting mental health services. *Int J Health Allied Sci* 2020;9:S55-7.



CHAPTER 5

CREATING CONNECTIONS THROUGH A PANDEMIC

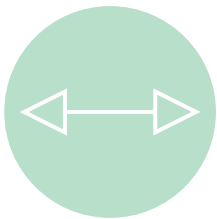
written by

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CREATING CONNECTIONS THROUGH A PANDEMIC

HANDLING CHANGES TO YOUR SOCIAL LIFE THROUGH COVID-19

We are bearing witness to a global event of monumental proportions that is affecting all our lives one way or another. For medical students in India, the initial days of feeling like “there is something brewing... but it may not affect us” suddenly turned into the closure of classes and estrangement from family and friends. Many may have experienced a range of emotions and challenging experiences. Here are a few changes due to the pandemic that can affect the way you socialize both now and for some time ahead:



Social distancing, social distancing and more social distancing.



Masks, face shields and gloves may be commonplace making it hard to read facial expressions or even sustain a conversation.



Distance from loved ones, especially anyone who is elderly, pregnant or has immunity compromising health conditions.



Inability to interact in person with friends and loved ones from a different state or overseas due to the travel restrictions.



The banning of standard physical social greetings like handshakes or hugs.



Public transport, restaurants and malls will all look different given the rules on social distancing and safety measures.

Here are a few tips on how students can cope and restructure their social lives during COVID-19, given all the limitations:

COPING WITH UNCERTAINTY:

The hardest part of our current circumstances is the uncertainty that still hovers around us. The first step is to acknowledge that despite all the new knowledge we are gaining about the virus, and its progress in terms of recoveries seen around the world, how exactly life will pan out in India is still largely uncertain. Uncertainty emphasizes our helplessness and sense of losing control, increasing our anxiety and feelings of isolation.

Strategies:

While you recognize that many things are uncertain, focus on small aspects of your life that you do have control over, problems that you can solve.

Going back to a familiar daily routine or completing an assignment can give you a sense of accomplishment and lessen the helpless feeling.

More importantly, take time to share ups and downs in your emotional state with family and friends. Sharing reduces the intensity of anxiety and isolation.

Listening to others experiences and perhaps helping them look for solutions can also help divert your attention from the uncertainty of the pandemic.

FRIENDSHIPS & ROMANTIC RELATIONSHIPS:

Lockdown & travel restrictions may have estranged you from your friends and partners. Some of you may be worrying about their health or may not be able to communicate with them freely from home. There may be a frenzy of social activity once restrictions get lifted, but not everyone may be able to participate equally and may feel left out.

Strategies:

Find new ways to stay in touch online that are more personal and interactive than just following each other on through social media.

Get a group fitness challenge going or even start a book club or a virtual movie club. Sometimes just connect virtually and have coffee at the same time.

Be wary of everything you read or hear through social media and support your friends when faced with trolling or negative comments.

The lockdown and being away from a close friend or partner could make you value your relationship more. The time away for some could be an opportunity for realizing how important the person is.

Respect boundaries. Some people might prefer to hang out with their family and have less time for their friends, and vice versa. You need to ensure that you have considerate and realistic expectations of those around you.

If you are meeting someone face to face or gathering for a party, follow the usual safety precautions so that you don't put yourself or others at risk of contracting the infection.

When you meet after a long time, be mindful of giving time to listen to your friends' experiences and be sensitive if they've lost someone to COVID or had an otherwise traumatic experience.

FAMILY INTERACTIONS:

You may have either been stranded in a different town away from your family and there may be a sense of loss, due to missing out on family events or being unable to help them through illness or other adversities. Alternatively, you may be stuck indoors with them for the extended period of lockdown, leading to conflicts and loss of goodwill with each other.

Strategies:

Allow yourself and each family member to manage their own emotions and only help when asked to do so.

Elders in the family may find it hard to stick to the rules of physical distancing, being patient with them and sharing your worries about their health may be better than berating them or forcing them to stay indoors.

For some of you, this may be an opportune time to have long-awaited conversations about future goals and plans after graduation.

For others, it may be better to avoid conversations that are bound to generate conflict and focus on getting through the extended holidays.

Find ways to build goodwill by sharing household chores, playing games together or just spending quiet time with each other.

Taking refuge in humour and seeing the lighter side of relationships can help to lighten the atmosphere and navigate these complicated times.

Sometimes, it is okay to spend time away from the family if it feels overwhelming, especially if there are conflicts due to increased time spent together.

TAKE-HOME MESSAGES:

As you make sense of the world around you, and pick up the pieces of your daily routine, strive to bring back meaningful connections in your social life. Whether virtual or in-person, positive social interactions can help rebuild a sense of community, belonging and hope.



CHAPTER 6

COPING WITH PARENTAL PRESSURE DURING COVID-19

written by

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COPING WITH PARENTAL PRESSURE DURING COVID-19

"The trouble with being a parent is that by the time you are experienced, you are unemployed." – Unknown

You live in a world where you are always asked to perform better, to push your limits further to become a better version of yourself. You strive harder day after day to achieve what you started. While completing your goals, there are certain people in your lives motivating you along the way. These are the people who have chosen to never give up on you; obviously, your parents are your most considerable support.

However, a compelling need to excel in academics coming from parents or family can be a source of irritation or sometimes a source of stress. Every parent wants their kid to achieve wonders in life. They put all of their efforts, money, time on their kids. But while doing so, parents start planning bright futures for their child. And to achieve that, they want you to study hard, get good grades in all of the subjects. They always remind you about how they envision you to become a great doctor in the future. Most parents find it challenging, indeed inconceivable to think of their child as being just average. Almost always they believe you are exceptional.

You are in medical college. You certainly must have worked very hard to be here, and working hard must be in your nature. Your parents must have had some part to play in your life being inclined in this manner.

When you go to college, you are typically out of the house for a significant part of the day. Now, courtesy of the COVID-19 pandemic, you are stuck at home. You do not enjoy the restrictions. Your parents are also not used to you being underfoot all day. Routine issues like what time you go to bed or wake up when you eat, what you eat, all become issues of contention. Most often, the primary area of disagreement could be how much you are studying and if it is adequate or not. Parents may be of the view that as you have nothing else to do, you should be studying your lessons for most of the day. If while at college you are working the whole day, why not now? What many parents do not realise is that when at college you are with your peers, and having fun while learning happens more or less incidentally. It is not possible to stay focused and study continuously for several hours, except, of course when you are intensely studying during/just before an exam.

Use of gadgets and the time you spend on social media or gaming or browsing may cause most quarrels at home.

Most times, you can identify that you are feeling irritated and the source for the same. Sometimes other indirect features like fidgeting, fast breathing, dizziness and anger outbursts could be some of the signs that stress is affecting you both physically and mentally. It is also vital for you to remember that your parents are often handling multiple things at the same time and could have their personal worries that they are currently dealing with.

CONCERNS PARENTS ARE LIKELY TO HAVE:

Financial hardships due to the lockdown imposed.

Conserving savings for future setbacks, your future and career, their own health and problems which accompany ageing.

Providing for the sudden increase in expenses of laptops, phones and internet connections required to ensure connectivity for academic and communication purposes.

Interpersonal relationship issues with other extended family members.

Worry about elderly grandparents in the house.

Worry about grocery and other essential supplies with the lockdown period.

Worry regarding work and related responsibilities.

It's easy to get frustrated and feel like your parents are trying to be too involved in your life. The increased independence you experienced in medical college means that you don't need your parents as much as you used to, and it is not always easy for them to let go. For some parents who have spent much of their time pushing obstacles out of their children's way or frequently intervening to help their child succeed, the likely autonomy that comes with college life can be a difficult transition.

How can you manage these difficulties?

Discuss how you feel. Choose your moment carefully. Pick a time when people involved have time to sort things through. Be calm and try not to get angry or impatient. If you find yourself losing your cool, leave the issue for a while and come back to it later.

Explain your way of doing things and why it is suitable for you.

Your parents may not agree with you on some issues. See if a compromise can be reached. Attempt negotiation on what you would be able to do, and keep your word on it! Try and look at the situations through your parents' point of view too.

Stressors that you can control are those that you can take some action on to alleviate immediately. Focus on those. Trying to control things that are out of your control only causes more stress. If you can't control a situation, then you must move on to what you can control. When you've picked out the element that you can control, you can try to eliminate the pressure.

Don't lose your self-esteem and confidence. Don't doubt your intelligence and abilities. When you do, your performance will come down. Set learning goals rather than performance goals.

