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**Junior Doctors Network Newsletter**  
**Issue 22**  
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# JUNIOR DOCTORS NETWORK

*empowering young physicians to work together towards a healthier world through advocacy, education, and international collaboration*

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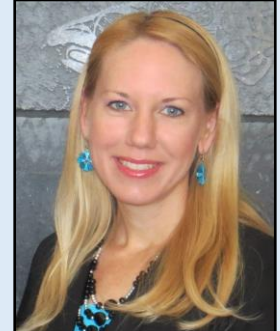
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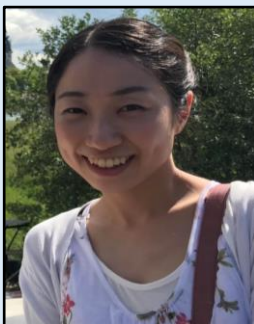
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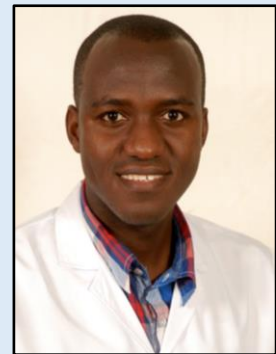
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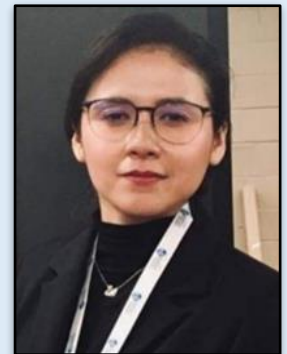
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## Words from the Chairperson

[Yassen Tcholakov](#), MD MScPH MIH  
Chairperson (2020–2021)  
Junior Doctors Network  
World Medical Association



Dear colleagues from around the world,

It is my pleasure to introduce this 22nd Issue of the *Junior Doctors Network (JDN) Newsletter* on the topic of Doctors' Well-being.

I wish to congratulate the Medical Exchange, Education, and International Mobility JDN working group and the Publications Team, for preparing this outstanding special edition of the *JDN Newsletter*. This resource serves as a space for junior doctors from around the world to share experiences and perspectives on this important yet sometimes difficult topic to discuss. This issue is timely as it follows the Doctors' Well-being webinar from March 2021.

As junior doctors have been actively involved in the pandemic response efforts, we understand the direct impact the pandemic has had on our work-life balance. We have observed unforeseen challenges related to the pandemic, which have placed additional stress on global healthcare workers and further exacerbated existing workplace stressors. Together, we can acknowledge these challenges and propose action plans by sharing our experiences and resources – including articles for the *JDN Newsletter*.

On behalf of the JDN management team, I would like to thank all participants who joined the JDN bi-annual meeting and the World Medical Association (WMA) Council meeting held in April 2021. Lastly, I would like to encourage all junior doctors to learn more about our activities. We are all approachable and would be happy to share more details about our work!

Enjoy the read!

Sincerely,  
Yassen Tcholakov

## Words from the Communications Director

[Maki Okamoto](#), MD  
Communications Director (2020–2021)  
Junior Doctors Network  
World Medical Association



Dear colleagues,

It is my pleasure to welcome you to the 22nd issue of the *Junior Doctors Network (JDN) Newsletter*.

As our JDN family has been physically distanced, we have not been able to interact in-person at our biannual meetings. However, although we may feel alone and overwhelmed with our clinical responsibilities, we must remember that we have JDN families all over the world with whom we can share our experiences and feelings.

Over this past year, junior doctors have utilized virtual platforms to minimize physical distance, build international collaborations in medical education, policy, and research, and offer valuable contributions to our local and global communities. These activities highlight the strong leadership of junior doctors across the globe.

This issue of the *JDN Newsletter* focuses on personal reflections, scientific perspectives, and community activities on the health and well-being of junior doctors. Personally, I feel that my clinical responsibilities have been worthwhile and fulfilling, especially when patients show their appreciation and satisfaction. Through this positive feedback from patients, I feel that my dedicated efforts in clinical care were rewarding. By prioritizing career satisfaction and mental well-being, we can develop international collaborations that support pressing health issues, energize our networks, and provide professional and personal growth.

I hope that you enjoy reading the articles in this biannual issue of the *JDN Newsletter*, where you will be inspired by global leadership and collaborations. As we broaden our horizons, the world actually becomes more connected!

Sending love from Berlin,  
Maki Okamoto



## Words from the Medical Exchange, Education, and International Mobility Working Group Chair

[Uchechukwu Arum](#), MD

Education Director (2020–2021)

Chair, Medical Exchange, Education, and International Mobility

Working Group (2020–2021)

Junior Doctors Network

World Medical Association



On behalf of the Medical Exchange, Education, and International Mobility Working Group, I am pleased to present the *Junior Doctors' Network (JDN) Newsletter* Special Edition on Doctors' Well-being.

The novel coronavirus disease 2019 (COVID-19) pandemic held the world at a standstill. Along with significant morbidity and mortality to COVID-19, the resulting havoc included economic challenges, isolation, mental health stressors, and disruption of academic programs, especially to low-income countries. Since doctors' mental health and well-being have been overlooked early in the pandemic, hardships experienced by this frontline workforce have encouraged global dialogue to protect their mental health and well-being moving ahead.

There is need for continued support to ensure optimal healthcare workers' well-being, since a healthy workforce ultimately translates to better patient experiences and high-quality healthcare delivery. As part of the World Health Organization (WHO)'s efforts to promote the well-being of healthcare workers and recognize their unwavering dedication during COVID-19 response efforts, the year 2021 was designated as the International Year of Health and Care Workers. Notably, the WHO launched the "Protect. Invest. Together" campaign as a global call for action to ensure that the health workforce is supported, protected, motivated, and equipped to always deliver safe health care services, during and after the COVID-19 pandemic.

Over the past year, we have learned that prioritizing doctors' well-being continues to be a challenge, especially during an extremely rigorous and demanding postgraduate medical training. Junior doctors bear the brunt of overwhelming workloads, high expectations from trainers, pressure of passing examinations, risk of placing patients in harm, and fear of severe health consequences as a result of COVID-19. All these factors invariably have an untoward effect on doctors' well-being.



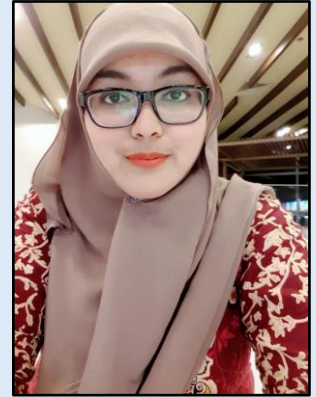
The Special Edition of the *JDN Newsletter* – with the theme of Doctors' Well-being – is one of the collaborative efforts of JDN members in facilitating an open dialogue about global events and activities that are relevant to their postgraduate training. This project would not have been successful without the dedication of the project lead (Dr Maymona Choudry) and members of the Medical Exchange, Education, and International Mobility Working Group as well as the JDN Publications Team. Articles include, but are not limited to, topics on doctors' mental and physical well-being, work-life balance, psychosocial stressors, coping measures and resilience, fatigue, and the emotional toll experienced as a healthcare worker.

Please enjoy the knowledge-laden *JDN Newsletter*!

Thank you,  
Uchechukwu Arum

## Words from the Medical Exchange, Education, and International Mobility Working Group Project Lead

[Maymona Choudry](#), MD MPH  
Project Lead, Medical Exchange, Education and International  
Mobility Working Group (2020–2021)  
Junior Doctors Network  
World Medical Association



Dear colleagues from around the world,

It is my pleasure to welcome you to the Special Edition on Doctors' Well-Being of the *Junior Doctors Network (JDN) Newsletter*.

Over the past year, the healthcare system has changed in numerous ways – including different approaches for provider-patient interactions in the clinic and the emergence of various telehealth strategies that deliver holistic care to patients across the globe. Due to the sudden and rapid transition in the healthcare delivery system, the JDN community would like to share the experiences of JDN members from all around the globe, with regards to the challenges as well as personal and social issues that they have faced with their mental health and well-being. There have numerous stressors that have affected junior doctors, such as social isolation, limited access to personal protective equipment, transitions in schedules and extended work hours, fear and anxiety of disease transmission, and living away from loved ones to decrease risk of exposure.

