


## MEDICAL EDUCATION ADAPTATIONS

# #MedStudentCovid: How social media is supporting students during COVID-19

Daniel Huddart | Johnathan Hirniak | Rajiv Sethi  | Gursharun Hayer | Connor Dibblin | Biyyam Meghna Rao | Mohammed Ehsaanuz Zaman | Cameron Jenkins | Benjamin Hueso | Sunil Sethi

**Correspondence:** Rajiv Sethi, CE Fellow at NHS England and Founder, Becoming a Doctor (@Becomingadr).  
Emails: rajiv.sethi@kcl.ac.uk; raj@becomingadr.org

### 1 | WHAT PROBLEMS WERE ADDRESSED?

The coronavirus disease 2019 (COVID-19) has disrupted medical education on an international scale with clinical attachments cancelled, assessments and teaching moved online, and numerous universities graduating final year medical students early to assist pressured health systems. As a result, several innovative educational projects and volunteering opportunities have been established to help care delivery and enhance remote medical education. Although universities and professional bodies have released guidance, a lack of uniformity has left many medical students with questions regarding early workforce entry, volunteering and completing his or her education.

### 2 | WHAT WAS TRIED?

To address medical students' uncertainty over disjointed information and showcase student initiatives tackling COVID-19, the Becoming a Doctor (BAD) team, a United Kingdom (UK)-based national organisation supporting medical students, hosted a 1-hour national Twitter discussion on Sunday 29 March 2020. Representatives from organisations including the General Medical Council, Health Education England, National Health Service England and the World Health Organization took part. Advertisement from these organisations and university representatives ensured national coverage, with formulation of key discussion points established via trending queries, research, and participants' tweets. Participants used the hashtag #MedStudentCovid, establishing a movement to unite students following the discussion.

The discussion was comprised of four questions tweeted from @BecomingaDr. Participants then replied to each question using

#MedStudentCovid so others could see his or her response. Twitter is well-suited for learners of this age and can assemble representatives from multiple organisations, given the many stakeholders involved. As moderators, the BAD team collected student concerns and connected them with relevant organisations, rather than providing university-specific information.

### 3 | WHAT LESSONS WERE LEARNED?

The initiative was met with great success, receiving 1586 tweets and trending fourth in the UK on Twitter. The initiative has shone light on medical students' concerns as well as gathering information and organisations to address them. A common theme involved national differences in how medical schools involve students in tackling COVID-19. Examples included volunteering in clinical settings, supporting healthcare staff through non-clinical work such as grocery shopping and fighting misinformation. The discussion also provided a platform to share student-led initiatives supporting health-care workers.

Concerns were expressed over burnout, appropriate supervision and personal protective equipment. Many students also expressed that remote learning would impact his or her ability to develop clinical competencies. Students were relieved to see his or her worries shared by peers and discussed them before being addressed by relevant organisations. Using a large-scale hashtag facilitated connections between professional bodies, faculty members and students, when it was otherwise difficult for students to coordinate individually.

It was challenging to ensure all questions were answered due to ongoing uncertainties presented by the COVID-19 pandemic. The

representatives allowed for up-to-date answers to student concerns. Although Twitter's character limit may have limited participants from fully expressing themselves, it allowed concise communication with a greater response rate. Many interim Foundation Year 1 doctors participated and have now formed a national network of incoming doctors, using #MedStudentCovid to ask questions and share resources. The movement has grown to encompass global examples

of how medical students are contributing to help tackle COVID-19, demonstrating an innovative use of social media to voice student concerns and highlight best practice.

**ORCID**

Rajiv Sethi  <https://orcid.org/0000-0002-9161-7174>

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## A virtual postgraduate community of practice

Megan E. L. Brown  | Rebecca L. Archer | Gabrielle M. Finn 

**Correspondence:** Megan E. L. Brown, Health Professions Education Unit, Hull York Medical School, University of York, Heslington, York YO10 5DD, UK.  
Email: hymb2@hyms.ac.uk

### 1 | WHAT PROBLEMS WERE ADDRESSED?

During the coronavirus disease 2019 (COVID-19) pandemic lockdown one community of homeworkers at risk of being overlooked in contingency planning is that of postgraduate student researchers, known to suffer from higher levels of mental ill health than the general population. Physical distance from a supportive network of supervisors, peers and colleagues holds the potential to negatively impact postgraduates' health. This is exacerbated as international and national networks for medical education research students are sparse, and the majority of student support is sourced locally through involvement in a medical education community of practice. This intervention sought to mitigate the negative influence of social isolation amongst medical education Doctor of Philosophy (PhD) students at one United Kingdom medical education research unit.

### 2 | WHAT WAS TRIED?

In line with the move to online communication, we sought to develop a virtual postgraduate community of practice for medical education PhD researchers. Barnett et al's<sup>1</sup> seven-step framework for implementing an online community was used to structure the creation of this network. In order to ascertain need, PhD research students at the Hull York Medical School (HYMS)

completed individual online COVID-19 impact assessment forms. This assessment was designed to identify student projects that might be negatively impacted by COVID-19. During analysis, it became clear that some students felt unsupported in a time of great change. In response, weekly online team meetings were initiated, facilitated by the director of the unit and hosted in Zoom™ (Zoom Video Communications Inc., San Jose, CA, USA) (in line with the seven-step framework: Step 1: Facilitation; Step 2: Champion and support; Step 3: Clear goals, and Step 4: Broad church). These meetings provided a forum in which postgraduate students were able to discuss progress and any issues with more senior members of the team (Step 5: Supportive environment). Some issues did arise in scheduling this meeting: accommodations were made to account for international homeworking, although as some students have keyworker roles and some have childcare responsibilities, full attendance has not always been possible (Step 6: Measurement, benchmarking and feedback). For more asynchronous support, two WhatsApp (WhatsApp Inc., Menlo Park, CA, USA) instant messaging groups were created, of which one is accessible only to students in order to encourage confidential peer support and the other including all team members. As well as facilitating technical support (Step 7: Technology and community), the WhatsApp groups have improved the level of social support: morale-boosting messages are posted frequently and the sharing of non-work, non-COVID-19-related good news is encouraged to maintain a sense of camaraderie.