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Establishing Self-Care Practices Early in Medical and Health Education: A Reflection on Lessons Learnt from the COVID-19 Pandemic

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Abstract
The COVID-19 pandemic has highlighted key challenges associated with our health care system. Evidence shows that the health and wellbeing of health care professionals has been negatively impacted by COVID-19. To address this, there have been several self-care resources created by various agencies. While self-care resources are certainly important, we must acknowledge that these do not address the systemic factors that negatively impact the mental health of health professionals nor do they address issues pertaining to self-care resource access and stigma.

To address the above, we propose that systemic changes within the educational programs of health care students be made. Self-care teaching should become a foundational cornerstone of education. Moreover, by educating students how to engage in self-care through their education we address issues pertaining to stigma and access and give them tools needed throughout and beyond their career. Thus, self-care should be integrated into the curriculums of all health care programs while acknowledging that individual educators also play an important role in delivering self-care education to students. As we move forward, it is important to undertake long-term evaluation of self-care programs to measure its effectiveness and plan our next steps.

Key Words
COVID-19; Medical Education; Self-care; Medical Students; Educators

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Establishing Self-Care Practices Early in Medical and Health Education: A Reflection on Lessons Learnt from the COVID-19 Pandemic

The COVID-19 pandemic has changed the way we approach medical and health education.[1] Around the world, there have been several changes to adjust to the pandemic, including medical schools shutting down, delays re-starting medical education, and transitions to online learning.[1] It is clear that the wellbeing of medical students has been impacted by the pandemic.[1] A cross-sectional study,[1] that looked at the pandemic's impact on the wellbeing of final year medical and dental students in Pakistan, showed that 63.4% of students reported feeling isolated and 41.5% of students had difficulties sleeping. The psychological challenges brought by the pandemic can exacerbate burnout amongst medical students.[1] According to IsHak et al.,[2] burnout is defined as "a state of mental and physical exhaustion related to work or care-giving activities" (p. 242). Further, distress during one's medical school years can lead to burnout not only in the present, but can continue into residency and practice.[2] It is also important to identify that the psychological distress of health care professionals can have negative downstream impacts on patient care, making it a public health concern.[3] According to the Canadian Medical Association's 2018 National Physician Survey,[3] even before the pandemic, it was established that the wellbeing of health care professionals was of concern; 30% of physicians experienced high levels of burnout and 34% screened for depression. Thus, a proactive approach of improving the wellbeing of health care professionals, as opposed to a reactive approach of disease management, becomes even more paramount during the context of living amidst a global pandemic.

One of the ideas to improve the health and wellbeing of health care professionals is the development and deployment of self-care strategies.[3] There have been a number of self-care resources created for health care professionals, including those from the American Academy of Family Physicians[5] and Centre for Addiction and Mental Health (CAMH)[6]. For example, the CAMH

has provided quick self-care tips to support health care professionals to practice mindfulness through deep breathing exercises[6] Creating self-care resources for healthcare professionals is certainly a positive step, however, one must be aware of their limitations. [4] Self-care strategies do not necessarily address the underlying and systemic factors that harm the wellbeing of health care professionals described next. Further, evidence highlights that, despite high levels of knowledge of available self-care resources, only a small proportion of health care professionals actually access these resources[3] since some had difficulty assessing if their situation warrants additional support, feeling conscience-stricken and also being unaware of what exact resources were available. [3] Additionally, the stigma against health care professionals engaging in self-care must be considered[7] as there is a disconnect between knowledge of available resources and accessibility of resources which may be mitigated by using knowledge on wellbeing as a key curricular theme in medical educational programs. Educational programs provide an excellent opportunity for the integration and introduction of wellbeing strategies as existing evidence suggests that medical students may experience burnout early on during their educational training.[2] By normalising and focusing on self-care in educational settings, we can give health care students an opportunity to engage in self-care practices in a manner that is free from stigma. Moreover, by teaching self-care in our curriculum we can actively show students that seeking and engaging in self-care will reduce the stigma of shame and is part of a healthy practice. Such strategies will hopefully continue as the student transitions into professional practice.

An example of a helpful intervention involves a mindfulness-based stress reduction (MBSR) program, promoting wellbeing for health care students, which showed significant reductions in stress, negative self-regard and anxiety.[8] Additionally, it was found that programs of this nature also increased levels of positive self-regard, self-compassion and mindfulness amongst psychology students.[8] At the core of the MBSR program is meditation, yoga and other informal mindfulness practices.[8] Programs such as the MBSR have the potential to be integrated into the curriculum of different health care programs; or at the very least, components of the MBSR can be amalgamated within existing curriculums. However, learning these self-care strategies during one's education has the potential to play an important role in utilising and developing self-care strategies throughout the life course.[9] Long-term evaluation, spanning over two to six years after taking a mindfulness-based self-care course, showed that the practicing psychotherapists and counselors were more likely to have positive experiences with themselves, with their patients, and it changed the way they approached their clinical practice.[9] Moreover, having the opportunity to learn and put these strategies into practice during one's education allowed these students to identify what self-care practices worked best for them; in the case for strategies that were not helpful, students had the chance to develop strategies that work best for them by using their learned skills as foundational building blocks.[9] Whether these findings can be extrapolated to medical students would warrant further studies.