On behalf of the JDN Management Team, JDN Publications Team, and the Medical Exchange, Education, and International Mobility Working Group, I would like to thank each JDN member who contributed to this Special Edition. Their personal anecdotes, stories, and experiences will serve as an inspiration and motivation to other JDN members.

**Personally, by reading their stories, it has made me feel that we are not alone in our journey to seek approaches that can improve our mental health well-being during this pandemic.**

As humans, we are vulnerable to experience fear, anxiety, stress, and mental health challenges, especially when we become overwhelmed with new changes and transitions in our daily routine. However, as junior doctors, we must strive to protect our own well-being, for the sake of our patients, communities, and countries. We can promote the highest standards of holistic care, including a focus on mental health and well-being, for ourselves and our patients.

We hope that this *JDN Newsletter* will inspire more junior doctors globally to continue sharing and supporting the JDN community! As junior doctors, our network aims to strengthen the bonds among members from different continents in order to create strategies and projects that advance our medical and public health expertise.

Sincerely,  
Maymona Choudry



## Words from the Publications Director

[Helena Chapman](#), MD MPH PhD  
Publications Director (2020–2021)  
Junior Doctors Network  
World Medical Association



Dear JDN colleagues,

On behalf of the Publications Team (2020-2021) of the Junior Doctors Network (JDN), we are honored to present and share the Doctors' Well-being Special Edition of the *JDN Newsletter* with junior doctors across the world.

This 22nd issue of the *JDN Newsletter* marks the first collaborative effort between the JDN Publications Team and the JDN Medical Exchange, Education, and International Mobility Working Group to develop a joint Special Edition issue. This collaboration represents a symbol of the leadership and passion of junior doctors who encourage their colleagues to share their clinical and community health experiences and perspectives on topics related to doctors' well-being.

The *JDN Newsletter* offers an international platform for junior doctors across the globe to share their medical and public health leadership activities in local and national health initiatives. These articles disseminate updates on JDN activities, scientific perspectives on pressing global health issues, and reflections on community experiences. Their leadership can encourage and empower other junior doctors to develop health promotion activities and enhance communication between World Medical Association (WMA) and JDN members.

We recognize the dedicated efforts of all leaders of the Medical Exchange, Education, and International Mobility Working Group and editors of the JDN Publications Team 2020-2021 as we finalized this 22<sup>nd</sup> issue. We appreciate the continued support of the JDN management team and WMA leadership as we prepared this high-quality resource for junior doctors. We hope that you enjoy reading about junior doctors' experiences in this 22<sup>nd</sup> issue!

Together in health,  
Helena Chapman

## Reflections on Promoting Doctors' Well-being by the JDN Publications Team (2020–2021)

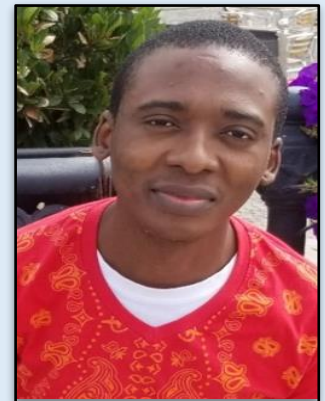
### Dr Helena Chapman (Dominican Republic)

As junior doctors, our physical and mental health and well-being provide a framework for our significant contributions to clinical care, community health, medical education, and research. Although challenging, we must always strive to establish a positive work-life balance by spending quality time with family and friends, finding enjoyment in hobbies and other personal activities, establishing a physical fitness routine, and taking time to rest! Time is precious, and we must care for our own health, so that we can care for the health of our family and patients!



### Dr Victor Animasahun (Nigeria)

Doctors should have a conversation about their personal well-being and the well-being of their colleagues. We need to look after ourselves so that we can care for others. The first step to looking after one another is to create a safe space to talk about sensitive topics, without judging others or fear of being judged.



### Dr Nishwa Azeem (Pakistan)

I believe that promoting doctors' well-being means having an open feedback system, standing against valorisation of overworking, and creating an atmosphere where doctors can ask for help. I have mindfully taken days off and discussed topics with colleagues – that even if no tangible solution was reached – I have been able to alleviate any negative feelings of alienation.



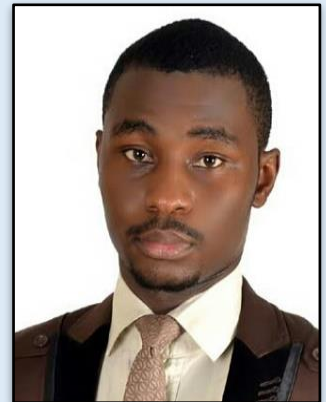
**Dr Ricardo Correa (Panama/United States).**

Well-being is a major topic that includes resilience, burnout, and wellness. As junior doctors, we can find trainings on resilience and stress management, evaluate our well-being on burnout self-tests, seek personal coaching or professional help, and identify the wellness mentor in our department. It is important to remember the work-life balance and spend time with our family and friends.

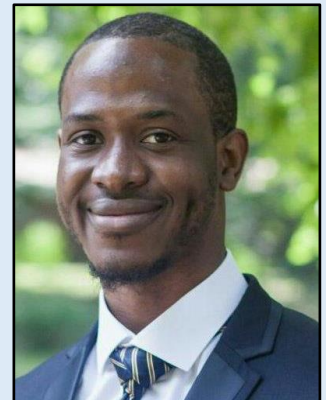
**Dr Suleiman Ahmad Idris (Nigeria)**

As the nature of our profession compels us to embrace stress as a norm, we must remember the importance of the work-life balance.

We should schedule regular breaks to participate in personal activities and hobbies, sleep for at least eight hours, eat healthy foods, and exercise regularly. Even with a busy clinical schedule, I take time to connect with family and friends as well as work on my hobbies and fun side projects!

**Dr Mashkur Abdulhamid Isa (Nigeria/United Kingdom)**

Self-reflection, exercise, social connection, positivity, meditation, and deep breathing are some vital techniques and strategies to promote doctors' well-being. Although there have been significant stressors during the pandemic, there are many positive things that we can acknowledge and be grateful for. As our friends, family, and colleagues are invaluable connections who encourage us, we can schedule weekly chats. This support system is paramount, particularly in these trying times. Furthermore, exercise, meditation, and deep breathing are techniques that are instrumental in reducing stress and anxiety as well as promoting overall well-being.





**Dr Jooyoung Moon (Republic of Korea)**

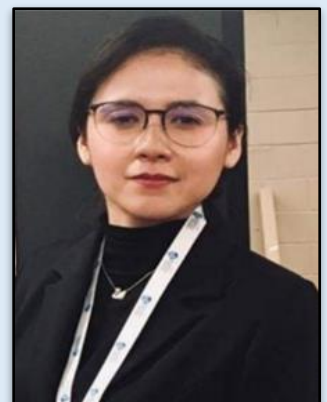
Under high pressure and expectations, doctors are often pushed to their limits. I have personally found it effective to always be aware of my own mind and body and to understand the limits. It has also been helpful to have a positive mindset that can reduce anxiety and foster self regard. Remember, we are all great in our own ways!

**Dr Vandrome Nakundi Kakonga  
(Democratic Republic of the Congo)**

Last year, my clinical responsibilities in primary care were stressful, where I managed adult patients with chronic diseases like diabetes mellitus and hypertension in the eastern region of the Democratic Republic of the Congo. As these high-risk patients faced significant morbidity and mortality due to COVID-19, I experienced feelings of being overwhelmed. To promote my physical and mental well-being, I decided to integrate physical exercise (jogging) in my morning routine.

**Dr Jeazul Ponce Hernández (Mexico)**

To promote a positive work-life balance, we should try to separate our work activities from our personal lives. We should take care of our physical and mental health, consume healthy foods, sleep sufficient hours, and participate in social activities. As health care workers, if we do not take care of ourselves, then we cannot effectively take care of our patients!



## Reflections on Promoting Doctors' Well-being by the JDN Members

### **Uchechukwu Arum (Nigeria/United Kingdom)**

Patient safety and experience remain at the heart of providing high-quality clinical practice. One of the best ways to emphasize patient safety and experience is to promote doctors' complete state of physical, mental, and social well-being in the daily workplace.