Practice simple stress-busters like deep breathing, mindfulness and one of the best stress alleviators – exercise.

Be sensible with the use of gadgets and social media.

Have meals together, and initiate conversation, instead of eating in front of the TV or laptop. Schedule family time - watching movies, playing board games, praying, or cooking together can be great fun.

Help out with household chores - take up a few responsibilities around the house and do them without being reminded by parents. Such actions will surely instil confidence in yourself and others in you.

If something makes you happy, for instance, your mother cooking your favourite dish, tell her. Acknowledging and appreciating efforts and small things can go a long way in smoothing out relationships.

TAKE-HOME MESSAGES:

Parents mean well.

Meaning well does not always mean no harm.

Choose the appropriate moment to express and negotiate calmly.

Focus on the things that you can control and learn to ignore the stressors that you cannot modify.



CHAPTER 7

HOW WILL COVID-19 IMPACT A MEDICAL STUDENT'S CAREER?

written by

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HOW WILL COVID-19 IMPACT A MEDICAL STUDENT'S CAREER?

"Be open to adjustments. There's nothing about this current moment in history that allows for stubbornness." - Unknown

We, senior physicians, are currently working to balance the conflicting demands of maintaining the quality of medical training and responding to governmental demands of mobilising the workforce for a coordinated national response to the COVID-19 pandemic. The impact on medical student careers will be far-reaching – leading them to be known as "The C.O.V.I.D. Generation". [1] I have, in this chapter, outlined a few areas where the pandemic could have significant ramifications on a medical trainee's career and suggested few strategies to circumvent the same:



IMPACT ON FORMATIVE LEARNING EXPERIENCES:

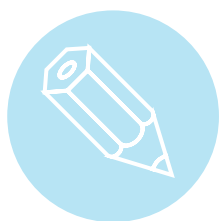
The temporary pause in clinical rotations and clerkships could deprive trainees and house surgeons of valuable formative learning experiences. Clinical shadowing opportunities are instrumental in shaping students future career choices and provide valuable leadership experience. There is a need to think about how to make up for these missed hours of training. Clinical interactions with patients can be recorded and utilised through virtual platforms, with patient permission, to teach history taking and examination skills to medical students, with faculty leading remote case discussion groups.



IMPACT ON NON-ACADEMIC CURRICULAR ACTIVITIES:

The need for social distancing has removed the hopes of many students to participate in large academic conferences, at least for the near future. These events are a crucial avenue for students to develop their critical thinking skills, build professional networks and to get a flavour of medical research by presenting their papers as well as listening to research presented by others. All these activities contribute to resume-building, central

to residency applications. Online conferences are a cost-effective and fair alternative. However, organisers will have to design them appropriately so that medical students get the right platform to demonstrate and develop their skills, knowledge and attitudes.



OPPORTUNITIES TO PARTICIPATE IN ACADEMIC WRITING:

The pandemic has affected the student community differentially. Some students have a renewed sense of purpose and commitment to serve on the frontlines. Others who are more risk-averse, or too inexperienced to help can use the additional time gained from lack of clinical rotations offer an opportunity to participate in academic writing. Faculty can provide opportunities and mentorship to interested students in order to help them hone their writing skills. Balancing their time between clinical work and academic research will be an ongoing challenge.



INTEGRATE TECHNOLOGY INTO MEDICAL EDUCATION:

Integration of technology into medical schools affords valuable opportunities for trainees and trainers alike to innovate. The community can design new ways to learn, share knowledge, exhibit their skills and demonstrate teamwork and work ethic. Additionally, these techniques will also impact their views about practising medicine. For instance, observing the advantages of telemedicine-based consultation and remote monitoring of patients will offer new insights into clinical care paradigms. As always, collaborative skills and adaptability will be essential. In other words, students who learn quickly will out-perform others much like in pre-COVID times.



CONSIDERATION FOR EARLY GRADUATION TO HELP ON THE FRONTLINES[2]:

The issue of whether to graduate medical trainees early is controversial. Such action however, has historical precedent such as during the Spanish flu in 1918. In the ongoing pandemic, several medical schools in some of the hardest-hit nations such as Italy

and the United States of America (U.S.A.) have been graduating the trainees early on the pre-condition that they agree to serve as frontline health care workers.[3] Student volunteers can also be recruited to assist with telemedicine consultations and remote care of patients diagnosed with COVID-19. Such opportunities to help will reinfuse a sense of purpose and altruism among doctors in training. This type of positivity will be necessary to balance against possible disillusionment and hopelessness that could arise in the wake of large numbers of deaths and perceived inability of science to find a cure for COVID-19.



EMPATHY MAY BE VALUED MORE IN ASSESSMENT:

Given the lack of definitive treatments for COVID-19, doctors are re-discovering their co-scholastic skills of empathy and compassion, both of which are neither formally taught nor assessed at medical schools. Perhaps, the pandemic will also bring in a positive change in the medical curriculum by giving these issues their deserving place. This crisis could help in creating a new generation of doctors who not only treat but also soothe and reassure their patients.



IMPACT ON THE CHOICE OF SPECIALISATION:

Following the pandemic, doctors in training may re-evaluate the risk levels involved in practising medicine. There may be an increased number of people opting for 'at-risk' specialities, driven by the desire to be involved in the frontline. This category includes emergency medicine, otorhinolaryngology and ophthalmology,[4]. The other possibility is that there may be increased demand for specialities, deemed to be at a 'lower' risk, such as anatomy, physiology, endocrinology and so on.



POSSIBLE CREATION OF NEW SPECIALITIES:

The world we live in becomes increasingly prone to disasters and epidemics/pandemics. Such events may legitimise and pave the way for the genesis of new specialities such as post-doctoral fellowships (PDF) in telemedicine, Doctor of Medicine (M.D.) or PDF courses in disaster management or pandemic diseases.



TEMPORARY LULL IN THE EMIGRATION OF GRADUATES FOR BETTER OPPORTUNITIES:

At least, in the short term, there will be a rethinking in migration due to travel restrictions and delays in visa processing. At the same time, the post-COVID-era may see the emergence of new regional and global hubs for medical education, based on factors such as robustness of health care system and quality of medical education access among others.



CHANGE IN MEDICAL UNDERGRADUATE CURRICULUM:

Though students are briefly exposed to the topic of disasters and their impact on public health in community medicine, the experiences in this pandemic will call for greater exposure for students to these topics. Disaster management, community medicine, infectious diseases, microbiology, forensic medicine, telemedicine and psychiatry (routinely ignored in the past) are some of the areas of renewed interest. Adequate exposure to these at the medical student level would go a long way in honing the quality of future medical practice.

TAKE-HOME MESSAGES:

COVID-19 has upended medical education, and its real downstream impact on careers of medical students will be known only with time.

Meanwhile, we must think of ways to maintain the quality of training and patient-doctor interactions as well as make the necessary changes to the medical curriculum.

History will judge us by the way we used this opportunity to reflect, learn and make changes so that we are better prepared for the future.

RECOMMEDED READING:

1. COVID-19—the impact on our medical students will be far-reaching [Internet]. The BMJ2020 [cited 2020 Jun 4];Available from: <https://blogs.bmj.com/bmj/2020/04/03/COVID-19-the-impact-on-our-medical-students-will-be-far-reaching/>
2. Miller DG, Pierson L, Doernberg S. The Role of Medical Students During the COVID-19 Pandemic. Ann Intern Med [Internet] 2020 [cited 2020 Jun 1];Available from: <https://www.acpjournals.org/doi/10.7326/M20-1281>
3. Ferrel MN, Ryan JJ, N FM, J R.J. The Impact of COVID-19 on Medical Education. Cureus J Med Sci [Internet] 2020 [cited 2020 May 30];12(3). Available from: <https://www.cureus.com/articles/29902-the-impact-of-COVID-19-on-medical-education>
4. Which Specialties Are at Highest Risk for Contracting COVID-19? [Internet]. Medscape [cited 2020 Jun 4];Available from: <http://www.medscape.com/viewarticle/930553>



CHAPTER 8

'MENTAL HEALTH HELP SEEKING' IN MEDICAL STUDENTS

written by

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'MENTAL HEALTH HELP SEEKING' IN MEDICAL STUDENTS

CAN THE COVID-19 PANDEMIC CHANGE THE TREND?

As the world continues to reel under the coronavirus crisis, social distancing and other restrictions implemented as preventive measures have led to a global transition of the 'new normal', testing our resilience and coping skills like never before.

