

**THE IMPACT OF COVID-19 ON  
UWA MEDICAL STUDENT MENTAL WELL-BEING SURVEY  
MAY 2020**

## **INTRODUCTION**

Thank-you to all students who participated in the survey. The aim of the survey is to determine the current, medium and long term impact of the COVID-19 situation on the mental well-being of medical students at UWA. The survey also aims to enable the Medical School and WAMSS to respond to students concerns and hopefully alleviate some of the anxiety caused by COVID-19 that many students are feeling.

It is a longitudinal survey and we will be able to evaluate the ongoing changes as the COVID-19 situation evolves over the next nine months or so.

The survey results are reported below. There are three sections to the report:

- 1) Analysis of the main results including the impact of COVID-19 on mental well-being;
- 2) Barriers to the access of services for mental health problems including a response from the Medical School on how barriers can be overcome; and
- 3) Specific concerns raised by students regarding the impact of COVID-19 on teaching and learning in the medical course, and a response from the Medical School and WAMSS.

For ease of access, the three sections of the report are also available as separate sub-documents.

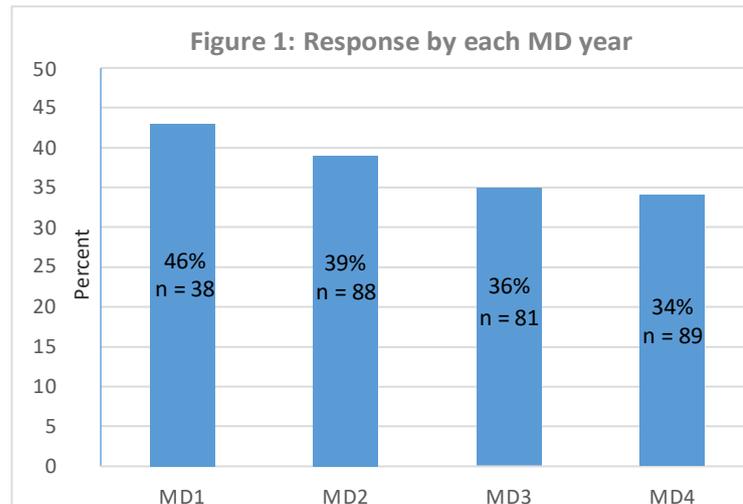
The report has been jointly prepared by the UWA Medical School (Zaza Lyons and Helen Wilcox) and WAMSS/WMH (Ollie Dearsley and Lianne Leung). We hope that you find it useful and we look forward to your participation in the second stage of the survey in early August.

## **SECTION 1: MAIN RESULTS**

### **Demographic information**

- Overall, 297 students responded to the survey, a response rate of 37.5%.
- The mean age of respondents was 24 years, median 23 years.
- Approximately 65% (n = 191) of respondents were female.
- Relationship status: 47% single; 38% dating; 14.5% Married/de facto; 0.5% other.
- Location: 61% Metro area; 24% Rural/regional; 6.5% Interstate; 8.5% International.
- 18 respondents were studying through the Rural Clinical School.
- 94 respondents had completed the Major of Medical Science.

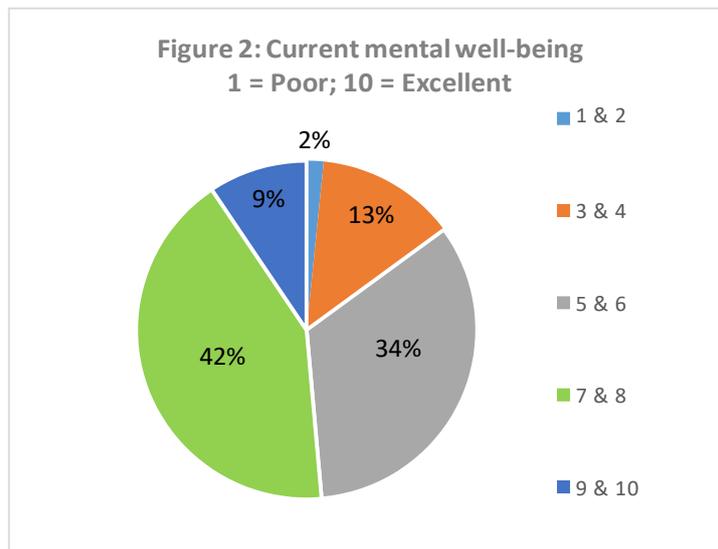
**Figure 1** shows the response rates across the MD year groups. The percentage figure represents the overall responses for each MD year.