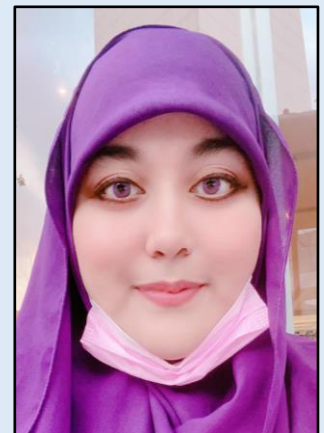
### **Dr Dabota Buowari (Nigeria)**

As healthy physicians care for the sick, the commandment of physician self-care should be strictly followed. When a physician is sick, patients will inevitably seek care from another physician. We must always aim to prevent physician burnout and exhaustion to optimize patient care, reduce medical errors, and avoid potential litigations.



### **Dr Maymona Choudry (Philippines)**

Doctors' well-being can be promoted by spending time with family and friends. With their support, we can develop coping mechanisms, engage in healthier behaviours, improve self-esteem, and build self-confidence. These efforts can lead to better overall physical, psychological, and emotional health and well-being.



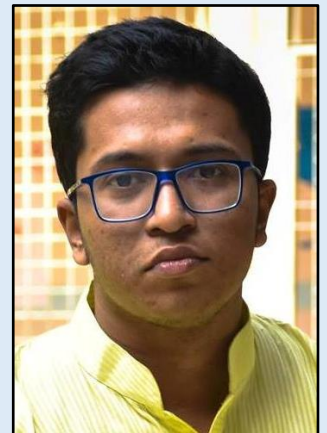
### **Dr Samuel d'Almeida (France)**

Well-being has a mix of sources – ranging from ethics, personal life, and labour conditions – which may lead to burnout, bore-out or brown-out. If you feel overwhelmed, it is time to pause, reflect, and look upstream.



### **Dr Lisanul Hasan (Bangladesh)**

Take good care of your physical and mental health so that you can take good care of others!



### **Dr Christopher Mathew (India)**

We march through grey fields, in blue scrubs and an amber heart.  
We must defend ourselves as defenders. Non omnis moriar (Not all of me will die)!





## Echoes from the JDN Doctors' Well-being Webinar

[Uchechukwu Arum](#), MD

Education Director (2020–2021)

Chair, Medical Exchange, Education, and International Mobility

Working Group (2020–2021)

Junior Doctors Network

World Medical Association



The Medical Exchange, Education, and International Mobility Working Group of the Junior Doctors Network (JDN) supported an international webinar on Doctors' Well-being on March 20, 2021. At the beginning of the event, three JDN members – Dr Mehrdad Heravi (Iran), Dr Lisanul Hasan (Bangladesh), and Dr Wunna Tun (Myanmar) – shared how they have managed their well-being during the coronavirus disease 2019 (COVID-19) pandemic. They offered their personal experiences in the clinical workplace and shared encountered challenges **(Photo 1)**.

**Some of these challenges included burnout, psychological stress, shortage of personal protective equipment, and physical assault on healthcare workers.**

The keynote speaker, Dr Stuart Slavin (United States), is a renowned Accreditation Council for Graduate Medical Education (ACGME) Senior Scholar on Well-being. In his presentation, he recognized the hardships that doctors across the globe have faced before and during the COVID-19 pandemic **(Photo 2)**. Notably, he classified “satisfaction” for optimal well-being into three categories – school and work, general life, and self – and offered individual strategies to cope with the stressors of the workplace environment (1). He opined that satisfaction is not a binary construct, but rather exists on a longer continuum. No matter where individuals are on this continuum scale, he suggested that they aim for greater satisfaction over time. For example, if they express “extreme dissatisfaction”, then they can take appropriate actions to move to “moderate dissatisfaction”.

Furthermore, Dr Slavin identified automatic thoughts and cognitive distortions – such as performance as identity, personalization and self-blame, magnification, tunnel vision focusing on negative events, fortune telling, mind reading, ‘should have’, over generalization, maladaptive perfections, and impostor phenomenon (2). These thoughts generate feelings of inadequacy, embarrassment, shame, and guilt.

**He stated that the overall goal is to recognize these negative emotions and manage them in a more functional way.**

Dr Slavin recommended that these thoughts can be modified using the cognitive toolbox – called Metacognition – defined as the ability to evaluate an individual’s analytical processes and change any negative pattern to a more positive form (3). He emphasized the value of cognitive behavioural therapy – with or without a mental health diagnosis – which is effective for modifying negative thoughts, depression, and anxiety. He further explained that individuals tend to erroneously believe that adverse events are similar to outcomes, when in reality, adverse effects coupled with the cognitive emotional reaction actually result in the outcome.

**Adverse effect + Cognitive emotional reaction = Outcome**

He highlighted that the only way to influence the outcome is to best manage the cognitive emotional reaction. For example, the aim is not to be happy when something bad happens, but rather to have a more proportionate and functional reaction to the adverse event.

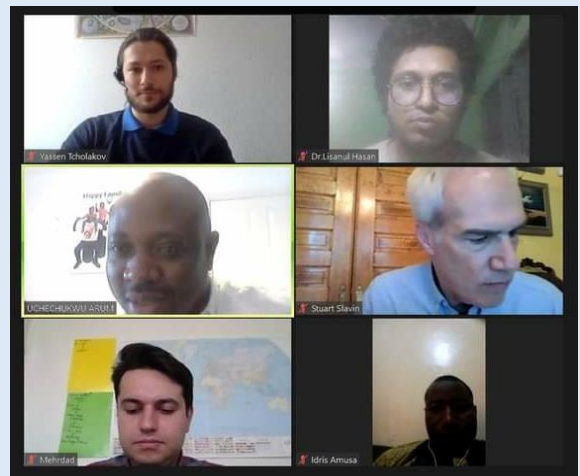
**He elucidated three steps to mitigate the effects of these automatic thoughts: 1) notice your thoughts; 2) label your thoughts with self-compassion; and 3) dispute any distortion and create a different narrative.**

After the keynote presentation, Dr Elizabeth Gitau (Kenya), the Chief Executive Officer of the Kenya Medical Association (KMA), summarised KMA's efforts towards maintaining optimal mental health and well-being of Kenyan doctors. Such KMA programmes, which include physician health programs and call centres staffed by psychologists, provide mental health support and services for doctors.

Overall, this international webinar was interactive for all attendees, offering insightful reflections on promoting doctors' well-being. Many JDN members expressed their appreciation for learning novel approaches to mitigate the effects of cognitive distortions. In the upcoming months, the Medical Exchange, Education, and International Mobility Working Group will continue to support JDN activities that will help advance medical education, including understanding career opportunities with international organizations, developing a global postgraduate medical directory, and seeking avenues to partner with health institutions that encourage medical exchange and international mobility.



**Photo 1.** JDN members participated in the JDN Doctors' Well-being Webinar. Credit: JDN



**Photo 2.** Dr Stuart Slavin presented the keynote presentation at the JDN Doctors' Well-being Webinar. Credit: JDN

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- 2) Slavin S. ACGME AWARE Well-being podcast: [Cognitive skill – building for well being](#). 2019 [cited 24 May 2021].
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## Impact of COVID-19 on Medical Education in Malawi

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Within a few months, the coronavirus disease 2019 (COVID-19) pandemic drastically changed the numerous facets of our lives. The medical education sector was not spared, and the impact of COVID-19 has not yet been fully quantified. The rapid transition of global medical developments already poses a challenge to medical professionals in terms of their career development and progression.

**The COVID-19 pandemic, therefore, exacerbates the situation resulting in drastic setbacks for medical careers by the distortion of learning and training schedules in hospitals and universities around the world (1).**

Malawi, a landlocked, southern African nation, has also been knocked with this uncertainty. With only one medical school in the country that offers medical, pharmaceutical, dental, physiotherapy, lab sciences undergraduate programs, and clinical and global public health postgraduate programs, more than 3,000 students were aground with classes postponed, hospital clerkships and electives cancelled, and exam schedules and graduation timelines rendered unknown.

## Challenges

Following the declaration of a state of disaster by the President of the Republic of Malawi on March 23, 2020, all public and private universities were shut down indefinitely. Medical education and training were affected in four specific ways.