One group that is going to pass a stricter test is medical students. Graduate and postgraduate medical training are known for its hectic schedule, long study hours and unpredictability in terms of pass rates. The fact that the student needs to excel both in academics and clinical care makes it one of the most vulnerable professions for stress, burnout and depression. The prevailing uncertainty and despair associated with the pandemic, discrimination against students volunteering to work in frontlines due to the fear of infection further enhance such odds of vulnerability. The usual stress relief outlets such as peer support from friends, especially in the form of recreational activities, and vacation visits to their family have suddenly become unreachable affairs. Amidst all these hardships, mental-health help-seeking becomes important. This help-seeking, rarely seen even during the best of times, may reduce further due to the added limitations on travel, health-care-establishment visits, and stigma.

Why is mental-health help-seeking a good thing? How will it help?

Venting problems and distressing thoughts to a mental health professional, instead of family or friends who may be impossible to reach, is a healthy and useful alternative. The mental health professional's unbiased approach might be a blessing in disguise.

Counselling/therapy may help address issues specific to the pandemic, such as loss of a daily routine, staying away from loved ones, or anxiety about classes, examinations, future and career.

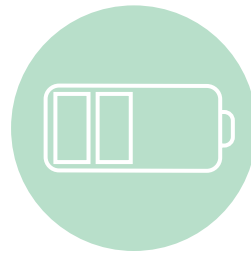
You can arrive at solutions to issues through neutral, non-judgemental, collaborative discussions with the mental health professional.

Medical students (well, most of the healthcare fraternity) tend to ignore their health problems, both physical and psychological. Doctors are experts at using defence mechanisms such as avoidance and denial. You could look at it metaphorically like driving a vehicle without noticing its falling fuel gauge. The pandemic restrictions have given medical students a chance and time to focus on the fuel gauge and introspect (and not intellectualise) their mental health needs. This introspection might motivate students to seek the necessary mental health care.

Factors interplaying difficulties in help seeking during COVID-19 pandemic for medical students:



Inability to meet family members.



Ignoring the signs of falling mental health.



Hampering of various routine playful activities i.e. outdoor games or movie theatres.



Suspended routine academic activities.



Lack of media to express i.e. crisis help lines or virtual help groups.



Difficulty in finding immediate social support.



Disrupted routine health services and OPDs.



Stigma against health care workers.

WHEN SHOULD YOU SEEK HELP?

It is natural to worry about infection, future studies and career, or the health of near and dear ones, but when should you consider reaching out for help? There could be certain situations where you may feel that your sense of wellbeing is compromised, find it difficult to cope with academic work, go through a traumatic experience, or undergo significant crisis or loss.

Beware of the following red flag signs; recognise them early in yourself or close ones and reach out to help yourself deal better with the situation. Social withdrawal, mood swings, suicidal ideations, impulsive or reckless behaviour, aggression, and excessive substance use must ring warning bells to indicate the need for professional help.

(Also refer to the chapter on common presentations of mental health issues later in this book.)

WHO CAN YOU APPROACH?

Peers, seniors, faculty, mentors, psychologists, student counsellors, trusted family members and mental health professionals can all provide the necessary mental health care in various degrees.

WHAT ARE THE BARRIERS TO SEEKING CARE?

Lack of access and time, fear of being judged, stigma, concerns about confidentiality and cost, failure to recognise the need for help and normalisation of symptoms could be a few of the many barriers blocking help-seeking. Though there might be several barriers in coming forward, an unwillingness to seek advice should not culminate in self-harm or suicide.

HOW CAN 'MENTAL HEALTH HELP-SEEKING' BE MADE MORE FEASIBLE AND ACCESSIBLE?

Unfortunately, several institutions do not have a dedicated mental health helpline or a counselling cell for medical students, although there are consistent efforts in this direction. Although there have been several helplines that came up in the past, dedicated helplines, especially for mental health issues, are limited. Tele-counselling services or virtual help groups, during the COVID-19 crisis, could provide a way out for the pent-up emotion. Several students do not seek professional help due to stigma. Maybe students would feel relatively comfortable on online chat or video call if anonymity is ensured and the counsellor is from the medical fraternity.

The COVID-19 pandemic has disrupted routine patient care within several institutions. Unfortunately many centres having to shut down their OPDs has helped 'telemedicine' gain some much-needed acceptance. Government endorsed guidelines and the

necessity of the times has allowed remote care to gain popularity not just in institutional departments, but with private psychiatrists as well.

To conclude, we would like to believe that although the COVID-19 pandemic and its restrictions have given rise to many problems, they have also given unique opportunities to medical students and mental health professionals to reach out to each other better than ever.

HELPLINE NUMBERS TO KNOW IN INDIA:

Green Oak Initiative: 91 6366447484

SNEHA: 914424640050

AASRA: 022 2754 6669

TAKE-HOME MESSAGES:

Don't suffer in silence; watch out for the warning signs in yourself and others.

Help is available and needed. Utilise it.

Your mental health is as important as your physical health/

Stigma about help-seeking will reduce with everyone, starting with medical professionals and students admitting that it is needed.

RECOMMENDED READING:

1. [MBBS. A guide to wellbeing for medical students](#)



CHAPTER 9

HOW CAN MEDICAL STUDENTS HELP DURING COVID-19 AND OTHER DISASTERS?

written by

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HOW CAN MEDICAL STUDENTS HELP DURING COVID-19 AND OTHER DISASTERS?

WHY SHOULD MEDICAL STUDENTS BE INVOLVED?

In addition to the benefits to patients and the health care system, allowing students to participate in this pandemic reinforces essential values, such as altruism, service in times of crisis, and solidarity with the profession. Students who are willing and able to fight in this historic pandemic should be allowed to do so.

The current MBBS curriculum in India also lacks a necessary emphasis on disaster management. In most colleges, training in these areas is limited to one or two sessions on basic life support, and faculty neither assess their outcomes nor reinforce them. This crisis is a chance to prepare themselves for their roles in case another pandemic strikes. Pandemics aside, students will be involved in making independent clinical decisions and managing complex patients in high-stake settings in the next few years. Historically as well, students have been involved in providing care to patients with highly infectious diseases like Tuberculosis. Preventing medical students from practising and learning "real" medicine during this crisis will be detrimental during the next global health crisis.

Did you know that the discovery of heparin, insulin, the sinoatrial node, pancreaticobiliary sphincter and Ether anaesthesia is attributed to bright medical students [1]? Medical students have often changed the course of medicine, as evidenced by the discoveries of the eponymous Islets of Langerhans and Ducts of Bellini, to mention a few. The COVID crisis is something which could benefit from a student's adaptability, fresh perspectives and innovation. Those students who can think outside the box could potentially alter the preconceived notions of how medicine should be practised. Persistence and adaptability during this time will be an attribute more readily viewed in the face of these new challenges and the innovative approaches to addressing these difficulties.

HOW CAN MEDICAL STUDENTS HELP IN THE HOSPITAL?

Historical precedent exists for recruiting medical trainees during times of crisis. During the 1918 Spanish Flu, volunteer medical students in Spain were deployed to villages with insufficient medical personnel [2]. In the US, the University of Pennsylvania School of Medicine reportedly gave just one lecture on influenza before sending clinical students to run an emergency hospital with little to no supervision [3]. In 1952, medical students in Denmark helped provide polio patients with round-the-clock manual ventilation [4]. In the 1980s, doctors in training were thrust into the burgeoning AIDS epidemic. Although pulling medical students out of the hospital can have long-term consequences, there's no online substitute for learning direct patient care; sending students home would likely halt their education.

Side-lined medical students have already found creative ways to contribute to the fight against the coronavirus. However, we could make better use of their talents in emergency departments, hospital wards, and community clinics. In March 2020, medical schools removed students from the hospital premises. Four months later we find ourselves facing a reality that if there is a further surge of cases, with most frontline workers quarantined, medical students will have to be inevitably promoted to the healthcare workforce. We might as well prepare them for such an inevitability. Here are a few ways they could begin to help in the hospital:

Students who have completed clinical rotations in general medicine could be used to support clinical teams with untenable patient loads. At the start of their clinical years, medical students have already been tested on their ability to take a history, identify a differential diagnosis and perform a simple physical exam. By the time medical students begin their fourth year, they have learned to identify and monitor patients with common problems (e.g., high blood pressure, diabetes, COPD). Additionally, they can interpret standard lab results and straightforward radiologic images, document patient notes and update treatment charts, fill forms and make discharge summaries. Under the supervision of junior residents or senior residents, advanced medical students ("sub-interns") can manage patients.

