**Reflective Narratives during the COVID pandemic: an outlet for Medical Students in uncertain times**

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Abstract

Reflective Narratives on personal experiences, observations, thoughts and concerns were used as a method of helping medical students process the COVID 19 pandemic and their lives. It involved individual writing, anonymous submission, on-line group reading of selected narratives on a voluntary basis and facilitated discussions. Students felt that this was a safe method to voice their feelings and thoughts, to understand themselves better and to gain new perspectives. Though small numbers of students participated, there appears to be a greater potential to use reflective narrative writing coupled with facilitated group discussions in medical education to help students cope with external and internal stress, to better understand themselves, to relate to others and to possibly become more empathic.

Key Words

Education, medical, reflective narrative, COVID-19, wellbeing strategies, humanities, medical students

Article

The “novel” Corona virus outbreak refers to more than a new zoonotic disease. It has shut down large parts of the world and has caused death and hardships on a scale never seen by at least a couple of generations. Medical history textbooks, fictionalised novels and documentaries remind us that this has happened before; the Spanish Flu (1918 - 1920) and the Black Plague (1346 – 1353), among others. More recent viral epidemics, the SARS outbreak (2002–2004), the Ebola (2013-2016, 2018-2020) and the ZIKA fever outbreaks (2015 –2016) were more localised, more contained and less fatal at least in absolute numbers. So, COVID 19, with over 200 countries affected and almost twenty million cases and counting and over seven hundred thousand confirmed deaths worldwide (1), is a new and daunting phenomenon that has affected both medical and non-medical people.

**Response to the COVID pandemic and its impact on medical students**

In India, we had a national lockdown from March 24th2020 to April 21st, extended to May 4th2020, and then a partial lockdown to May 17th2020. There have been ongoing localised lockdowns in areas where cases are clustered. All medical colleges suspended classes, sent students back to their homes and vacated hostels. By mid-April, various online teaching platforms were experimented with and medical students began remote classes with faculty following a timetable. However, specific challenges remained – the inadequacy of on-line methods for practicals and clinical teaching, challenges of examinations and assessments, particularly so for the first-year students who were enrolled into a new competency-based curriculum, initiated by the Medical Council of India in 2019 (2).

**The role of reflective narratives during the COVID pandemic**

**The process:**

The Health and Humanities Division of St. John’s Medical College promotes the idea of the humanities in health among healthcare practitioners and students-in-training through various classes and activities. Workshops and events have been held earlier to promote reflective narratives as a means to process experiences and observations. During the lockdown periods, the Division with the student-driven groups “Quillosophical Society” (which aims to encourage individual thought and voice through the written and spoken word) and the Humanities Club (which aims to foster health-related humanities disciplines through educative, reflective and research activities), announced two reflective narrative events – “Small virus, Big impact” in early April and “Mind Matters” in early May. Twenty students participated in the first and 25 in the second event. Students were encouraged to reflect on their current situations, process their personal stories, their emotions and their perspectives in the form of a reflective essay, poetry or a play script. Students were made aware that this was not “creative writing” and that their submissions needed to be personal and original. Interestingly, not all narratives written by the students related to the topic - some reflected on their general thoughts and concerns. Students were allowed to send in their submissions anonymously, and could opt to read the piece themselves or for it to be read by someone else in the online events that were subsequently planned. All students gave permission for parts of their narratives to be used in this publication.

**The Findings:**

“…*trepidation about my bleak future while I read about the impending extension of the lockdown in the newspaper*”,

“*the hardest task seems to be to filter genuine information updates from fake news, that convey nothing but an impending sense of doom…*”,

These are some reflections of 19 and 20-year-old medical students who participated in the call. They find themselves trapped in their homes, uncertain about their future, flooded with statistics and opinions about the pandemic and going through a rollercoaster of emotions.

The students in the early years of medicine, focused their writing on their loss of peer contact, the emotions of being isolated at home, a questioning of the lockdown and its consequences, a need for compassion and a shift from themselves to the pain of others, both physical, psychological and moral, as evident from the verse below,

“…*While we struggle to stay home safe,*

*they have nowhere to call home or*

*or have one that is so far away.*

*…. We practice our ‘social distancing’,*

*not only from everyone but*

*from our conscience itself*…”.