First, medical students were unable to gain practical exposures as their medical clerkships were interrupted. Medical students, who had their required clinical rotations from third year to final year, were now denied the opportunity to learn hands-on skills in medical practice (3). Second, with the reduction in traditional face-to-face learning, a significant amount of learning and studying time was lost. Third, the COVID-19 pandemic has the potential to negatively impact the mental health of medical students. With the closure of schools, medical students may have found themselves isolated and distressed due to the lack of uncertainty as to when schools would open (4).

**Medical students have proven to be a substantially more vulnerable group than the general population, with an estimated global prevalence of anxiety and depression of 33.8% and 33%, respectively (4).**

Fourth, attempts at migrating to online learning were limited by its inability to address other important aspects of university life, including personal development, exposure to diversity, self-care skills, and friendships (2).

## Recommendations

First, the training curriculum should adopt innovative assessment methods. Medical students should incorporate the evaluation of COVID-19 infection prevention strategies as well as established teaching and learning outcomes. Exams in medical and allied health professional training are largely dependent on the assessment of clinical performance to ensure practical competency. Hence, rubrics should be adjusted to reflect COVID-19 ramifications by focusing on primary assessment methods, which can strengthen training of future physicians (5).

Second, virtual education should be prioritized. Universities are being encouraged to familiarize themselves with high-impact distance learning tools that have been recommended by the United Nations Educational Scientific and Cultural Organization (UNESCO), especially in resource-constrained countries (6). The Malawi education system has widely used distance learning in secondary school education. However, only one institution – Unicaf University – has adopted virtual education in its curriculum (7).

The current COVID-19 situation offers education policymakers an opportunity to implement a paradigm shift and harness the technology of virtual education in higher education centres (7). Adapting to online teaching modalities in medical education will craft the 21<sup>st</sup> century graduates to be well versed with traditional clinical education as well as up-to-date information on the latest technologies, thus increasing efficiency in workplaces.

Third, the government should disburse funds to support digital innovation in medical education. The government of Malawi will do well if they encourage digital education by setting aside funding for medical and allied health colleges. They can offer virtual education programs, set transparent and accountability systems to manage these funds, and ensure that education financing is responsive to the prevailing needs and crises such as the COVID-19 pandemic.

Fourth, adequate preventative measures should be implemented to limit infection risk among medical students before physical clinical rotations re-commence. Medical schools must emphasize the protection of students by prioritizing online theoretical pedagogy and reconsider shifting clinical rotations to the future. Clinical rotations should only be recommended with the guaranteed provision of appropriate infection preventive equipment to limit exposure to COVID-19. This will provide physical safety to medical students as faculty deliver their clinical teaching and learning methodologies.

## Conclusion

The global COVID-19 pandemic has compelled medical institutions and fraternities to re-examine the delivery of medical education. We stand at crossroads to re-align with the developing needs of the current generation of medical students, while nurturing them with improved teaching and learning methodologies and ensuring equitable access and safety from COVID-19.

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## Improving Junior Doctors' Well-being during the COVID-19 Pandemic in Nigeria

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In early 2020, national health systems experienced a dramatic increase in acute infections, hospitalizations, and mortality due to the coronavirus disease 2019 (COVID-19) pandemic. These stressors directly affected the health and well-being of healthcare workers – including junior doctors – who were placed at the frontline of medical care services (1). In Nigeria, junior doctors were cautious yet scared about community transmission of this novel coronavirus, experienced burnout due to long work schedules, and were at risk of physical assaults by the general community (2). Many Nigerians speculated that COVID-19 was a disease created by the Nigerian government to extort money, while others believed that it was a disease of the rich and hence disregarded precautionary measures. These stressors hindered junior doctors from thinking beyond the present crisis.

**As a result, their desire to pursue continued personal and professional development – including taking international licensing exams – were temporarily halted.**

### **Coping Mechanisms during the Pandemic**

As the nationwide lockdown restrictions due to the COVID-19 pandemic were implemented across Nigeria, public life came to a standstill. With the rising surge in COVID-19 cases, junior doctors were overwhelmed with their clinical responsibilities and were not motivated to participate in activities that aimed to improve general health and well-being.

**To address this challenge, I dedicated my efforts to promote a healthy work-life balance through physical health, intellectual preparedness, social balancing, and spiritual attainment.**



**Physical Health**

As I focused on my nutritional intake, I prepared meals for the week using appropriate portion sizes and high nutritional value from locally available ingredients. Although we could not visit gyms, I completed regular workouts on YouTube and wellness apps (e.g. WayBetter) and recorded my physical fitness routines. Also, brief walks each day provided an opportunity to meditate and reflect on life.

**Intellectual Preparedness**

In order to continue my academic training, I began my online Master of Public Health degree at the University of South Wales. This program consists of 10 modules, and each module has a duration of eight weeks with two writing assignments of 3,000 words each. An estimated 8-12 hours of dedicated study time per week was recommended. Furthermore, although my foreign medical licensing exam was canceled for the initial date, I continued to prepare and study with group members on virtual meetings. As these efforts enabled me to stay up-to-date with the exam content and interact with colleagues, I was equipped to pass this exam when it was finally rescheduled in late 2020.

Since will power can only take one so far, looking for opportunities to strengthen motivation was key. In my case, leading the study group and organizing study sessions kept me motivated, as I did not want to let my group down. I also used this period to review updates on professional organizations, read motivational books, and learn a few additional skills.

**Social Balancing**

To maintain my personal connections in the socially distanced world, I joined a local video gaming group online. These weekly games offered opportunities to gain new friendships and acquaintances outside the medical community.

**Spiritual Attainment**

With the uncertain future, I aimed to strengthen my spiritual life. As I attended online church services and read daily devotionals, I reflected on my mental health and well-being during these stressful moments. As I pondered about the meaning of life, I concluded that finding one's purpose on Earth is more significant than material possessions and career achievements.

**I resolved to value my loved ones, appreciate each day,  
enjoy life, and be actively present in each moment.**

Although the COVID-19 pandemic is not yet over, healthcare workers continue to face a significant burden on their physical and mental health and well-being. As junior doctors, we contribute significantly to the COVID-19 response efforts in clinical and community practice. As the revised Physician oath states: *“I will attend to my own health, well-being and abilities in order to provide care of the highest standard.”*

**As junior doctors, we must promote the importance of a healthy work-life balance and optimal health and well-being for all healthcare workers.**

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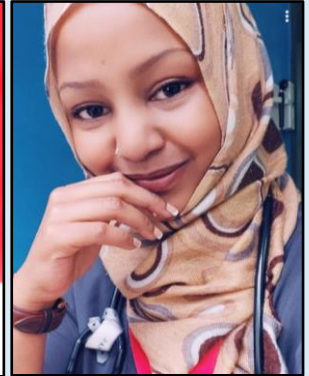
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## Reflections from the COVID-19 Frontline One Year Later: A Kenyan Perspective

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**As we watched the news reports of the coronavirus disease 2019 (COVID-19) wreaking havoc overseas, we knew that it was only a matter of time before this novel coronavirus would be in our midst.**

This countdown officially ended on March 12, 2020, when the first COVID-19 case was reported in Kenya. The Government of Kenya instituted several public health measures that were well established, including epidemiological surveillance, promotion of hand hygiene, and physical distancing in public places. As clinicians, these measures reassured us that the government was committed to combating the pandemic locally. In the clinical setting, on account of observing the number of COVID-19 cases increase, we wanted to be ready to combat this crisis. However, the reality on the ground was a little different, considering we were ill-prepared with limited resources and knowledge to combat this novel coronavirus.

**Doubt and Anxiety**

Nuances of fear and anxiety, albeit rarely spoken about, were easily palpable. As junior doctors, we soldiered on, taking care of suspected patients, although we did not feel well equipped in our clinical practice. Each time, we reflected on our own safety: Was I protected enough? Were we really prepared to handle one COVID-19 case? Were we prepared to handle 100 cases in our emergency department? All this time, our institution worked tirelessly, seeking innovative ways of managing patient flow and ensuring adequate staffing and continuous training.

**Early on in the pandemic, the lack of adequate testing resources and isolation facilities crippled care and brought confusion and anxiety.**

During the first wave, attending to suspected COVID-19 patients involved rapid communication of updates to senior management and Ministry of Health officials. Polymerase chain reaction (PCR) tests for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) were in limited supplies. Clinicians faced these stressful tasks while managing the increased volume of patients and limited available training. However, during the second wave, training was conducted, nationwide resources availed for PCR testing, and patient flow was better streamlined. Continued medical education on COVID-19 equipped junior doctors with courage and competence to manage the cases.