Further, by having a focus on self-care in medical education, we are actively normalising and de-stigmatising the notion of health care professionals' health and wellbeing, as discussions on wellbeing become the norm, rather than an exception. Additionally, openly discussing self-care can help to remove the cloak of shame that prevents health professionals from accessing these resources.[3] Ultimately, through providing education integrating self-care, we are giving future health care professionals the best opportunity to engage in self-care both now and in the future. Further, these lessons and knowledge of self-care can be useful when supporting patients to engage in the practice of self-care themselves. Although programs such as MBSR can have potential positive downstream effects that span beyond the level of individual health care professionals, one should be aware of the potential limitations since such programs focus primarily on mindfulness-based strategies and these strategies may not work for all individuals. Also, we need to consider the unique differences between medical students, resident doctors, and practicing physicians. For example, some of these differences include level of responsibility and the stress associated with differing responsibility requirements. Other important contextual factors to consider include the learning and work environments, as well as a lack of time.

Given the potentially promising impacts of mindfulness-based self-care programs, we should actively consider embedding self-care and wellbeing content within medical curricula. This implementation will require a well-coordinated effort from academics, practitioners and community members. We can extend our knowledge gains by collaborating with other health professional disciplines and integrating various self-care knowledge into the curricula. A shared voice, that brings together the ideas and thoughts from diverse stakeholders in medical education, needs to be created and the implementation of relevant programs should be prioritized.

Education on self-care should be purposeful and reflective in nature. For instance, proper nutrition and physical activity are important building blocks of self-care plans.[10] Students should have an opportunity to develop a dietary regime. Moreover, knowledge shared on nutrition needs to be specific, for example what a nutritious diet looks like or the opportunity to cook meals together.[10] Further, physical activity plays an important role in the reduction of stress and the prevention of a variety of diseases. We should create opportunities to empower students to engage in a variety of physical activity experiences, so they can incorporate what works best for them. In addition, it is important that educators facilitate a sensitive and safe space for teaching on self-care, so students have the best opportunity to engage and adapt these practices into their lifestyle. For example, in medical education, instructors can have set times during classes where self-care is discussed openly and practical examples are done, such as a five-minute yoga tutorial. Moreover, follow-up discussions provide a space for reflection and for ideas on self-care to be exchanged between students and educators and the nature of discussions helps de-stigmatise engaging in self-care. Further, education on self-care should revolve around how to effectively manage one's time and engage in self-care, as this has been another barrier for health care professionals when engaging in self-care.[11] Ultimately, as educators, we should prioritize and ensure that our educational time involves discussion on self-care practice, so that our students are well equipped to engage in self-care.

As we work towards large system-level changes to our education system, there are changes that we can make as individual educators.[12] According to Harvard Business Publishing Education,[12] there are four approaches that educators can incorporate within the classroom to promote self-care amongst students, including making ourselves available, taking breaks, providing space for reflection and equalizing participation amongst students. Making ourselves available to students entails us encouraging students to use us as resources to chat about course problems or general academic guidance.[12] We have the opportunity to be active members of a student's support network. Further, integrating self-care into our curriculum can involve structured breaks during class time,[12] such that, two or three self-care ideas could be shared during these breaks. Providing space for reflection necessitates us encouraging our students to engage in the practice of self-reflection through journals or blog posts and these activities also tie into what is covered in the curriculum.[12] Lastly, equalizing participation amongst all students can involve us waiting at least 10 seconds for answers when asking in-class questions.[12] This results in increased participation from all students and promotes the practice of self-reflection, patience and respect for classmates.[12] However, it is also important for educators to recognise that some vulnerable students, such as students who are visible minorities, or who have disabilities and who have had previous psychological distress, may not feel as comfortable participating. Therefore, strategies that support all students to participate in our classes should be created. For example, a survey at the beginning of a course on students' preferences for participation could be used to inform how to successfully have students participate. We can use these four approaches to support health care students engage in self-care within our educational interactions with them.

Hence, as we work towards integrating self-care as a cornerstone of health care education, we must pay due attention to the effectiveness of the interventions we implement. Program evaluation and individual assessment of the above interventions are necessary. Evaluations can take the form of surveys and focus groups studying health care students' wellbeing and transparently discussing results and trends. It is important that evaluation is longitudinal in nature and that we should be able to witness the effectiveness of our evaluations in the long-term, for example, over five years and throughout the careers of health care professionals. Successful programs would hopefully show a reduction in students' levels of stress, negative self-regard and anxiety. Results from evaluation can help us critically reflect on our approach and if we need to change course. Particular caution should be given to avoid the burden of over-surveying, which can lead to psychological distress of students who have busy schedules.

In conclusion, the COVID-19 pandemic has further revealed the importance of addressing the wellbeing of medical and health professionals. Despite high levels of self-care resource knowledge, only a small percentage of medical practitioners actually accessed these resources.[3] To address this issue at the ground level, one approach is to work towards establishing self-care knowledge and practices as a cornerstone for medical and health education. Through providing strong knowledge during the early phase of education, we hope to help address issues of stigma removal.[7] There are opportunities for medical education to translate knowledge on self-care into actions.[12] That being said, improving the wellbeing of medical practitioners is complex and will likely require a multi-faceted approach, including additional and concurrent interventions in the workplace setting. Future studies are warranted to examine the effect of establishing self-care practices early in medical and health education.

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