Medical students can also assist with routine outpatient clinical care: They can boost the efficiency of lightly staffed clinics by taking histories, calling patients with laboratory test results, providing patient education, counselling patient relatives, documenting visits, and fielding questions about COVID-19. Even in a pandemic, patients with chronic conditions need ongoing care. Pregnant women need routine check-ins, and discharged patients require follow-up.

Medical students could offset staffing losses from quarantined residents, limiting the number of covering off-service providers and allowing the more senior trainees to deal with sicker patients.

The risks to involved students may be lower than the risks to retired clinician volunteers who are more susceptible to complications owing to their age.

Many of these tasks above can be performed via telemedicine, so there would be no risk for infectious transmission to the students.

Some medical colleges often have associated satellite clinics and community hospitals. The demands of the COVID-19 pandemic will also stress partner locations. Students could provide similar relief in these settings.

Students can help in compiling data to notify various government authorities, maintaining charts, talking to family members of patients, camps, filling forms (eg. ICMR COVID test)

Peer teaching medical students-Residents not working on the frontline could volunteer to teach final year medical students. Third-year and final year medical students could volunteer to tutor or teach first and second-year medical students. The content could range from clinical case discussions to study tips for a particular subject. Such teaching could be done via a suitable online platform.

HOW CAN MEDICAL STUDENTS HELP BEYOND THE HOSPITAL?

Making phone calls to older adults who are under lockdown in nursing homes, keeping them company and sharing resources they might need.

Organising child care for health care workers on the front lines.

They can volunteer to deliver medications to patients who are in high-risk categories.

Students can handle COVID-19 helplines with the help of a script and FAQs.

Creating personal protective equipment drives for health care facilities that are facing shortages.

Using social media forums to clear myths and misconceptions the public could have about COVID-19.

Creating patient education materials under the guidance of faculty.

Helping identify housing options for the homeless community in a time where social distancing is vital.

By involving students in contact tracing, they can help individuals comprehend their risk and restrict the spread of novel coronavirus. Through this initiative, medical students can follow-up with at-risk individuals and inquire about symptoms, address any concerns, or direct them to the right resources should additional attention be required.

Most of the above are simple tasks with low medical and legal risk. Also, such protocols allow students to be trained in one or two days. Students are also at increased risk for contracting SARS-CoV-2 while screening visitors entering hospitals, hosting PPE drives, and providing childcare for physicians. They should be equipped with the necessary protective equipment and take strict precautions when performing these activities.

TAKE-HOME MESSAGES:

At medical school, students are equipped with skills and attitudes that shape the doctors they become. Medical students have mostly the same duties as other community members during COVID; to act in the best interests of their community and do what they can to help. What that means for each medical student is different, depending on their ability, resources, and knowledge. We believe that earlier and better-integrated access to these opportunities will prepare students for future challenges similar to COVID19.

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1. Stringer M, Ahmadi O, Famous discoveries by medical students; ANZ. Journal of surgery, Volume 79, Issue 12, December 2009, Pages 901-908
2. Antoni Trilla, Guillem Trilla, Carolyn Daer, The 1918 "Spanish Flu" in Spain, Clinical Infectious Diseases, Volume 47, Issue 5, 1 September 2008, Pages 668-673
3. Isaac Starr, Influenza in 1918: Recollections of the Epidemic in Philadelphia, Annals of Internal Medicine, Volume 145, Issue 2, July 2006, Pages 138-140
4. John B West, The physiological challenges of the 1952 Copenhagen poliomyelitis epidemic and a renaissance in clinical respiratory physiology, Journal of applied physiology, Volume 99, Issue 2, August 2005, Pages 424-32



CHAPTER 10

RETURNING TO MEDICAL COLLEGE: CONCERNS AND SOLUTIONS

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RETURNING TO MEDICAL COLLEGE: CONCERNS AND SOLUTIONS

"Education is a social process. Education is growth. Education is not a preparation for life; education is life itself." - John Dewey

The COVID-19 pandemic has wreaked substantial havoc on medical education, and innovations are continually being brought in to address new challenges each day. Education and training during the epidemic is a new social process; a social experiment with a new way of life. The above quote is apt for our current situation, and whatever may be the barriers, learning has to go on, as does life.

THE PANDEMIC AND UNDERGRADUATE MEDICAL EDUCATION: THE CONCERNS

As the country gradually unlocks from the lockdown, it is natural that the students would face apprehensions about re-joining. With this paradigm shift, there may be several concerns and challenges which would need to be addressed.



CONCERNS ABOUT INFECTION AND HEALTH:

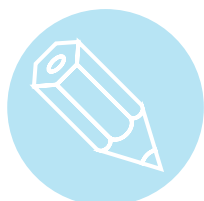
There will be significant anxiety in students about returning to hostels and going to the hospital for clinical postings.

Students with pre-existing illnesses may be at higher risk of infection.

Pre-existing anxiety or depressive disorders may predispose students to increase in psychological stress, which may lead to relapses.

Parents of students may have immense worry about children being exposed, which may rub off on students and worsen their anxiety.

Many students come from different parts of the country to study in medical colleges. Getting back to campus entails long-distance travel, often using public transport, visiting high-risk areas such as railway stations, airports, buses and taxis. Such travel tremendously increases the risk of contracting/spreading the infection.



CONCERNS ABOUT COURSE-WORK AND STUDIES:

Students will have anxiety about facing examinations with different patterns, and not having enough clinical exposure before practicals.

Students will have anxiety about facing examinations with different patterns, and not having enough clinical exposure before practicals

Fear of having lost valuable teaching time, missing out on classes, clinical postings, patient interactions, with no apparent provision of compensation for these during examinations, despite compromised training.

With only emergency services under strict COVID-19 protocols running in most hospitals, learning may be hampered due to limited availability of patients for clinical teaching.

Many medical teachers and postgraduate residents are posted in COVID-19 duties and subsequently quarantined, which leads to the non-availability of a sizeable part of the teaching workforce.

HOW DO WE ADDRESS THESE CHALLENGES?

Medicine being a clinical branch, with practical aspects being as important as the theoretical ones, clinical skills can develop only when they are routinely practised. The immediate challenges were addressed by shifting to online modes of teaching. However, many issues remain unaddressed. On one hand, students are relieved that

they are being kept safe from COVID-19 exposure, on the other they are losing the critical training part of the curriculum, i.e. clinical and community postings. The loss of regular teachings and assignments has severe consequences in terms of the quality of skills attained. These are serious and realistic concerns, and must primarily be dealt with by institution authorities and the concerned Medical Council of India (MCI) personnel.

WHAT THE TEACHERS AND ADMINISTRATORS CAN DO?

A possible option would be declaring this particular training period as a 'zero period'.

Identifying COVID areas and limiting clinical postings and movement of students to safe zones in hospitals.

Proper cleaning and disinfection of hostels, mess facility, and college areas like lecture theatres, library and laboratories should be ensured by the college authorities.

Bringing students back to college and hospitals must be complemented with various measures viz. awareness programs, training sessions of practising hygiene, safety measures, the orientation of COVID-19 and related areas like fever clinics, screening and triage areas, isolation and quarantine wards etc.

Teachers may have to modify their teaching methods, like using simulated patients or case-based discussions, online classes, to reduce risk of infection and footfalls in the wards.

Institutes will have to devise novel ways to handle academic as well as clinical workload adequately, and standard operating procedures for teaching must be developed collaboratively with feedback from both students and teachers, and allowing flexibility for modification as and when required.

WHAT THE STUDENTS CAN DO?