**Health System Barriers and Strengths**

With the increased number of confirmed COVID-19 cases, we faced multiple challenges. Personal protective equipment (PPE) brought a sense of safety that was yearned for, but within a short period of time, PPE was declared scarce across the country, and we had to reuse some N-95 masks. With a health workforce shortage, staff on leave were recalled to provide additional time to hire new healthcare workers. Over time, we received institutional support to boost staff morale, including better working hours, short-term allowances, and supportive mental health services. Institutions provided additional isolation units and staffing, offered training on PPE use, and established continuous medical education courses.

**By gaining a better understanding of this novel coronavirus, we worked in solidarity with our national and international colleagues – a little comfort that we were not alone.**



**Adapting to the Situation**

During the COVID-19 pandemic, our institution stressed the adherence to public health measures, including availing of adequate PPE and promoting hand hygiene practices. Working shifts were rearranged to offer staff periods of brief quarantine periods in order to observe for possible symptoms. Staff who developed symptoms were tested, and if positive, they were required to complete a 14-day isolation, returning to work only after receiving a negative test. However, these new administrative policies meant that staff had to complete longer and more consecutive clinical shifts. Added to other factors – such as an increased medical surge and staff recovering from COVID-19 – we feared that the overall effect would lead to fatigued staff and increased vulnerability to COVID-19.

The brutal reality is that healthcare workers have become a daily social pillar for patients, offering a source of support and inspiration during their stay. As patients were admitted for long periods of time, without physical touch or family visits, doctors smiled, celebrated, and mourned together with them.

**The compassion in our voices and our eyes reminds our patients of humanity and gives them strength to carry on.**

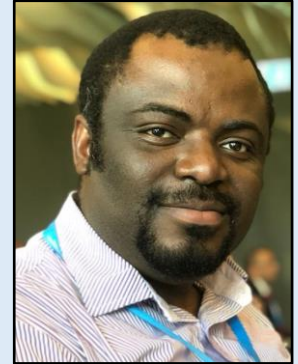
Particularly, early in the pandemic, national leaders of the Government of Kenya took immediate action to implement public health response efforts including contact tracing, promotion of hand hygiene practices, social distancing measures, partial lockdowns across cities, and dusk-to-dawn curfews. However, the government's lethargy in preparation for the worst-case scenario became apparent later in the pandemic. These issues included the lack of sufficient inpatient isolation wards and critical care units, shortage of the healthcare workforce, and limited training for staff. Kenya is currently experiencing a third wave of the COVID-19 pandemic, just one year since the first case was confirmed, and these challenges are still present in clinical practice.

As we care for COVID-19 patients, we reflect on our resilience in contributing significantly to clinical and public health response efforts. As junior doctors, we must continue to support national efforts to advance science and advocate for our patients each day.

**To fellow frontlines, we are in this together – for our colleagues,  
our patients, our society, our country, and our world.**

## A Call to Invest in Doctors

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Chair (2018–2019)  
Junior Doctors Network  
World Medical Association



In 2012, I was a young medical graduate working in a mission hospital in Nigeria, equipped with basic surgical and medical skills to promptly diagnose and treat patients. Notably, hospital capacity was frequently at a maximum level because many community members were unable to afford medical care costs. One challenge was that many patients remained hospitalized for long periods of time, until their relatives were able to pay their hospital bills. The hospital, therefore, depended heavily on charity in order to offset expenditure due to low-income patients. At the same time, some low-income patients, who were fearful to seek healthcare services, often resorted to self-help approaches or unorthodox scammers, which led to significantly poorer outcomes.

The Nigerian National Health Insurance Scheme (NHIS), under the NHIS Act of 2004, was launched on June 6, 2005, to address this potentially catastrophic out-of-pocket expenditure (1). Notably, similar schemes have been implemented in other low-income countries. Now, 16 years later, Nigerian leaders have reported that the original objectives have not been achieved, and the anticipated benefits have remained a mirage. As I worked in primary care, I observed the challenges faced by some NHIS beneficiaries as they accessed healthcare services, including limited access to specialists and limited range of available prescription medications.

There is an undeniable need for good and affordable access to healthcare for all. However, the current strategy across middle- and low-income countries is failing to achieve universal health coverage (UHC). In the United Kingdom (UK), the National Health Service exemplifies an enviable definition of UHC, a direction where every national health plan should be headed.

**The extensive and wide-reaching primary healthcare system, manned by doctors and other experienced staff, can result in an efficient approach to promote optimal health and well-being for all citizens, irrespective of socioeconomic status.**

**Impact of the COVID-19 Pandemic**

The coronavirus disease 2019 (COVID-19) pandemic has impacted all health systems and patients. As countries battled an overstretched health system, leaders led the development of new hospitals and clinics and requested that retired health professionals return to help in the response efforts. Many patients, however, became defiant to recommended precautions, struggling with circulating conspiracy theories and refusing to seek medical care.

**This was particularly evident in low-income countries as conspiracy theories thrived, challenging adherence to social distancing and exacerbating mistrust in the government (2).**

During the COVID-19 pandemic, healthcare workers have experienced significant stressors during the increased clinical responsibilities and management of work-life balance (3). In particular, they have experienced anxiety related to their own safety, struggled with burnout due to the increased workload, and managed caregiving due to illness and death of family members.

There have been few incentives for doctors to accept clinical positions in rural settings. The quest for a better lifestyle with access to high-quality healthcare has inspired mass movements of young doctors away from middle- and low-income countries to seek employment in high-income countries. This has resulted in negative impacts on the UHC goals of donor countries and has further reduced their capacity to fight the ongoing COVID-19 pandemic.

**Global Call to Action**

The World Medical Association (WMA) and Junior Doctors Network (JDN) advocate that true UHC will provide access to primary health services with doctors and appropriately trained team of valued and diverse health professionals. Temporary and probably cheaper measures may seem achievable in the short-term; however, not incorporating the intermediate- and long-term goals of ensuring access to doctors at primary care levels may actually be breeding catastrophe rather than achieving UHC.

Recent research has shown that poor quality of health care services was a major driver of excess mortality from different disease conditions (4). As doctors are integrated in primary health care services, attention must be placed to ensure appropriate physicians' training and provision of incentives in their clinical practice.

**As a call to action, the COVID-19 pandemic has emphasized  
that healthcare collaborations are key to promote UHC.  
The time to act is now!**

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## Work-Life Balance Webinar

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Work-life balance is a social construct with diverse definitions, as how an individual strikes a balance between work and non-work activities (1). Although it is important for physical and mental health and well-being, healthcare workers may struggle to achieve a healthy work-life balance with their intense clinical responsibilities.

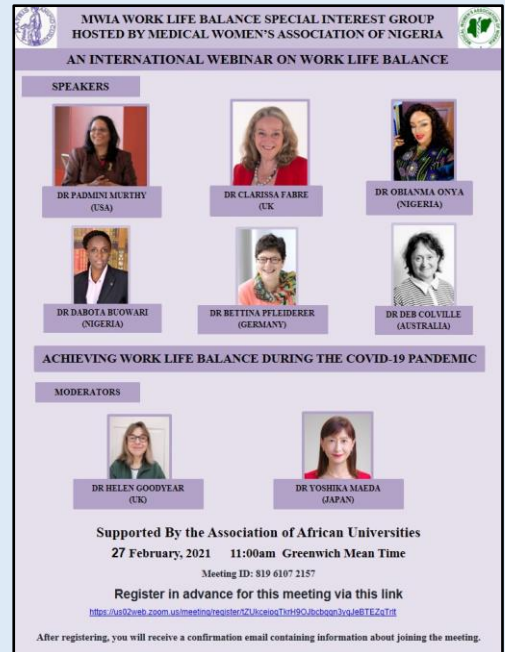
**Now, as the world adapts to the ‘new normal’ after the coronavirus disease 2019 (COVID-19) pandemic, global focus should highlight techniques to build a healthy work-life balance.**

To address this challenge, the Medical Women’s International Association (MWIA) has recently strengthened the organizational framework and formed the Work-Life Balance working group to prioritize the role of female doctors in the workplace. Founded in 1919, this international association of female medical practitioners and medical students is comprised of five committees (Ethics and Resolutions; Scientific and Research; Finance; Communication and Social Media; Strategy and Advocacy), two working groups (World Health Organization; Governance), and other special interest groups (Mentoring and Leadership; Child Health; Violence against Women and Girls).

