Learning from the Global Response to the COVID-19 Pandemic: An Interprofessional Perspective on Health Professions Education

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November 2, 2020

Introduction

Health professional educators around the world have demonstrated their ability to respond creatively to challenges posed by the coronavirus pandemic. The importance of critical and creative thinking as a key competency of health professionals has been demonstrated as they have struggled to reinvent meaningful clinical experiences supported by virtual didactic curricula. The pandemic forced many educators to redesign and replace traditional classrooms and teaching methods with minimal preparation time. This rapid adjustment to and adoption of new forms of teaching and learning was occurring against a backdrop of evidence that traditionally underserved populations were being disproportionately impacted by COVID-19 [1]. This, alongside a substantial body of evidence, underscored the value of education on the social determinants of health—the social, economic, and political conditions that shape the health and well-being of individuals and communities [2,3]. The purpose of this paper is to show how educators and practitioners can leverage this unique moment in time to educate health professionals on the realities of the social determinants of health.

Social Determinants of Health Education in a Time of COVID

SDoH education is a lifelong process involving self-reflection and trust-building with communities. It also means learning how to work collaboratively across all levels of the health workforce, across health professions, and across sectors in ways that maximize public health intervention efforts. Three examples drawn from around the globe show how educators can use the current pandemic to underscore these important aspects of SDoH education.

Working In and With Vulnerable Populations

Elderly populations are at the greatest risk of dying from COVID-19, and are also often adversely impacted by the SDoH. For example, people living in nursing homes often face difficult living conditions due to structural shortcomings, including limited staffing and support to care workers strained to deliver services to patients with complex mental and physical challenges [4]. These risks have been amplified during the COVID-19 pandemic, even for long term care facilities in affluent neighborhoods [5]. The fact that people living in well-off communities are affected by the social determinants is an important lesson for reflecting on the complex and interlocking issues that impact a person’s overall health and well-being.

Ghent University, Ghent, Belgium

The elderly living in nursing homes were hardest hit by the COVID-19 pandemic in Belgium, as they represented more than half of the country’s COVID-19 deaths. At the same time, Ghent University’s medical school in Belgium cancelled its planned clerkships due to the pandemic. The Faculty of Medicine and Health Sciences at Ghent University reacted quickly by creating experi-
ential opportunities for 135 medical students who volunteered to work in nursing homes to assist with care for elderly COVID-19 patients. Students gained valuable experience working on the front lines with nursing home attendees and family physicians. Their job was to listen to and observe patients, then report on the severity of a patient’s condition. One student remarked that “This experience . . . stimulated me to deepen my knowledge on the organization and management of the health system and to reflect on the social accountability of the physician.” Another remarked, “This was a unique way of learning and I am very grateful that I could contribute to addressing this pandemic.”

Providing Emotional Support to Learners at the Front Line

Educators learned quickly that one of their expanded roles during COVID-19 would be supporting students emotionally. These students were understandably fearful of clinical learning environments with inadequate personal protective equipment and large numbers of patient deaths. Nurse educators who work with students from underserved communities that require emotional support as they transition from didactic to experiential learning [6] also note that this is a skill they have had to learn to do their jobs successfully. Providing emotional support to those who are caring for others is an education in tending to the SDoH, as mental health is an often underserved but highly impactful portion of a person’s overall health and well-being. Seeing supervisors and faculty prioritize their mental health allows students to see this behavior being modeled and bring the same practices to bear as they care for their own patients.

*Rutgers University School of Nursing, Newark, New Jersey, USA*

When clinical rotations at the Rutgers University School of Nursing in Newark, New Jersey were disrupted by the COVID-19 pandemic, faculty presented Baccalaureate nursing students the unique opportunity to learn public health emergency preparedness and management first-hand. The alternate experiences included case discussions, reviews, webinars, and other relevant educational activities involving COVID-19 care-related issues. Academic credit was also given for time spent counseling and supporting patients’ families through the isolation and/or grieving process.

In order to care for the caregivers, the first half hour of each class the nursing students attended when the pandemic began was spent supporting students as they talked about workplace challenges like the lack of personal protective equipment, potential exposure to COVID-19, false negative tests, symptoms, fears, fatigue, anxiety, and sadness from witnessing so many deaths. Faculty recognized quickly that the needs of their students went beyond the emotional support they could provide. A number of students felt traumatized by their situations which created an opportunity for the nursing faculty to not only role model empathy but to also demonstrate the value of working across professions with mental health counselors to address the multitude of challenges facing learners and educators alike.

**Engaging All Levels of the Health Workforce**

Community participation is critical for mounting an effective response to COVID-19 [7]. It is at the community level where rumors originate and false narratives can most effectively be countered by trusted sources and trained volunteers living in the community. Similarly, community engagement is key to addressing the SDoH. It is at the community level where advocacy efforts can influence policies for countering inequities and disparities that result in worse health outcomes caused or impacted by the SDoH. Finding case studies to explore community participation in addressing SDoH will help students understand their role as community advocates for influencing policy.

**Village Health Volunteers and Ministry of Public Health, Thailand**

The contribution of over a million Village Health Volunteers (VHVs) is credited with containing the number of COVID-19 infections in Thailand [8]. Immersing themselves in every village across the country, VHVs work closely with the primary health care personnel of the Ministry of Public Health (MOPH) in making regular home visits. VHVs were instrumental in case identification, assisting with contact tracing, imposing home quarantine as needed, monitoring physical distancing, and supervising personal hygiene. VHVs are common people, often farmers, who are selected by their communities, and trained by the MOPH to respond to pressing needs of their communities. VHVs receive monthly compensation to cover travel and other expenses.

