is illegal to post this copyrighted PDF on any website. Psychiatric Medical Education in the Age of COVID-19: The Penn State Health Experience

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he rapid outbreak of the novel human severe acute respiratory syndrome coronavirus 2, ultimately leading to the coronavirus disease 2019 (COVID-19) pandemic, has spurred numerous changes in health care systems to preserve the safety of patients, providers, and learners.¹ While there have been many changes to patient care, attention toward the effects on medical education has been sparse in comparison. Some of the greatest disturbances have involved suspension of onsite clinical experiences for students in favor of virtual learning modalities.²⁻⁵ Medical education classically involves didactics and in-person patient experiences to equip learners with the skills needed to serve as empathetic, knowledgeable providers.^{2,5} This is particularly true of psychiatric education wherein patient interaction provides learning beyond that which textbooks can provide. Furthermore, given the current shortage of psychiatrists,⁶ the need for medical student exposure to the field cannot be understated. Therefore, it is imperative for psychiatric educators to consider alternative strategies to ensure that medical student educational needs are met. In this commentary, we discuss our psychiatry department's approaches and experiences in its educational initiatives for third- and fourth-year medical students. We aim to offer this report as an initial survey of this issue and provide potential solutions to address the new challenges faced by educators and students alike in the age of COVID-19 and beyond.

The COVID-19 crisis has restricted in-person experiential learning and didactics for medical students^{2–5,7}; therefore, the use of technology to overcome this barrier is necessary.^{2–4,7} The Penn State Department of Psychiatry and Behavioral Health and affiliated College of Medicine have taken steps to ensure safety, while facilitating meaningful learning experiences. Many students engaged in response efforts through the COVID-19 MD Student Response

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project. In this student-led initiative, learners participated in telehealth, patient navigation, contact tracing, and educational development, allowing students to contribute to response efforts and improve their skills. Students were encouraged to engage in scholarly research activities and were provided with didactics, advising, and residency preparation virtually.

The third-year core psychiatric clinical clerkship curriculum has been revised and transformed into a longitudinal integrated model. Protocols for learner participation in indirect patient care have been developed, and students were assigned modules for asynchronous education. A virtual telepsychiatry simulation session was developed for students to practice interviewing and observational skills. Learners were integrated into patient care via virtual rounds, clinic-based telehealth visits, and clinical reasoning sessions. These indirect patient care opportunities provide educational experiences while promoting safety, introducing virtual-health skills, and allowing uninterrupted opportunities for experiential learning.

As students return to clinical duties, several changes have been implemented to ensure safety. Upon return to inpatient psychiatry duties, learners and staff are required to wear masks at all times, and learners do not provide care to any patients who are COVID-19 positive or under investigation. Learners are encouraged to share areas of interest with the Department of Psychiatry and Behavioral Health to ensure adequate exposure to these areas in light of abbreviated clinical time. These measures ensure that learners have meaningful educational experiences and participate in care within the scope of safety.

Given the increased need for psychiatrists, especially in light of COVID-19–related trauma⁸ and the worsening mental health crisis,⁶ there is a need for medical student exposure to the field of psychiatry. Therefore, it is imperative for educators to consider alternative strategies to ensure that the educational needs of medical students are met. As the health care system moves forward, virtual patient care and telehealth will increase in importance,² and student exposure to and familiarity with these care modalities will serve to develop adaptable physicians.^{2,3} Therefore, it is vital for medical schools and psychiatry programs to provide educational experiences in vital virtual patient care domains.

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