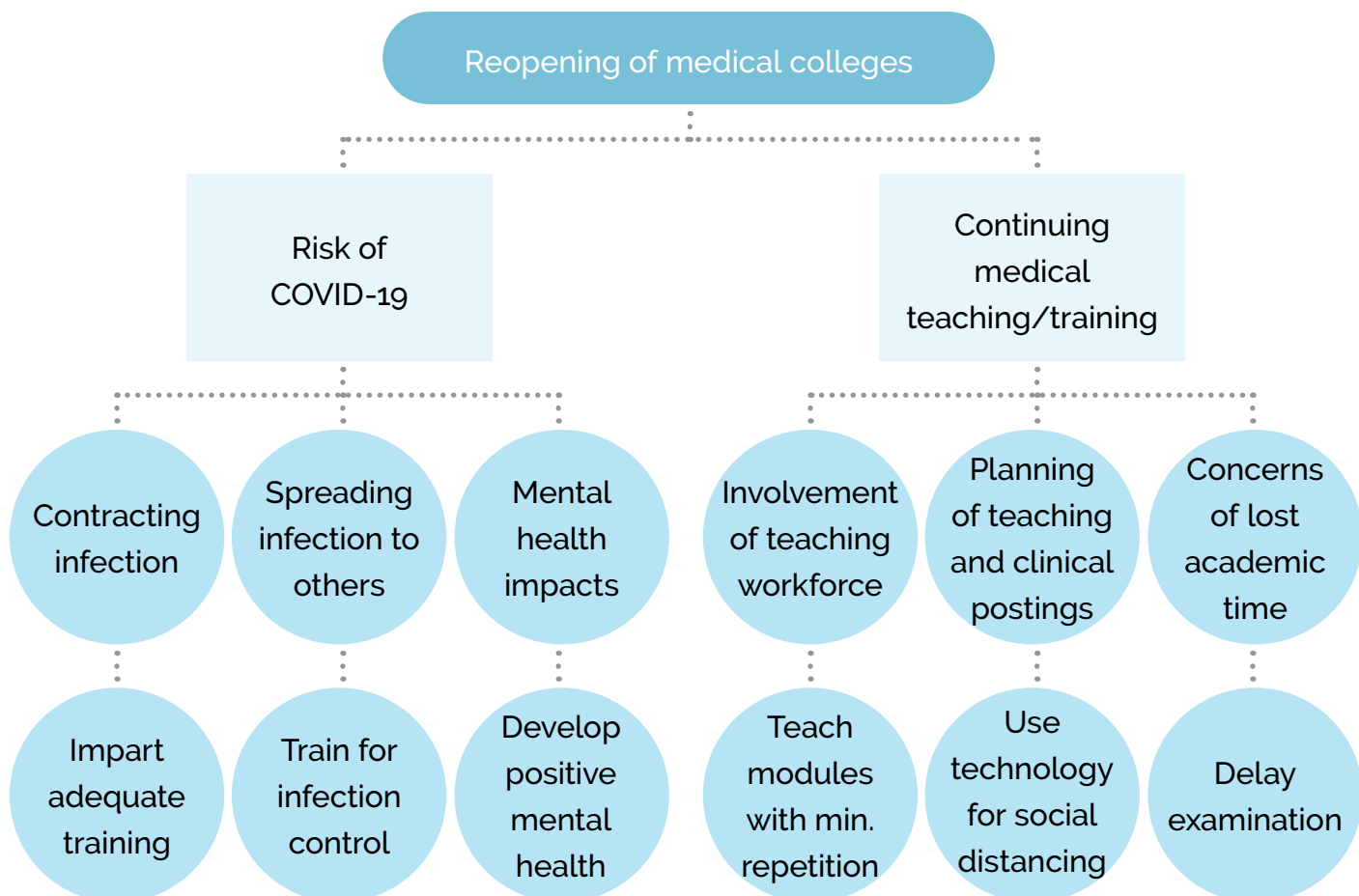
Returning to college after months of lockdown can be hard, but there are a few things students can do to cope effectively with these challenges.

Continue to follow the same safety precautions you were observing during the lockdown days. Just because case spread may have reduced does not mean that you are immune to infection.

You may find it hard to focus on long lecture hours, back to back classes and may find the hustle and bustle of the campus tiring. It is natural and will take time for your brain and body to adapt to the same fast-paced schedule. Don't beat yourself up about not being able to do enough; you will get used to the same routine.

Get together with your hostel mates, have group study sessions and topic discussions.

Relax when you become free, chat with friends, go for walks on campus, get back to the hobbies or exercise routines you may have nurtured during the lockdown, get some downtime!



CONCLUSION:

As the country moves forward in the fight against this deadly pandemic, it is increasingly becoming clear that we will have to learn to live with COVID-19. Whatever the course of this pandemic, one thing remains certain: Life has to go on. In due course of time, you will return and resume studies. Specific changes will be long-term, and others may revert to pre-COVID states. It may be difficult in the beginning, but these real changes will become new norms in the days to come. However, you are not alone; all students are facing the same problems, albeit with some variations. Adapting to the changes, adequate peer support, staying in touch with near and dear ones, seeking help when needed, and taking protective measures against infection is the way forward. Remember, all clouds do have a silver lining, and you'll find it if you look hard enough!

RECOMMENDED READING:

1. Taha M, Abdalla ME, Wadi M. Curriculum delivery in Medical Education during an emergency: A guide based on the responses to the COVID-19 pandemic. MedEdPublish. 2020 April 1;9.
2. Rose S. Medical student education in the time of COVID-19. *Jama*. 2020; Hulkower RL, Casanova LM, Rutala WA, Weber DJ, Sobsey MD. Inactivation of surrogate coronaviruses on hard surfaces by health care germicides. *Am J Infect Control*. 2011;39(5):401-7.
3. Cadnum JL, Jencson AL, Livingston SH, Li D, Redmond SN, Pearlmutter B, et al. Evaluation of an Electrostatic Spray Disinfectant Technology for Rapid Decontamination of Portable Equipment and Large Open Areas in the Era of SARS-CoV-2. *Am J Infect Control*. 2020.



CHAPTER 11

MYTHS AND MISCONCEPTIONS ABOUT COVID-19 FOR STUDENTS

written by

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MYTHS AND MISCONCEPTIONS ABOUT COVID-19 FOR STUDENTS

There are many rumours circulating through social media about prevention and cures for COVID-19. There are also myths about the way it is acquired. It is essential to have the right facts about COVID to protect oneself from acquiring the infection and also to prevent unnecessary panic about it.

Here are some common myths and the facts behind them:

MYTH: INTRODUCING DISINFECTANTS INTO THE BODY CAN CURE COVID-19.

Fact: Spraying and introducing bleach or another disinfectant into your body WILL NOT protect you against COVID-19 and can be dangerous.

Do not under any circumstance, spray or introduce bleach or any other disinfectant into your body. These substances can be poisonous if ingested and cause irritation and damage to your skin and eyes. Bleach and disinfectant should be used carefully to disinfect surfaces only. Remember to keep chlorine (bleach) and other disinfectants out of reach of children.

MYTH: EXPOSURE TO SUN OR HIGH TEMPERATURE PREVENTS COVID-19 DISEASE.

Fact: Exposing yourself to the sun or temperatures higher than 25C degrees DOES NOT prevent the coronavirus disease (COVID-19).

You can catch COVID-19, no matter how sunny or hot the weather is. Countries with hot weather have reported cases of COVID-19. To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth, and nose.

MYTH: DRINKING ALCOHOL IS PROTECTIVE AGAINST COVID-19.

Fact: Drinking alcohol does not protect you against COVID-19 and can be dangerous.

Frequent or excessive alcohol consumption can increase your risk of health problems.

MYTH: COLD WEATHER AND SNOW CAN KILL CORONAVIRUS.

Fact: Cold weather and snow CANNOT kill the new coronavirus.

There is no reason to believe that cold weather can kill new coronavirus or other diseases. The average human body temperature remains around 36.5°C to 37°C, regardless of the external temperature or weather. The most effective way to protect yourself against the new coronavirus is by frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.

MYTH: MOSQUITO BITES CAN TRANSMIT THE VIRUS.

Fact: The new coronavirus CANNOT be transmitted through mosquito bites.

To date, there has been no information nor evidence to suggest that mosquitoes could transmit the new coronavirus. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

MYTH: UV LAMPS CAN BE ROUTINELY USED TO DISINFECT THE SKIN.

Fact: Ultra-violet (UV) lamps should not be used to disinfect hands or other areas of your skin.

UV radiation can cause skin irritation and damage your eyes.

MYTH: VACCINES AGAINST PNEUMONIA CAN PROTECT AGAINST CORONAVIRUS.

Fact: Vaccines against pneumonia do not protect against the new coronavirus.

Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenzae type B (Hib) vaccine, do not protect against the new coronavirus.

The virus is so new and different that it needs a specific new vaccine. Researchers are trying to develop a vaccine against 2019-nCoV, and WHO is supporting their efforts. Although these vaccines are not effective against 2019-nCoV, vaccination against respiratory illnesses is highly recommended to protect your health.

MYTH: EATING GARLIC PREVENTS CORONAVIRUS INFECTION.

Fact: No evidence to say that eating garlic helps prevent infection with the new coronavirus.