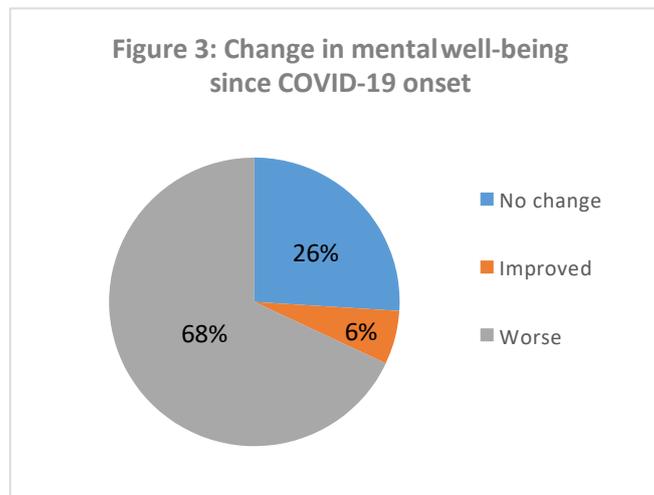
### Current mental health and well-being

**Figure 2** shows the current level of self-rated mental health and well-being where 1 = Poor and 10 = Excellent.

The mean rating across all year groups was 6.5/10 indicating a moderate level of mental well-being.



**Figure 3** shows the perceived level of change in mental well-being since the onset of COVID-19 from around mid-March. A worsening of mental well-being since the start of COVID-19 was reported by 68% of students.



There were 154 cases of stressful life events across all the categories, with relationship breakdown, death of a close friend or family member and financial difficulty the most commonly reported events.

### **Kessler 10 (K10)**

The K10 is a well validated and widely used psychometric measure of psychological distress. It was used in the 1997 and 2007 Australian National Mental Well-being Surveys. K10 scores range from 10 (no psychological distress) to 50 (very high psychological distress).

In this analysis the ABS cut-offs have been used. A score of 10-15 indicates low psychological distress; 16-21 moderate psychological distress; 22-29 high psychological distress; 30-50 very high psychological distress.

Across all years the mean K10 score was 20.6, indicating a moderate level of psychological distress among students. MD1 students had the highest mean score of 23.1 and MD3 students had the lowest score of 19.8.

The mean score for female students was higher (21.3) compared to males (19.4). An independent t-test found that this was statistically significant ( $p = 0.014$ ).

The mean scores between students from different locations differed. Metropolitan students = 19.9; Rural/regional students = 21.8; Interstate students = 19.9; International students = 22.6.

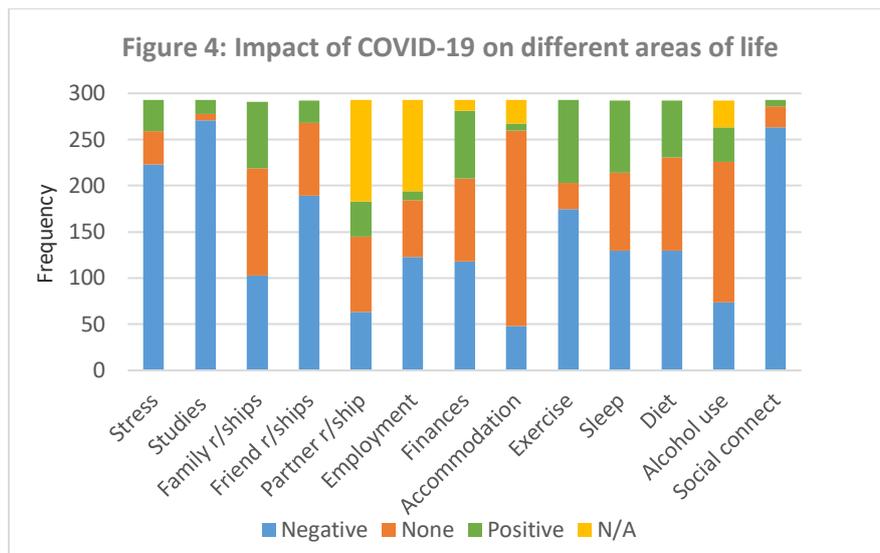
Table 1 shows the K10 results for each year group.

