In the Room Where It Happens

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Through luck and the death of my planned capstone project due to COVID-19, a rare opportunity emerged for me as I entered my senior year of medical school. I found myself the lone medical student in meetings with dozens of psychiatry clerkship directors across the nation as they attempted to solve the problem of how to deliver standardized quality psychiatry education with the new limitations of COVID-19. My mentor, Dr. Kelly Cozza, led these bi-monthly meetings; my role was to be the scribe. While I felt out of place, I was also excited to be in the “room where it happens.” These meetings were my chance to observe senior medical professionals in an environment usually invisible to me. Several aspects of this process made me think about my own medical education journey in new ways.

Perhaps the most compelling aspect of this experience was the feeling that I was witnessing a historic moment in the course of psychiatric medical student education. In-person clinical exposure time has long been the standard for clerkship education. Without COVID-19, in what universe would it be fathomable to conduct such a large portion of psychiatry clerkship education virtually through tele-medicine and virtual rounding? It was remarkable to watch how doctors trained in a very different model could quickly imagine new timelines and delivery methods and, in just a few short months, move psychiatry education forward in unprecedented ways. I was left feeling these changes will better prepare generations of future psychiatry clerkship students to adapt to newly emerging models for the delivery of psychiatric care.

As I watched this group of clerkship directors upend decade-old traditions in psychiatric education, it opened my eyes to a lifelong learning skill. For a young medical student, it is easy to feel that maintaining the illusion of omniscience is critical. When I was first invited to assist with these meetings,

I was reminded of a childhood memory of watching older kids ride by on bikes and thinking it would only be a matter of time before I would be that old and know everything just like them. I expected the clerkship leadership tele-meetings to make me feel like that kid again; I expected to encounter omniscience and certainty, but instead found a surprising amount of vulnerability. These senior educators were willing to admit they lacked expertise, and readily asked for help. It was fun watching junior leaders assisting with technology and hearing them say, “Well, it’s like the Wild West, so I just did it” (student rounds via telehealth). One comment in the chat during our meeting especially struck me as it floated past stating, “I am new to this, despite not having much to share, I have learned and benefited greatly from listening to other program’s approaches.” It was refreshing to see senior medical educators admit gaps in their knowledge, and to see the positive response from the group. I felt reassured to know that the field of medicine has such a healthy respect for what can be learned from listening and collaborating.

I also noticed this group responded to the frustrations and challenges of group processes in ways that resonate with my own experiences during my clerkship year of medical school. During each meeting, clerkship directors shared a one-word summary of how they were feeling, which provided a window to the emotions of the group as they worked through the challenges of navigating COVID-19 restrictions and adapting their curriculum. At first, the most common answers included “panicked,” “disappointed,” “overwhelmed,” and “disbelief.” Two weeks later, answers included words such as “tired,” “uncertain,” and “exhausted.” By the third and fourth meetings, there were still expressions of frustration, but there was also a marked change in sentiment, with the emergence of the first positive one-word snapshots. These words included “successful,” “eager,” “invigorated,” “learning,” and “hopeful.” As I entered each new rotation during my clerkship year, I noticed a similar pattern of initially feeling uncertain, anxious, and sometimes overwhelmed which gradually gave way to feelings of confidence. I found this surprisingly reassuring to see that I can expect a familiar set of reactions as I traverse intellectual knotholes throughout my career.

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In conclusion, I have a new appreciation for how the trajectory of my own career may take me to both unfamiliar and familiar territory. Watching the clerkship directors innovate and adapt has shown me the value of collaboration, continued learning, and vulnerability. Despite the uncertainty, stress, and maybe even anxiety invoked by all the changes the clerkship directors and students like me felt this year, we were not alone. Society at large is grieving and adapting to a new normal. My experience watching clerkship directors navigate this challenge has shown me that our field is well equipped to quickly respond to future crises and grow along with technology. Even if the changes are uncomfortable, I foresee that embracing them will enable me, and other students in the field of

psychiatry to rise and meet the increasing mental health needs of America.

Compliance with ethical standards

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