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence that eating garlic has protected people from the new coronavirus.

MYTH: ANTIBIOTICS CAN CURE COVID-19.

Fact: Antibiotics aren't effective in preventing and treating the new coronavirus.

Antibiotics do not work against viruses, only bacteria. The new coronavirus (2019-nCoV) is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment. However, if you are hospitalised for the 2019-nCoV, you may receive antibiotics because bacterial co-infection is possible and adds complications.

MYTH: THERMAL SCANNERS CAN DETECT COVID-19.

Fact: Thermal scanners CANNOT detect COVID-19.

Thermal scanners are useful in detecting people who have a fever (i.e. have a higher than average body temperature). They cannot identify people who are infected with COVID-19.

MYTH: COVID-19 CAN BE TRANSMITTED THROUGH HOUSEFLIES.

Fact: COVID-19 IS NOT transmitted through houseflies.

To date, there is no evidence or information to suggest that the COVID-19 virus is transmitted through houseflies. The virus that causes COVID-19 spreads primarily through droplets generated when an infected person coughs, sneezes or speaks. You can also become infected by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands.

TAKE-HOME MESSAGES:

Having correct knowledge about the ways of the spread of the virus will help us protect ourselves from the infection.

Do not heed to myths circulating in social media and always refer to authentic information provided by the government sites. Also do not spread such myths without verifying the facts.

Stay safe.

RECOMMENDED READING:

1. [WHO - Coronavirus advice for public 2019 - myth busters.](#)



CHAPTER 12

COMMON PRESENTATIONS OF MENTAL HEALTH ISSUES

written by

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COMMON PRESENTATIONS OF MENTAL HEALTH

Medicine, as a profession is a stressful one. It has become more demanding, and this can put pressure not just on the clinicians, but, also on the medical students. One of the outcomes of this is burnout and emotional impact on all. Burnout was initially thought to happen after many years of a medical career. However, now such a phenomenon is being described even among medical students. This article provides an introduction to highlight some common psychological problems and help you identify them.

There have been numerous attempts to define mental wellness and illness, but none have been satisfactory and uniformly accepted. One of the conventional approaches is to examine the concept of disease or illness via five broad components.

Disease or illness can be defined as:

An absence of health.

What the doctor treats.

A biological disadvantage.

A pathological process.

A presence of suffering.

If in doubt, please speak to a senior, a teacher or a doctor.



DEPRESSION:

A depressive disorder is a psychiatric illness which lasts for more than two weeks duration. It has to be differentiated from normal sadness. People suffering from this have impaired patterns of mood, thoughts and behaviour which sometimes lasts for an extended period. It causes much distress to the person and reduces his or her quality of life.

While the COVID-19 situation and the consequent disruption to our life may have made us upset or sad, not everyone will go through clinical depression or be depressed. It is

essential to know the distinction between the two. As a screening tool, the following bunch of symptoms listed below may help. Most people with depression have five or six of them lasting for more than two weeks:

Feeling sad most of the time (but may feel a little better in the evenings).

Lose interest and enjoyment in life.

Reduced concentration in day to day tasks.

Find it harder to make decisions.

Can't cope with things that they used to.

Feel restless and agitated.

Lose appetite and weight.

Take 1-2 hours to get off to sleep, and then may wake up earlier than usual.

Lose interest in sex.

Loss of self-confidence.

Feel useless, inadequate and hopeless.

Avoid other people.

Feeling guilty about trivial issues.

Feel irritable.

Feel worse at a particular time each day, usually in the morning.

Having ideas or acts of self-harm or suicide.

Have a bleak and pessimistic view of the future.



ANXIETY AND STRESS-RELATED DISORDERS:

Anxiety is a normal human feeling we all would have experienced when faced with situations that we find difficult or threatening. The best example would be a description of how many people would feel before an exam or an interview. It is important to differentiate 'anxiety' from 'worry' and 'fear'. When anxiety is a result of a continuing problem like a financial problem, we call it 'worry'. An immediate response to an immediate threat, like looking over a cliff is 'fear'. Both fear and anxiety can be helpful, helping us to avoid dangerous situations, making us alert and motivating us to deal with problems. However, if it becomes too intense or goes on for too long, it can interfere with our daily activities and make our lives miserable.

Anxiety causes numerous physiological symptoms (in the body) and cognitive symptoms (in the mind) shown separately below:

Physiological symptoms of anxiety:

Irregular heartbeats (palpitations)

Sweating

Muscle tension and pain

Shakes and tremors

Butterflies in the stomach

Tightness in the chest

Breathing heavily

Dizziness

Faintness

Indigestion

Diarrhoea

Cognitive symptoms of anxiety:

Fear of 'going mad'

Fear of having a 'heart attack'

Fear of 'passing out' or 'imminent death'

Fear of a serious physical health problem

Feeling worried all the time

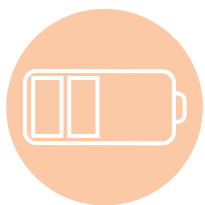
Feeling excessive tiredness

Unable to concentrate

Feeling irritable

Sleep problems

If the above symptoms have been continuing for over a few weeks or have been disabling or disrupting, then seek help from medical professionals.



BURNOUT:

Those of us working in the pandemic are likely to face the possibility of burnout. The world health organization [1] (WHO in ICD-11) has proposed Burnout as a syndrome 'resulting from chronic workplace stress that has not been successfully managed. Three dimensions characterise it:

Feelings of energy depletion or exhaustion.

Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job.

Reduced professional efficacy.

Chan and colleagues refer to a **4S Approach** to helping medical trainees beat burnout. These are:

Selection: There is evidence that residents who choose specialities without knowing about the aspects of the subject are at higher risk of burnout. Hence it is useful to have some orientation to the field before embarking into them.

Standard keeping of work and learning arrangements: This includes appropriate orientation of new trainees, adequate and regular clinical supervision, adherence to duty hour rules and not working beyond stipulated working hours with adequate rest, attendances of requisite learning and supervision sessions, and tracking the compliance of training programs.

Skills: Stress management techniques such as deep breathing, progressive muscle relaxation, a reminder to space out the timetable for studies, work, family and leisure activities needs to be reinforced. Data suggests that resident-led interventions, including relaxation and resilience training, can be useful.

Support: from the people involved in the training program and at work is crucial to the trainee. This support network includes peers, senior residents, supervisors, and clinical faculty. A more robust support network would be helpful for all learners irrespective of seniority in training and practice.

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS), which has been reproduced with the permission of the authors, lists the common signs that indicate mental wellbeing. Such an assessment is not a test to identify any psychiatric illness but you could use it to monitor your stress levels periodically.

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please circle the number that best describes your experience of each over the last 2 weeks.

	<i>None of the Time</i>	<i>Rarely</i>	<i>Some of the Time</i>	<i>Often</i>	<i>All of the Time</i>
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Finally, it is useful to acknowledge that stress is ubiquitous and that no one is immune to it. The key is to learn to deal with it effectively. I wish all the readers a burn-out-free period during your medical training and a long career as a medical professional.



CHAPTER 13

STUDENT PERSPECTIVES

STUDENT PERSPECTIVES

MEDICAL EDUCATION IN INDIA DURING COVID-19

Dr. Aravind Swamy, National convener, IMA Medical Students Network

"The coronavirus pandemic has shaken humankind to its core, and with social distancing being one of the critical assets in preventing its spread until an effective vaccine is developed, medical education as we knew it has ceased to exist. The uncertainty related to the resumption of classes and clinical postings, a pattern of examinations and extension of course duration has led to a substantial amount of apprehension amongst students. Such uncertainty can lead to unfortunate consequences such as an increase in mental health issues such as anxiety and depression among medical students.

As students, it is vital to sit back and look at the options available in the current situation. We need to prepare ourselves for the changes that are imminent, such as long-term online classes, studying from home, and reduction in clinical exposure to live patients. Attending online courses, having group discussions over video calls, chatrooms and messaging applications, familiarising oneself with objective structured clinical examination (OSCEs), learning in simulated clinical environments can help go a long way to solidify the knowledge gained during these times. Students should also focus on learning about disaster management, infectious diseases, community medicine, telemedicine and allied areas, as this may well be the subjects most required in the future. That said, these subjects should be learnt in an integrated manner with all other topics so that students learn to approach clinical scenarios from all directions. Integrated learning will also help in answering all types of questions during examinations and provide a significant edge when performing OSCEs.