### Work-Life Balance Webinar

On February 27, 2020, MWIA members of the Work-Life Balance Special Interest Group sponsored the International Webinar on Work-Life Balance (**Figure 1**). Attendees included female and male doctors as well as other healthcare workers and students. This event aimed to share techniques to help develop a positive work-life balance and prevent Zoom fatigue during the numerous virtual teleconferences and events held during the COVID-19 pandemic.

The agenda included high-quality presentations by six doctors from Australia, Germany, Nigeria, the United Kingdom, and the United States. They shared their expertise on six topics: 1) relevance of work-life balance; 2) doctors' well-being; 3) burnout in female doctors; 4) balancing work and leisure time; 5) achieving work-life balance during the COVID-19 pandemic; and 6) fatigue experienced with virtual meetings. After panelists spoke on the respective topics, there was a panel discussion followed by an open discussion. Webinar attendees expressed their appreciation to the organizers and panelists of this timely event and sent supportive message to the organizers. They commented on the engaging discussions that encouraged them to take immediate action to develop a healthy work-life balance.



**Figure 1.** Promotional flyer for the MWIA International Webinar on Work-life Balance.  
 Credit: MWIA

The COVID-19 pandemic has caused significant stress to achieve a healthy work-life balance, especially when junior doctors have extensive clinical responsibilities and minimal leisure time. To address this challenge, the Medical Exchange, Education, and International Mobility Working Group of the Junior Doctors Network (JDN), led by Dr Uchechukwu Arum, organized the Doctors' Well-being webinar in March 2021. Moving forward, additional JDN activities and webinars – together with medical and community associations – can continue to promote work-life balance in the clinical and community workplace and advocate for optimal health and well-being for all.

**As junior doctors, we should advocate for increased attention for healthcare workers' physical and mental health and well-being through a positive work-life balance.**

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## Zoom Fatigue: A Pandemic within a Pandemic

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During the coronavirus disease-2019 (COVID-19) pandemic, the delivery of continued medical education has transitioned from in-person to virtual conferences and meetings. These virtual events have allowed knowledge sharing to continue through an array of software technology applications such as Zoom, WebEx, BlueJeans, Slido, and Google Meet. Zoom is a video conferencing platform that offers physicians the opportunity to conduct virtual meetings, attend academic webinars, and communicate with colleagues, regardless of their geographical locations (1). This technology has various functions, including video recording to the Cloud for asynchronous viewing, chat messaging for real-time communication, and the breakout room feature for small group meetings (2).

**Healthcare workers should remain up-to-date on the evidence-based scientific research published by global researchers and consensus statements by international organizations, which highlight best practices for the clinical management of COVID-19 cases.**

### Zoom Fatigue

Despite their increased clinical responsibilities for COVID-19 management, physicians are expected to attend virtual webinars and conferences for continued medical education on COVID-19 and other pressing health topics. The rapid publication of scientific articles and Zoom webinars on COVID-19 has resulted in an *information overload* for physicians.

**This information overload can cause physicians to experience physical and mental exhaustion – recognized as ‘Zoom fatigue’ (3).**

Zoom fatigue can result from a combination of physical behaviors, including sedentarism and digital eye strain from staring at a computer screen for long hours. It can even increase the risk of obesity and deep venous thrombosis (4). However, mental health concerns may arise as a result of excess stress from balancing clinical responsibilities and virtual medical education as well as feeling self-conscious when viewing personal video images on Zoom meetings (3).

### **Recommendations to Prevent Zoom Fatigue**

To maintain high focus and productivity as well as an optimal work-life balance, healthcare workers can take initiative to manage their work and leisure schedules. Some recommendations to help reduce Zoom fatigue include (5-7):

- ☐ Take breaks in between and during each Zoom meeting
- ☐ Avoid scheduling back-to-back Zoom meetings
- ☐ Follow the 20-20-20 rule, where you schedule 20-minute intervals of looking away from the screen to an object 20 feet away for 20 seconds
- ☐ Use the Stop Video feature to reduce anxiety related to self-consciousness of the video image
- ☐ Avoid multitasking activities (e.g. email, phone calls) while on a Zoom meeting
- ☐ Prioritize rest and a healthy work-life balance through meditation

### **Conclusion**

Zoom fatigue can increase stress levels, hinder focus and concentration, and cause burnout among healthcare workers. At the same time, it can result in poor patient outcomes, communication challenges between co-workers, patients, and family members, and increase risk of medical errors in the workplace. With lockdown and travel restrictions due to the COVID-19 pandemic, physicians have been able to attend daily webinars in the comfort of their office or home. However, physicians have been challenged to maintain a healthy work-life balance with an increased clinical workload coupled with the need for up-to-date evidence-based information on COVID-19 clinical management. Hence, national health systems and professional medical associations should prioritise fostering harmony between work responsibilities and leisure activities for all healthcare workers.

**Moving forward, junior doctors can lead the global dialogue that stresses the importance of optimal physical and mental health and well-being of healthcare workers during the COVID-19 pandemic and beyond.**



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## Perspective on Well-being as an Obstetrician-Gynecologist

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It can be daunting to create a practice of well-being or to maintain a well-rounded lifestyle. As physicians and surgeons, we strive to provide the best care and be available for our patients. Our work often comes at the cost of personal time, which can take a toll on our mental health. Many of the health system challenges in medicine, however, are ubiquitous to any specialty.

My inspiration to practice in the field of obstetrics and gynaecology (ob-gyn) came from my experience as a medical assistant at Planned Parenthood, where I worked prior to medical school. This organization is recognized globally for providing preventive care, sexually transmitted infection (STI) testing, contraception, and abortion care. As I quickly learned the stigma that came with abortion care, I was frustrated by all the negativity towards what I viewed as a necessary and routine procedure. The lack of access, shortage of health care providers, and many unnecessary barriers to care inspired me to advocate for the right to access safe, legal abortions. As I entered medical school, I considered a few specialty options, including family medicine, psychiatry, and general surgery.

**I ultimately realized that ob-gyn would expose me to the continuity of care throughout a woman's life, offer the ability to perform life-improving procedures and surgery, and provide skills to help individuals choose if, when, and how they become pregnant.**

Prior to ob-gyn residency, I spent two years at the American Medical Student Association (AMSA) working on medical education and health policy topics. I began residency training still excited for those opportunities, but I struggled to incorporate my interests in advocacy and research, while maintaining my well-being. The 80-hour weeks only made work-life balance more difficult. It was hard to find time and energy for my regular practice of yoga and meditation, or for the people and activities which sustained my passion and motivation.

Our residency program was not well equipped to handle mental health support for residents. I was fortunate to have access to mental health resources, which helped me navigate difficult situations.

After residency training, I wanted to focus on work that would sustain my passion for medical education as well as reproductive health and justice issues. Currently, I am focusing my clinical practice on abortion care and gynaecology. I recently re-joined AMSA as a Reproductive Health Strategist, through a grant-funded project to improve the quality of medical education in family planning, abortion care, and reproductive justice. In collaboration with global medical student organizations, I work with the ScholarRx educational company to create student-led curricular modules that address gaps in traditional medical school curricula.

Through self-education and my lived experiences as a medical resident, I better understand the crises of well-being and mental health among physicians as a health system problem. To reduce physician burnout, we need a humane system of working conditions for medical residents to maintain their full lives and passion for their work.

**The system should prioritize physicians' needs to control their schedules and maintain autonomy, to an appropriate degree that it does not sacrifice patient care.**

The culture of medicine has included a system of hierarchies, characterized by the 'hazing' experienced by medical students and residents as well as the non-clinical, repetitive, administrative tasks that residents are expected to complete. This can lead to a threshold of exhaustion where trainees are no longer learning, but rather simply performing tasks. If these working conditions are repeated over multiple years, burnout, loss of creativity, and new or worsening mental health issues can result. In the United States, physicians have the highest suicide rate of any profession. The suicide rate among male and female physicians is 1.41 and 2.27 times higher, when compared to the general male and female population, respectively (1). Often, the burden of 'keeping balance' falls upon the trainee, who has minimal control over hospital policies, negative cultures of training, and little autonomy over clinical schedules.