The perspectives of Interns were related to their hands-on work with patients and communities and related to moral distress.

“*My heart grew weary as I saw my patients’ platelet counts drop. I knew how unreasonable I sounded when I went to my patient's attender who had no money for meals and told her to arrange a donor for blood, who I knew would have no means of reaching the hospital*”

Dilemmas and ethical issues were raised on whether or not to mask … (these were the early days), whether inadequate protective gear was fair vis a vis a “duty to care” and issues related to the stigmatisation of doctors.

Introspection and reflective methods help those grappling with ambiguities and shifting meanings (3). This was reflected in the feedback received following the events. Students said that they participated in the reflective writing exercises to voice thoughts on the pandemic, to express and share their emotions through the medium of writing, because they love to write, and that the theme was current and relatable. In their words,

“*It prompted me to put my pen to paper and actually reflect on how life had changed since COVID*”,

“*It helped me vent my emotions through my words, …helped rationalize the thoughts I had.*..”,

“*Through this, I got a better understanding of myself as well*.”

The on-line reading and discussion sessions that followed also helped these students to “*understand the current situation*”, “*helped go deeper and introspect*” and “*gain a new perspective*”.

Interestingly, the perspectives gained were that of ‘the other’ also borne out of personal experience and observation. These included a recognition of the privilege of being part of the educated urban middle class; an interconnectedness of life and the natural environment, human biology and human life irrespective of country, class, creed or community and finally the resilience and creativity of different people to cope with constraints and manage their lives. Students also shared that through these sessions they had a “safe space” to tell their stories and that this process was therapeutic.

**The wider implications of reflective narratives in medicine**

The above benefits of these reflective narrative initiatives on the personal perspectives of medical students reinforces the already established advantages of narrative medicine in the teaching of medicine. These include an appreciation of diverse perspectives on complex events, and ability to handle uncertainty, to nurture empathy and to gauge societal and ethical dimensions of events (4). It is also said that more than illness itself, it is the stories and experiences of being ill, and the experiences of being cared for that aid and hasten the recovery process. In contrast, “modern medicine” with its focus on facts, findings and technology often side-lines the unique voice, feelings and circumstances of the individual. Narrative medicine needs attention. The process involved, however, requires skill, sensitivity and patience. Reflective writing during the pandemic and on-line narrative reading and discussions have helped to keep the students connected with each other, unburden their emotions, handle the stress of isolation and uncertainty and form their own opinions and perspectives of the pandemic. And, even while students grapple with their own state, reflective narratives encourage them to recognise the “other” and “feel with them”. Teaching empathy is not easy – some would argue that it is impossible in a classroom, but exercises like writing reflective narratives on something as personal and universal as the impact of the pandemic, has value in this direction.

**Limitations of replicability and lessons for the future**

Writing has its challenges. It must be noted that the routinization of ‘student narratives’ as a learning method in the new ATECOM module of the Medical Council of India (5) has it’s dangers. Not everyone is comfortable about sharing personal reflections and not everyone writes best in English. Thus, there were small numbers that responded to these sessions. This is not to say that this limitation should negate the benefit accrued to those who did participate. The feedback has been encouraging. A hesitation towards writing, the limitation of language and the inhibition of sharing can possibly be addressed by introducing classes on narrative writing, allowing for writing in regional languages and exploring other formats of sharing such as blogs and talking books. The element of hearing other’s stories and of interacting with others with a facilitator seems important to hold on to. Blind insistence on narrative writing without facilitator skills can lead to the well-known fallouts of students copying from each other or cleverly plagiarizing online content in order to be graded well. Other media such as art or theatre could also be explored. While the student reflections were that a small virus has a big impact, we conclude that we have made small beginnings with reflective narrative writing with the long-term hope of expansion, replication, of skill development and ultimately of helping develop more self-aware, sensitive and empathic doctors.

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