Thailand has not experienced high case counts or fatalities during the COVID-19 pandemic to date, and many health officials have stressed the importance of VHVs in combatting COVID-19. This collaboration between VHVs and MOPH demonstrates the importance of educating learners to work across sectors and levels to engage a broad health care workforce.
**Service learning and student-driven volunteerism**

Educators can look to build coalitions with other institutions. For example, Columbia University Irving Medical Center founded the COVID-19 Student Service Corps (CSSC) that was built on an interprofessional student service-learning model [11]. Under student and faculty co-leadership, CSSC identifies community and health care system needs and addresses them through interprofessional service-learning projects and remote engagement, including projects such as telemedicine and hotline support, patient education and provider digests, mental health and well-being support, and patient outreach and hospital support. A toolkit for starting local chapters can be found on the Medical Center’s website [11].

Inspiration for new SDoH learning opportunities might come from public health volunteer activities. Across Massachusetts, public health students, alumni, and professionals are teaming up to form the Academic Public Health Volunteer Corps (APHVC) with the mission to support local health departments in their response to COVID-19. The APHVC volunteers will be assisting with key public health roles such as contact tracing, wellness checks, health communication, and epidemiology and data analytics. To accomplish this range of tasks, APHVC has recruited individuals from across professions, including nursing, health informatics, social work, counseling, and physician assistant programs [12]. This education exposes students to real interprofessional work and cross sector collaborations.

Another student-led volunteer activity in response to COVID-19 came from Ateneo de Zamboanga School of Medicine in Mindanao, Philippines. It was built on an existing chronic disease program to create a community health education, monitoring, and prevention system for high-risk individuals living in rural communities. Medical students at the university demonstrated social accountability by creating a non-governmental organization to produce and distribute desperately needed personal protective equipment to hospitals and communities to prevent the virus’s spread [13].

**Ensuring the safety and well-being of educators and learners**

While leveraging learning opportunities during a public health crisis to better understand and act upon the SDoH is important, ensuring the safety and well-being of learners and educators is of paramount importance. Providing adequate personal protective equipment will minimize risks of physical harm due to COVID-19. To monitor students for signs of mental stress, educators might assign reflective exercises and run individual or group virtual discussions for emotional support. The International Federation of the Red Cross and Red Crescent Societies developed interim guidance on Remote Psychological First Aid during the COVID-19 outbreak [14], which offers concrete and step-wise strategies for providing remote emotional support during a public health crisis, when health professionals may be experiencing a range of fear and anxiety both directly and indirectly related to the pandemic.

Another example that educators can draw upon is the 5-part Curriculum Infusion Package on Compassion Fatigue and the Behavioral Health Workforce, published by the Pacific Southwest Addition Technology Transfer Center in 2020 [15]. The curriculum is comprised of 5 slide decks that educators can adapt to fit the needs of their learners and that covers topics in behavioral health, compassion fatigue, secondary traumatic stress, and self-reflection. Actionable steps that organizations can take to reduce burnout, that behavioral health professionals can take to prevent compassion fatigue, and that each educator, practitioner, and learner can take to strengthen their psychological and physical self-care are also included.

**Call to Action**

The COVID-19 pandemic has brought health disparities into sharp focus and with it, the need for action on the SDoH. It is now the job of health professional educators to leverage opportunities stemming from COVID-19 for educating learners to understand the structural drivers and root causes of inequities related to SDoH. In doing so, graduates will feel better equipped to address such challenges in the practice environment. This paper offered three such examples—experiential learning, online discussions for emotional support, and engaging the community in combating the COVID-19 pandemic. Finding creative ways to integrate SDoH into new and different learning opportunities may be a challenge; however, there are numerous resources for educators and practitioners to draw upon for ideas. For example, the American Public Health Association published a series of resources on the Social Determinants of Health and COVID including written documents, infographics, and posted webinars [9,10].

**Conclusion**

The COVID-19 pandemic has created global awareness of the need to integrate SDoH into health professionals’ curricula and expose learners to SDoH as part of lifelong learning. In doing so, educators tap their critical and creative thinking skills while students learn...
and improve through real time experiences that can start them on a life-long journey of gaining a deeper understanding of the SDoH. Through reflective exercises, learners consider how their own experiences have shaped their life options and their way of thinking while also gaining a greater understanding of the issues around positioning, privilege, and marginalization. Educators who use the COVID-19 pandemic and other opportunities to expose learners to disparities and inequities that drive the SDoH will need to remain aware of how experiential SDoH learning can be affecting their students. Working across professions and intentionally involving mental health experts will not only help learners and educators navigate through emotionally charged times, but can also highlight how mental health is a critical part of considering one's overall mental health and well-being.

References
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DOI
https://doi.org/10.31478/202011b

Suggested Citation

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The authors are members of the Global Forum on Innovation in Health Professional Education at the National Academies of Sciences, Engineering, and Medicine.

Acknowledgments
The authors would like to acknowledge the valuable contributions of Patricia Cuff, MS, MPH, Senior Program Officer at the National Academies of Sciences, Engineering, and Medicine; Bavo De Clerck and Emma Saelens, Master's students in Medicine at Ghent University in Belgium; Mariëtjie De Villiers, MBChB, M Fam Med, PhD, Faculty of Medicine and Health Sciences, Stellenbosch University; and Sandra Lane, PhD, MPH, Professor of Public Health and Anthropology, Syracuse University.

Conflict-of-Interest Disclosures
None to disclose.

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If you have an example of lessons learned from COVID-19 pandemic that you would like to share, or for questions or comments on this manuscript, please email Patricia Cuff at pcuff@nas.edu.

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