Medical education is undergoing a paradigm shift, and students are at a crossroads, an unimagined event of global proportions. It is, however, important to remember that all situations are transient, and this is an excellent opportunity to enrich oneself with new and novel methods of learning, and procuring the skills to become the next generation of competent medical practitioners."

HELPLESS AT HOME

Dhwani Ravi, MBBS 2018, St. John's Medical College Hospital, Bangalore

"As a second-year medical student, I am a complete novice, who fumbles when told to auscultate or check the blood pressure of a patient. It doesn't bother me too much because I know that with time, I will gain competence and skill, required to be worthy

of the title 'doctor'. This worldwide pandemic has brought new challenges for medical students. In some parts of the world, final year students are being given temporary licenses to help pitch in. Elsewhere medical universities are requesting that you fill in forms committing to service if required, even if you are a fumbling novice second-year student.

We received a notification that our community medicine department was conducting an outreach health camp for migrant workers and was looking for student volunteers. I jumped at the opportunity, however, my parents implored me to reconsider. They told me I could be more of a hindrance to the work, and I would not only put myself at risk as well as risk spreading the infection to my elderly grandparents. I agreed, even though I was disappointed and decided to do it vicariously through the tales of my classmates and seniors. In the meantime, I caught up with classmates from school, now pursuing various fields and disciplines. Some were quite vocal about how helpless they felt in this situation - how would art or design which are seemingly non-essential pursuits, be of use in a pandemic? Were they in the wrong field? Was it just a fancy, frivolous choice without real-world use? As I tried to convince them that their dreams were valid and useful, I started having the same feelings myself.

Sitting at home while a war is waging outside, knowing that if you had finished a few more years of medical school, you could be at the frontline - brings a whole new dimension of helplessness. What could I do as a "to-be-doctor" confined at home? Attending online classes felt purposeless just another burden on the doctors who are out there working during this pandemic. The only thing within my reach was my own family: fact-checking and filtering through the myriad bogus links and forwards. Even that was a challenge with the knowledge and understanding changing every day. What I could do, and do well, was listen. Even though I didn't have the technical know-how and skills to be of use on the field, I could be the person to dispel the paranoia and unnecessary fear amongst friends and family. I could clarify facts, reassure and be there for them. In doing so, I realised that being a doctor isn't just about wearing a stethoscope or holding a scalpel but lending ears that listen and shoulders for support and crying."

YOU'VE GOT TO KEEP SWIMMING - BE IT RAPIDS OR A WHIRPOOL

Riya Sharma, MBBS 2nd year, Dayanand Medical College and Hospital, Ludhiana

"Being a young adult navigating your way through the various aspects of life is tough as it is. Let alone juggling academics, family life, social (-ly distant) experience and maintaining stable mental and physical health amid a pandemic. As a generation, the modus operandi for the "Millenials" has been instant gratification; the uncertainty and insecurity that the Covid-19 lockdown has brought upon us are like Mentos and Pepsi - it

just does not sit well. For me, this lockdown has brought its fair share of the good, the bad and the ugly. Having been in a boarding school since the age of ten, I have never really spent so much time with my family. In that way, the lockdown has been a boon to us. We feel so blessed to have the luxury to sit in the safety of our homes surrounded by the comfort and love it offers.

While I am truly grateful, it doesn't mean that I haven't faced problems, which I'm sure most of my peers have as well. During a pandemic, I am more stressed than ever-bombarded by studies, fearful of the impending exams, and sceptical about what's to come next. We are living in unprecedented times, and it baffles me that productivity is still the measure of our value as human beings. While it is crucial to stay on track with our education, the physical and mental constraints of the students should be kept in mind before making unrealistic timetables and setting unattainable deadlines.

Colleges all over have started classes on Zoom, but no one took into consideration that for many students, access to the internet is a luxury, not a convenience. Our syllabus was rushed at the speed of six 1-hour lectures a day, and we were expected to not only understand that but also retain it for pop quizzes at a day's notice. A part of me is flabbergasted that my entire 2nd professional syllabus has been completed though my exams are in December. The other part of me argues that it's good to have so much time for self-study and revision. Most days I skip the rope between the two sides of this coin that this coronavirus has handed me.

As a medical student, I take my studies very seriously. What I study today and how well I study it will be cardinal in diagnosing and treating a patient someday. But at the same time, I am just a 20-year-old who on some days just wants to stay in bed and do absolutely nothing. For me, belonging to a generation of overachievers who are always on the go, doing zilch is the only way to recharge from the hectic life we lead today. Ironically, this "lockdown" has "locked" away our "down" time. In our field, we leave very little room for errors. That's why I fail to understand why such a mistake can be made in educating the doctors of tomorrow? A systematic order is direly needed to control the chaos affecting the students. Proper revision test schedules with ample time for realistic study goals are required. Staying home all day at such a young age is strange to us all. We miss the normalcy of everyday life- from sitting next to our friends in college to going out for parties, all a part of a well-balanced professional and personal life.

Sometimes the comforts of being home seem to pale in comparison to the independent lives we were leading in our respective colleges. Sometimes I feel as though my problems aren't valid, just because "others have it worse". It takes mindfulness and compassion to remind myself that while my problems aren't insurmountable, they are still hurdles I have to cross - my shallow rapids are still turbulent, even though they may seem

insignificant in front of a whirlpool. Paraphrasing Dory the fish in the movie Finding Nemo, *'You gotta keep swimming - be it rapids or a whirlpool.'*"

COPING WITHOUT BOOKS

Sumaiya Nadeem, II MBBS BJMC, Pune

"Being a medical student in a normal world is tough. Being a medical student amidst this pandemic is far worse. When our college declared that they were going to remain shut for a while, the first thing I did was book my flight home. The second thing I did was buy a mask. I was under the very wrong impression that I would be back in a fortnight. So, I didn't see any point in carrying my heavy second-year course books with me. That was three and a half months ago. And there's still no hope of college reopening anytime soon. I had to download PDFs of the books I study from, borrow some books from my cousin and search for the books my sister had used five years ago. All in an attempt to create the resources I had always taken for granted back in the hostel.

Studying from PDFs is not easy. It just doesn't have the same feel as a hardbound book in your lap, as you sit with a highlighter and a pen and scribble notes on the corners. I searched a lot and finally found an app called Xodo, which lets me highlight, underline, make notes and mark on the PDFs. That's the best I could do, under the circumstances. Studying from my cousin's books doesn't feel much right either. I miss my hand-written notes and mnemonics along the margins, the different highlighters I would use for different information. If obtaining the tools was difficult, the actual studying is far more challenging.

I am used to studying in a group or alone in the library, surrounded by other hard-working souls whose dedication continually motivates me to keep going and not throw my pen out of frustration. Studying alone at home takes time to adapt to. Maintaining a constant motivation to study amidst all the uncertainty and anxiety is not easy. The uncertainty regarding our future gets to me sometimes. When will I be able to go back to college? Will they consider most of our syllabus covered? Will we have our academic year extended beyond December? Since these thoughts generally pull me into a bottomless pit of anxiety, I try to block them as much as I can and focus on the simple task of studying. Simple, yet not so simple.

Making schedules and sticking to them is tough in this lockdown. I find myself procrastinating a lot. More so than I usually would. There is always some other work that needs to be done. I seem to believe that this lockdown will go on forever, and I will always have ample time to cover my syllabus. I'll study tomorrow, I tell myself. Very few days do I keep that promise. Still, I hold onto the hope that sooner or later, I will be able to study a little more consistently. Sooner or later, we will know what fate has in store for

us. I will be prepared and be strong enough to handle whatever is thrown my way. There is hope, and I'm not giving up yet."

INTO UNCHARTED WATERS

Meera Dubey, MBBS 2nd year, Armed Forces Medical College, Pune

"The pandemic was just beginning to gather speed in Pune March 2020. On March 14 2020, we were told to pack our bags and head home. Hostel blocks were booming with chants of '*Jai Corona*', you see, serial procrastinators were celebrating the obvious postponement of term exams. Did we foresee the unprecedented scales this pandemic would reach? Or the scars it would give to the world? Or the possibility of being threatened with online video viva's? Well at twenty, one doesn't foresee much. On a serious note, those chants of juvenile jubilation seem so far away now, as if it was a different world. As undergraduates, we are often told that the journey is just beginning; it gets uphill from here. Two years into it, MBBS seems like a demanding course but watching our clinical tutor soothe an elderly gentleman with both words and medicine, inspires us to know our Robbins, Guyton and Davidson better.

