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Introduction

- The transition to medical school is challenging; even more so with the added stress and isolation from the COVID-19 pandemic
- While studies have examined medical student wellness programs, few have been implemented during a pandemic, a time of high uncertainty and change
- This new program was developed in collaboration with Georgetown University School of Medicine, and consisted of two mandatory, followed by four optional, one-hour, biweekly virtual meetings with 10 or 11 first year medical students and 2 trained co-facilitators
- The goal of the meetings was to give students the opportunity to share their current thoughts and experiences within a safe environment to ease the transition to school

Purpose

- The purpose of Creating Caring Communities (CCC) was to help participants transition and thrive in a time of uncertainty and change. By creating an environment to connect with a small group of peers in a safe, authentic setting, participants were given the opportunity to speak freely about how they were adjusting during virtual times, share challenges and joys, and be present for each other.

Methods

Design:

- Mixed method post-program, self-report survey

Participants:

- 183 First-year medical students (M1) at the University of Cincinnati College of Medicine

Data Collection:

- Participants were sent an online, self-report SurveyMonkey after the sixth CCC session which included quantitative and qualitative items
- Survey evaluated students’ overall experience, program logistics, and feelings of social isolation
- PROMIS Social Isolation 4-Item Short Form was used where higher scores indicated higher levels of isolation

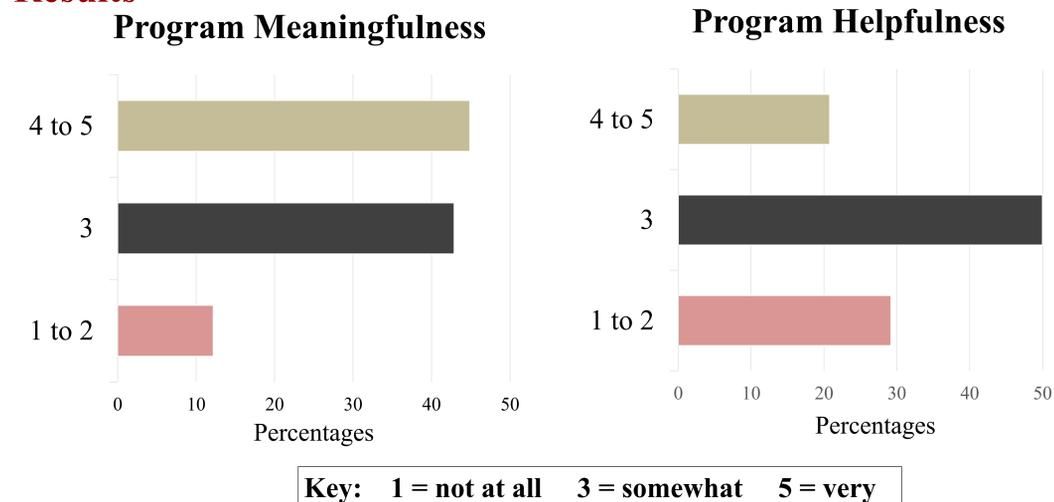
Data Analysis:

- Descriptive and bivariate analyses, including crosstabs, were completed using SPSS.25
- Open-ended qualitative questions were thematically analyzed

Results

- 126 of the M1 participants completed the post-CCC evaluation (69% response rate)
- 39% of M1 students attended more than the 2 mandatory sessions
- M1s who attended more than two sessions had significantly greater reports of meaningful experiences and helpfulness in transitioning to medical school (respectively, 58%; 71%) compared to M1s who attended two or fewer sessions (respectively, 42%; 29%; $p < .05$)
- 33% of the M1 students reported that they believed the first 1 or 2 sessions of the CCC program should be mandatory
- Social isolation scores were within normal range (T-score=52; SD=7) when compared to a standardized score for the general US population (T-score=50; SD=10)

Results



Graphs include data from the M1s who attended more than 2 CCC sessions (n=49)

Qualitative Thematic Results

Most valuable aspects of the CCC program:



“I think in these isolating times it was great to connect with others and share our experiences navigating med school as well as COVID-19. These meetings served as much needed stress relief while teaching me better self-care practices.”

“This helped to build a sense of community at UCCOM, particularly when the sessions were 1-2 facilitators and 2-4 students. With the pandemic restricting engagement with UCCOM, CCC helped to bridge the gap and foster relationships with faculty and community physicians and students which has helped me develop my identity as a medical student at UCCOM.”

Conclusions & Future Directions

- Many students found that CCC was helpful with their transition to medical school during the COVID-19 pandemic
- A challenge to continuing a mandatory program is that some students felt their workload and schedule were too busy for this additional commitment
- Program refinement should consider whether/how many sessions should be mandatory, the timing and length of the program, and participant input prior to starting CCC for group placement based on individual needs and interests