**By considering these elements and removing these stressors, the training environment can become more humane.**

Teaching cognitive-based therapy and promoting meditation practices are appropriate measures, but they are insufficient to address this challenge. These practices focus on the individual, while the root of the problem lies with the system itself. Significant improvement in training conditions requires that administrators of academic departments, hospital systems, and graduate medical education entities provide: 1) a fair salary; 2) adequate time away from the hospital; 3) time off for mental health concerns (which should not be separate from or subject to different requirements as physical health concerns); and 4) advocacy within licensing and accreditation boards to not penalize physicians for seeking out or reporting access to mental health care.

Bullying or harassment within training programs – whether related to gender, race, ethnicity, or simply the ‘culture of the program’ – should never be normalized. Teaching faculty can perpetuate this culture, and this is often because those individuals were subject to similar abuse when they were trainees. A sustainable solution requires cooperation among trainees, faculty members, and administrative leaders to maintain accountability, such as an anonymous reporting system that is then taken seriously. The need for autonomy and work-life balance goes beyond training, as many early- and mid-career physicians face similar struggles.

The practice of medicine and surgery can be rewarding and inspiring, but it can also be frustrating and exhausting. Faculty members and supervisors must prioritize the creation of systems that promote wellness and work-life balance.

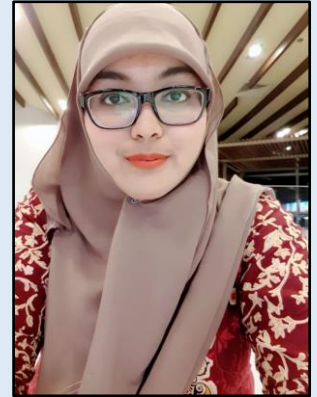
**This healthy workplace environment is beneficial to all,  
including patients, who are better cared for by personally  
and professionally fulfilled physicians.**

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## A Junior Doctor's Journey to Well-Being: Building Resilience to Prevent Mental Health Breakdown

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The coronavirus disease 2019 (COVID-19) pandemic has posed unique challenges to the healthcare workforce. As a result of COVID-19 response efforts, there have been significant changes in daily medical practice, social lives have been reshaped, and healthcare workers (HCWs) have been deployed to frontline roles. This transition has impacted the physical and mental health and well-being of HCWs.

The prevalence of mental health problems, like depression and anxiety, is well known to be higher among doctors, when compared to the general population and other professional groups (1). Several studies have highlighted a prevalence of depressive symptoms between 8.9% and 50.4%, and anxiety rates ranging from 14.5% to 44.6% among HCWs, especially during public health emergencies (2). Therefore, tackling the mental health breakdown among HCWs becomes an urgent matter, and one of the more effective ways to do this is to build resilience among HCWs.

### What is Resilience?

**“Resilience is defined as the ability to recover from setbacks, adapt well to change, and keep going in the face of adversity”**

**– Constance Scharff, *Psychology Today* (3)**

Resilience can be defined as one's ability to cope with crisis, trauma, or other sources of stressors (4). Stressors can take many forms, such as problems within the family, personal relationships, physical or mental health, and the workplace. As resilience involves “bouncing back” from difficult experiences, it can stimulate profound personal growth. With four core components to building resilience – connection, wellness, healthy thinking, and meaning – specific strategies can be employed to empower one to learn from difficult and traumatic experiences.



### Tips on Developing Resilience

The American Psychological Association has provided some tips for developing resilience, counteracting burnout syndrome, and preventing mental health breakdown among physicians (4). This article aims to summarize these recommended strategies.

### Building Connections

- ❑ *Prioritize relationships*: It is important to connect with your colleagues and peers who can remind you that you are not alone amidst the difficulties. There are various ways to connect with others, such as weekly lunch meetings with colleagues and friends or sports activities such as volleyball or badminton.
- ❑ *Join a special interest group*: Meaningful connections can be fostered by joining local, national or international organizations. These groups can include local youth chapters, religious organizations or professional organizations such as the Junior Doctors' Network.

### Fostering Wellness

- ❑ *Prioritize self-care*: Self-care can be promoted through healthy lifestyle practices such as eating proper food, obtaining an appropriate amount of sleep, and engaging in physical exercise. These practices can strengthen the body and the mind, allow adaptations to stress, and reduce any feelings of anxiety or depression.
- ❑ *Practice mindfulness*: Mindfulness simply means being in the present and focusing your energy on doing one task at a time. There are many ways to practice mindfulness including mindful journaling, yoga, and other spiritual practices like prayer or meditation. All of these practices can help build connections and restore hope.

**When you journal, meditate or pray, focus on the positive aspects of your life and try to recall the people, activities, and things for which you are most grateful.**

### Finding Purpose

- ❑ *Help others*: By participating in volunteer work or supporting colleagues in their presentations or academic tasks, we can promote a sense of purpose for our work, foster feelings of validation and self-confidence, and build connections with other people.

- ❑ *Be proactive:* In taking a proactive approach, we should always go back to asking fundamental questions: Why did I want to complete residency in the first place? What are my goals? These reflections can help you find purpose in your activities. By simplifying your problems into manageable tasks, you can take the initiative and muster motivation and purpose even during stressful periods. These actions will increase the likelihood that you will rise during difficult times in the future.
- ❑ *Move toward your goals:* Creating realistic goals can foster a sense of accomplishment and self-fulfillment. For example, I find it helpful to create to-do lists based on daily, weekly, and monthly goals.
- ❑ *Look for opportunities for self-discovery:* As human beings, we experience personal and professional growth as a result of a significant struggle. For instance, challenging residency rotations can improve your clinical skills.

**These moments of self-discovery can increase self-confidence  
and heighten appreciation for continued perseverance.**

### **Embracing Healthy Thoughts**

- ❑ *Keep things in perspective:* Coping with stressful events can be challenging, but how you interpret and react to these events is vital.
- ❑ *Accept change:* Since change is an inevitable element of life, you should be realistic in setting your goals and be willing to revise your goals as needed. As you do not have control over all situations, you should focus your attention on those where you have control.
- ❑ *Maintain a hopeful outlook:* As you visualize what you want to accomplish in the near future, slowly alter your mindset as you prepare to deal with any potential difficult situations.
- ❑ *Learn from your past:* It is essential to always reflect and learn from your experiences, treasure each lesson learned, and understand how these experiences have strengthened you as an individual.

**A healthy perspective can lead you to develop resilience when  
you face adversities.**

### Seeking Help

One of the most important tips is to know when to ask for help, as it is crucial in building resilience. At times, the described strategies are enough for most people to develop resilience. However, some people may find themselves unable to make progress on the road to stability. In these cases, a licensed mental health professional can assist people in developing an appropriate strategy for moving forward. It is crucial to seek professional help if you feel like you are unable to “function” as you would like or perform basic daily activities, as a result of a traumatic or other stressful life experience. This community resource can help you build resilience and promote well-being.

In conclusion, it is important to remember that we can all experience mental health exhaustion at one point in our lives. Learning to recognize these difficult moments and develop appropriate coping mechanisms can help us in our journey to optimal health and well-being. As individuals, although we may not have the power to control every aspect of our lives, we can prioritize the four core components to building resilience – connection, wellness, healthy thinking, and meaning – in our journey to well-being.

**Moving forward, we can focus our energy and minds on the aspects of life that we can control and manage with the help of our family, friends, and loved ones.**

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## The Emotional Toll of a Junior Doctor

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As junior doctors, we are responsible for the clinical management of our patients – ensuring their nutritional intake, recording their sleeping patterns and bowel movements, and observing their mental and emotional health status. We can relate our clinical responsibilities to parenting, where we understand that another life is placed in our hands, and that small decisions can have a large impact on lives. During these routine duties, we prepare for any unexpected health events with our patients.

**Since these workplace stressors have the potential to impact physical and mental health and well-being, junior doctors should prioritize a healthy work-life balance.**

As I reflect upon my clinical training as an intern, I remember two examples that marked my personal and professional training. Notably, my carefree attitude had disappeared when I encountered the reality of clinical medicine. First, as the only physician in the emergency room, nursing staff relied on my clinical recommendations and actions for acute patient care. One day, when a male patient had no further management options left, his grieving wife blamed me for his death. Second, when a man refused to donate blood to his pregnant wife, who was experiencing physiological stress during labour, I donated blood and realized that not all love is selfless. When I suffered a needlestick injury while treating a high-risk patient, I understood that good deeds can sometimes cost you everything you cherish.