This pandemic also introduced us to online lectures and assignments. On the one hand, we feel grateful for the efforts our professors and technical team are making to teach us what they can through computer screens. We feel like they remember us and miss us. You will certainly not hear me complain about the new attendance system. For the first time, everyone's attendance is higher than their exam percentages will ever be! On the other hand, I can't help but feel an ache in my heart when I think of our days back in college. How we would savour breakfast at the mess, all the while knowing that this very savouring will get us late for class, and then race against time to make it to the lecture halls before our training officer could.

While we have more or less adjusted to life at home, the online method of learning still feels somewhat alien. Each day, I struggle to find the motivation to sit down to study. What is exasperating is that I want to study and make the best use of this time, but somehow, I find it hard to detach from the uncertainty and panic going around and centre myself. I often get lost in the cycle of procrastination and regret. Another challenge is to manage studies, online exams and viva's in homes that aren't exactly peaceful. Perhaps, our education system needs better approaches to education, mental health and resilience. I think most medical students across the country, myself included, are finding it challenging to keep up their academic momentum because of the sudden loss of structure in our lives. We may have been clueless in lecture halls and clinics, but the reality of being physically surrounded by all things medicine and all things college is irreplaceable. In conclusion, I miss learning the traditional way. However, I know I must adapt and here I am, trying each day."

A PARADIGM SHIFT IN MEDICAL EDUCATION

Aumkar Kishore Shah, 2nd-year MBBS, AIIMS New Delhi

"COVID! A loaded word that has vividly changed the canvas of humanity in every arena, every aspect and every manner. As we all know, the Coronavirus pandemic has forced the country into lockdown. Businesses, malls, theatres, offices and colleges have been shut down. The health sector, mainly in the line of firing, is taking the brunt head-on. The health care system is stretched, health professionals are on their toes all the time with no endpoint visible. Obviously, the focus should be on the care of patients and the communities at large.

Running parallel in bearing the brunt is the education sector, more so medical education which has been disrupted abruptly, a sudden cutting of the umbilical cord of normalcy, that too not just locally or nationally but globally too. Medical education, whose soul consists of patients, around which the entire gamut of clinical skills are acquired, seems to be at a juncture where it finds itself in a vacuum and needs the expertise of medical educators to bail it out. As a knee jerk reaction, medical educators have been pushed to technology-based education. Most colleges have initiated online teaching, which has served as a filler and logical manner in handling the volume of theory classes but what about clinical skills? Medical students have been adversely affected as the medical curriculum is not such that everything can be done online. Clinical postings, ward visits, patient interaction and performing procedures are integral to medical education.

Practical & logistic challenges have arisen from the COVID pandemic. To be or not to be was Shakespeare's question which is now the college administrator's question. To call or not to call the students to the campus? It's a catch 22 situation. They could acquire the virus during training and be potential asymptomatic carriers. In the worst case, it also raises the question of who would be responsible for the consequences? What would be the facilities provided? How would quarantine be ensured? The list is endless. If not on campus, how can we provide an environment for clinical learning? How would they pick up the clinical skills, which is a critical component of medical training? What is the near similar option? These very questions may be intriguing to the administrators, academicians and college authorities, but the students have their own set of questions and issues.

The efforts taken by most colleges, including mine who have begun with online lectures over Zoom, Jitsi and other web sharing platforms, despite their COVID burden, is highly appreciated. However, are these efforts translating to active learning? Most of the professors are not well versed with such platforms and technology. Online teaching has its inherent limitations. These limitations include poor connectivity, poor video quality

and also the fact that teaching mostly comprises PowerPoint presentations with almost nil interaction which can get extremely monotonous leading students into a world of parallel and distracting activities. Here are some humbly offered suggestions:

Lectures:

What if the faculty researches online material and videos on procedures, examinations etc., and forwards them to students in advance so that students can go through and understand the basic concepts.

This introduction can be followed by uploading lecture videos with a narrative of the procedures. It is better than live streaming since it will have better quality at the receiving end, and students can watch at their own pace, pause, rewind and understand better.

Following this, the faculty can hold a short, interactive/quiz session on the same lecture content, which will lead to a strengthening of concepts and be a fun way to learn.

If Live streaming is the preferred option, faculty should be self-motivated to pick up online skills, orient themselves to myriad ways of making lectures interactive. The matter for the next class can be given for pre-reading, which will help better understanding. They need to be abreast with pedagogical innovations involving technology and simulation-based teaching like video case vignettes, virtual simulators, webcasting, online chat-rooms etc.

Practicals:

Demonstrations and practicals can be carried out as above and once again on web conference so that students can first understand the detailed process.

Then the second time can ask doubts and see live how to correct mistakes and understand problems that may arise.

The university leaders should consider reworking the entire semesters safeguarding the interests of the students with minimal compromise on learning. The community has a tough task at hand, but we have the best brains so I believe a solution would surface. Fingers crossed.

THE COVID-19 BATCH

Anmol Ezuthachan, Sree Balaji Medical College, Chennai

Living in the coronavirus pandemic feels a little bit like living in a dystopian world straight from a Hollywood movie. Many countries are in a state of complete lockdown, and the global economy has crashed. Closer to home, many have lost jobs, more have been infected, and most individuals are living in a state of the constant worry of infection, financial crisis, and safety of near and dear ones than ever before. With thousands of patients testing COVID positive in hospitals all over the country, even as I write this, health care workers are continually placing their lives at stake and putting up an intense fight in the battle against the coronavirus.

When my seniors are involved in the frontline, here I am, sitting in my room, trying to gather my thoughts and make sense of all that is happening around me. I am trying to fathom what it means for me, my career, my future and the rest of the world. I long for the day when I can join that elite band of warriors in white coats, armed with their stethoscopes. But let's face it, the path to becoming a doctor isn't easy, and I feel that my journey came to a standstill even before it could properly take off. As first-year medical students, we need to study the three core subjects, anatomy, physiology and biochemistry, and in the current times, our college has transitioned to online classes. Our faculty have been fantastic in helping us do this smoothly, and are doing an excellent job teaching us the complexities of these subjects. I have my textbooks, anatomy atlas, and notebooks lying all around me, interspersed with a few bones here and there, but I feel that something is missing. No matter how hard I try to memorise the muscle origins and insertions, without dissecting them on the cadaver and being surrounded by the smell of formalin burning my eyes and nose, I find it that much harder to learn and understand. The same goes for physiology and biochemistry labs too.

Nonetheless, for better or worse, we had stepped into the medical field when the world was on the brink of disaster. We are continually learning resilience, teamwork, passion and a whole host of other things just by observing and interacting with our seniors and faculty who are working in the frontlines. We will always remember ourselves as the "batch of COVID-19" (never as the 'batch of 2019!'), and I hope that we will focus on becoming competent medical practitioners, and continue our medical learning by adapting ourselves to whatever curveball life throws our way!

COPING WITH COVID: A Handbook for Medical Students

The COVID-19 pandemic has unearthed a great deal of challenges all over the world, none perhaps more demanding than on the medical fraternity, which is pushing itself to its limits. As medical students just entering the fray, and as the future of medicine in India, how does this unique situation impact you? What does it mean for medical education and future careers? What about college, labs, clinical postings and examinations? How can a medical student contribute meaningfully in the current crisis? In what way would this have a bearing on the overall wellbeing and how can you help others and yourself in dealing with this adversity and its consequences? This book addresses such questions and more, and attempts to provide a guiding light to medical students currently in the midst of a foggy present and an equally foggy future.



“Know that you are not alone in these difficult times. Apart from your family members, all the 3 Lakh+ members of the Indian Medical Association will always stand by you.”

- **Dr. Nilima Kadambi**, Chairperson, IMA National Committee for Emotional Health and Emotional Wellbeing of Medical Students and Doctors of India, IMA D4D Project

“‘When the going gets tough, the tough get going’- a famous saying applying to medical students now more than ever. I am glad they are being provided good ammunition and supplies to fight this COVID war in the form of this handbook.”

- **Lt Gen Madhuri Kanitkar**, Dy Chief IDS (Medical) Member BoG in supersession of MCI

“Despite all the changes and challenges, medical education cannot afford to be disrupted. The transformation will not be easy. Transformations never are. Notwithstanding all these challenges, the COVID-19 pandemic has also brought forth much needed changes and opportunities, and has made us rethink certain long-standing patterns of working and learning.”

- **Dr. Suhas Chandran and Dr. Sandip Deshpande**, Editors