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Building Resilience in the Age of COVID-19

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The COVID-19 pandemic is a global catastrophe (1), daily life activities worldwide have been altered. In the education sector, almost all institutions have stopped face-to-face teaching and transformed into online campuses (2). This creates a lot of challenges for teachers and students. In medical education, the situation has special considerations; since learning in medicine emphasises hands-on experience, world-wide movement restrictions and social-distancing orders deprive them of this essential component of training. It is worse for final-year medical students who are near graduation. All these uncertainties place great stress on medical students. Hence, it is essential for education leaders and teachers to develop resilience in students and strengthen them in the face of the COVID-19 pandemic. The following are some suggestions inspired by the “integrated resilience model” published in this issue (3). This model sheds light on building resilience in four themes; control, involvement, resourcefulness and growth. Control means being composed and controlled under stressful adversity. Involvement means being committed to deal with adversity. Resourcefulness means being able to find appropriate solutions from available resources to deal with adversity.

Growth means being able to keep growing and bouncing back stronger from adversity.

Being in ‘control’ – Although movement restriction can give rise to feelings of helplessness, educators should infuse positive attitudes among students: a lot of decisions are still in their hands. They should be encouraged to continue their scheduled learning activities from the available resources; e.g. their school’s Learning Management System. They should decide to remain healthy in body and mind: to exercise, to eat healthy and to find positive sources of strength and coping. Students should realise that this situation will not continue forever; instead, it is a good opportunity for them to learn practical information and gain first-hand experience on how to deal with similar situations in the future.

Being ‘involved’ – Students should have a hand in fighting COVID-19. Although many students are sent back to their homes they should be encouraged to be in constant communication with their medical school, giving feedback about the efficiency of their online learning. They still can be actively involved in community education, for example by writing on social media

platforms; disseminating correct information and fighting disinformation. For those who can, they may be encouraged to participate in the COVID-19 medical teams in the hospital while conforming to the safety standards.

Being ‘resourceful’ – Thankfully, most medical schools provide a variety of learning management systems and strives to push the medical learning process forward. They provide a lot of resources for students and encourage them to continues their study (4). Students should be encouraged not to limit themselves to resources provided by their schools, instead they should take the opportunity to benefit from the almost limitless forms and amount of learning material in the internet. They can also be creative in using available apps and hardware to achieve synchronous learning, for example by using WhatsApp® which requires low bandwidth and is available to many.

Being ‘growth’-centric – COVID-19 is a unique experience for medical students to achieve growth in maturity and confidence. Examples include participation in managing COVID-19 patients, running educational campaigns, disseminating trustable and useful resources through social media and participating in research related to COVID-19. The key point here is for medical teachers to facilitate this process; students need to have the skill to properly reflect on this rare experience.

Building and maintain resilience in the age of COVID-19 for our medical students is essential. It is a collaborative work at all levels of the medical education system (5–6).

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