Our role as junior doctors can be described in a similar fashion to a one-side romantic relationship. Our patients can act indifferently toward us, patients' families can behave in confrontational manners and the natural course of disease can be unstoppable. As healthcare workers, it is our job to care for our patients but not become emotional; to fight for life although we may lose; and to be assertive messengers of bad news yet timid

harbingers of good news. We must always rise up to the call of need, whether we want to or not, whether we can or cannot, whether it is urgent or non-urgent, whether it is for an acquaintance or a stranger. When I decided to pursue my medical education, I knew that it was a profession that required high technical expertise for medical evaluations and patient care. Now, I am wiser, and I have realized that it is more about treating individual patients, not diseases. Since diseases are more similar to each other than individual patients, we are faced with new dilemmas every day. Not all of these dilemmas are answered in medical literature, and not all of them can probably be resolved by mankind.

### **Such is the emotional toll of being a junior doctor....**

However, as junior doctors, we have an exhilarating career contributing significantly to the delivery of medical care to our patients. Therefore, we must remain optimistic and continue to strive in our commitment. This sentiment was expressed by Dr Tinsley Harrison, creator and editor of *Harrison's Principles of Internal Medicine* (1): "No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge, and human understanding. He who uses these with courage, with humility, and with wisdom will provide a unique service for his fellow man, and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this; he should be content with no less".

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## The Well-being of Myanmar Junior Doctors during the Military Coup

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Junior doctors in Myanmar are dedicated to restoring democracy in the best interests of patients while also supplying vital medical care and services to Myanmar residents during the military coup. Despite these commitments to humanity, junior doctors have faced unprecedented challenges in the military coup. For instance, the military would harass, arrest, beat, and even kill junior doctors serving in clinics and private hospitals who were providing routine and emergency care to patients (1). At times, the military sought these life-saving medical services, forcing doctors to flee from one place to the next. Each day, the military has announced a new list of names to the “charge list against doctors as criminals.” Some penalties have included a forfeit of medical licenses, jail terms of up to three years, and closure of private clinics and hospitals (2).

**Junior doctors continue to be in grave trouble merely for doing their job of providing essential care to the Myanmar people.**

Doctors, like the rest of Myanmar citizens, have family and personal responsibilities, enjoy activities outside of their professional lives, and are at risk of physical and mental health concerns. Junior doctors have experienced burnout, felt anxious or depressed, and struggle with productivity and overall focus, as a result of the protracted military crackdown and deep sense of insecurity. All these factors affect physician well-being: “*Physician well-being refers to the optimization of all factors affecting biological, psychological and social health and preventing or treating acute or chronic diseases experienced by physicians including mental illness, disabilities and injuries resulting from work hazards, occupational stress and burnout*” (3).

The health effects of war and military conflict include physical and emotional trauma, non-communicable diseases, maternal and infant health, sexual and reproductive health, and infectious diseases. War and military conflict can negatively influence well-being based on the broader socioeconomic consequences (4). The history of sustained war and oppression, exacerbated by prolonged circumstances of hardship and migration, is likely to intensify the susceptibility of people in armed conflict areas to a wide range of mental health issues, including posttraumatic stress disorder, anxiety, depression, and suicidal ideation. High prevalence of sexual harassment, a lack of privacy and safe environments, and insufficient access to integrated psychosocial and mental health support are all factors that lead to poor well-being. Every day, Myanmar doctors are up at night, fearful that they – as well as their families – will be kidnapped, sexually abused, killed, or otherwise harmed by the military. There is no protected spot in Myanmar for Myanmar doctors and civilians (5).

To address this challenge, the World Medical Association (WMA) urged the Myanmar military to ensure the physical and psychological integrity of demonstrators, including medical staff, under all situations. In the WMA Council Resolution in Seoul, WMA called for the immediate and unconditional release of demonstrators and health care professionals, as well as the dismissal of all charges against them. This resolution stated that their imprisonment was not only illegal, but also hindered freedom of speech and human rights activities. It further emphasized the need to bring an end to assaults on health personnel and hospitals, as well as to ensure their safety for the provision of safe health care for all Myanmar citizens (6). These WMA statements demonstrate solidarity and encourage Myanmar doctors to stay afloat and prioritize their own mental well-being.

**Although society has symbolically referred to Myanmar junior doctors and citizens being on “life support” measures, we are encouraged that better days are ahead (7).**

Myanmar doctors have vowed to risk their lives to continue delivering critical treatment, and the Civil Disobedience Movement (CDM) – in the face of a military crackdown – will continue until freedom is restored. There is one clear solution for resuscitating the well-being of Myanmar junior doctors and people: to restore democracy and hold the military accountable for their terrorist acts.

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## Well-being Helps Examine Hospital Governance during Health Crisis

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On February 23, 2021, the British Royal College of Physicians published a comment in the *Lancet* that emphasised the role of doctors' well-being in professionalism (1). The authors concluded that well-being is key for the quality of care and requested 'organisational interventions including flexible working arrangements, enhanced teamwork, reductions in administrative burdens, and an optimal use of technology' (1).

**This paper outlines the nexus between the moral aspects of doctors' well-being and the sense of ownership in complying with best medical practices during the coronavirus disease 2019 (COVID-19) crisis (1).**

One particular aspect, however, becomes apparent: the nexus between public deference to authority in crisis-mode and concerns about the commoditization of medical professionalism. This is inherent if authorities are left without scrutiny, and merely compensate professionals for their efforts 'with a pat on the back', instead of listening to them, especially when it comes to moral injuries.

**While exceptional circumstances are calling for exceptional measures, hare-brained ideas may supersede the warranted management of a health crisis.**

Recent examples in Western Europe exposed how skimping on social dialogue between the government, hospitals, and health practitioners is a high risk for leading health policy astray.

**Example 1: Germany**

In October 2020, the *Handelsblatt* national business newspaper revealed that the important church-led private hospital group, *Marienhause-Gruppe* (2), gained the system of special COVID-19 regulations lowering the minimum staff by advancing its own staff reduction framework. Even though the surge of patients never materialised, staff members were asked to complete shifts in work overload or keep on the furlough scheme. Since the special regulation allowed the hospital group to evade normal social dialogue, trade unionists had no choice but to leak cases of moral injuries faced by workers to the press. Naming and shaming the charity group, hereupon, allowed remedial measures to take place.

**Example 2: France**

In early April 2020, the director of the regional health agency of Grand-Est expressed that its bed reduction plan would be maintained for the university hospital centre of Nancy. This was a result of persuasion by the Interministerial Committee for the Performance and Modernization of the Hospital Care Offer (COPERMO), whose charge was to bailout the most indebted hospitals in return of structural reforms, such as cost-containment measures. At the time, however, Nancy became one of the key referral hospitals to fight COVID-19 in France. The press leak of the grievances expressed by the medical director and hospital manager was pivotal in defusing the situation. Genuinely speaking, it led to a 'palace revolution' at the regional level and a temporary suspension of the 'feared and respected' hospital bailouter at the national level (3). In February 2021, the hospital bailouter was rebranded the 'health investment board', accounting for the local electorate, albeit no seat for trade unionists.

**Example 3: United Kingdom**

Among the numerous factors associated with the failed launch of the seven temporary sites of the Nightingale Hospital London (NHL)'s 4,000-bed field hospital's intensive care unit, the lack of accountability for local medical practices and staff competence appears essential (4). Staffing occurred as an afterthought, and subsequently pre-existing hospitals were reluctant to sublease employees. Among National Health Service (NHS) staff, one in three sick days is currently linked to mental illness or burnout (5). The temporary intensive care units closed rapidly after seeing only a few patients.



### Take-away Message

Health reforms are political, and authorities have tended to depoliticize health policies with appeals to scientific committees to support cost-containment as well as crisis measures and reforms (6). The previous three examples outlined how social dialogue is inherently seeking expression in hospital governance during crisis. The opposite would be a harbinger of the commoditisation of medical professionalism.

At the time of uncertainty, frontline actors have invaluable insight and innovative analyses. Their well-being is an inescapable moral compass to offset political obduracy.

**Now, it is time to rethink the issue of hospital governance presented during the COVID-19 pandemic, and junior doctors have an indispensable role to play.**

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