Table 1

MD year	Mean	SD	Median	Range
MD1	23.1	9.1	21	10-44
MD2	20.1	6.5	19	10-36
MD3	19.8	6.0	18	10-34
MD4	20.6	5.6	20	10-34
All years	20.6	6.6	19	10-44

### Impact of COVID-19 on different areas of life

Figure 4 shows the impact (negative impact; no impact; positive impact) of COVID-19 on a number of different areas of life. The main negative impacts are on social connectedness, medical studies and stress levels. The main positive impacts are in the areas of family relationships, exercise and sleep.



## Current concerns about COVID-19

**Table 2** shows the main concerns of respondents about COVID-19 and percentage of respondents who selected each choice.

**Table 2**

	<b>Number of respondents</b>	<b>% of respondents</b>
<b>Impact on studies</b>	238	81%
<b>Uncertainty about getting back to normal</b>	212	73%
<b>Family member testing positive</b>	185	64%
<b>Being in self-isolation</b>	124	43%
<b>Graduation concerns</b>	116	40%
<b>Travel restrictions</b>	98	34%
<b>Financial problems</b>	68	23.5%
<b>Testing positive</b>	66	22.5%
<b>Friend testing positive</b>	66	22.5%

There were 35 additional comments provided regarding concerns about the COVID-19 situation. Five overall themes were identified from these comments: 1) Teaching and learning related; 2) COVID-19 related; 3) Social connectedness; 4) Mental health and self-care; 5) Economic impact.

For each of these themes, specific student concerns were to do with selectives/electives; worries about clinical skills and clinical experience at time of graduation; being unprepared for the workplace; concerns about having COVID-19 asymptotically and passing to others, especially family; potential for exposure in hospitals when on placement; not being able to see family members due to the lockdown and travel restrictions; problems with own mental health; and concerns about the financial impact on the Australian economy and how it will recover.

### Activities and strategies used by students to help with COVID-19 situation

**Table 3** shows the activities and strategies that students have used to help with their mental well-being during the COVID-19 situation.

**Table 3**

	<b>Number of respondents</b>	<b>% of respondents</b>	<b>Mean rating of how useful activity was /10</b>
<b>Video chat</b>	260	87.5%	8.0
<b>Social media apps</b>	185	62.3%	7.2
<b>Mindfulness/meditation</b>	106	35.7%	7.0
<b>GP</b>	29	9.7%	5.9
<b>WAMSS MH activities</b>	34	11.4%	6.8
<b>Clinical mentor</b>	25	8.4%	6.8
<b>Psychologist</b>	23	7.7%	7.0
<b>Web/phone based services</b>	15	5%	6.5
<b>Counsellor</b>	14	4.7%	6.1
<b>Sub-dean</b>	12	4%	5.3
<b>Psychiatrist</b>	7	2.3%	6.9
<b>HMS Student Services</b>	0	0	N/A

Additional comments about the activities and strategies used were given by 182 students. Eight overall themes were identified: 1) Exercise and fitness; 2) Hobbies – new and old; 3) Personal development, relationships and self-care; 4) Involvement in the arts and creative activities; 5) Home based activities; 6) Entertainment and communication with others; 7) Spirituality; and 8) Academic and work based activities.

**Table 4** shows examples of specific activities from each theme. Numbers in brackets denote the number of times a comment that mapped to each theme was mentioned.

**Table 4**

<p><b>Theme 1: Exercise and fitness (73)</b> Running/jogging; cycling; home gym; dancing; walking; hiking/bush walks; beach and surfing; tennis; staying active; indoor exercising.</p>
<p><b>Theme 2: Hobbies – new and old (62)</b> Taking up new hobbies; more time to spend on old hobbies.</p>
<p><b>Theme 3: Personal development, relationships and self-care (62)</b> Keeping to a routine; planning and goal setting; keeping to a timetable; journaling; regular sleep; spending more time with family/friends; time for relaxation; yoga; mindfulness; trying to stay positive.</p>
<p><b>Theme 4: Involvement in the arts and creative activities (57)</b> Playing a musical instrument, including taking up a new instrument; listening to music; reading books and poetry; painting; drawing; learning a language.</p>
<p><b>Theme 5: Home based activities (35)</b> Cooking and baking; gardening; housework; spending time with pets, especially dogs.</p>
<p><b>Theme 6: Entertainment and communication with others (32)</b> Video chat/messaging apps; watching T.V; Netflix/Stan; video games; online gaming; podcasts; board games; jigsaws.</p>
<p><b>Theme 7: Spirituality (23)</b> Prayer; attending online and live streamed church services, bible groups and religious webinars.</p>
<p><b>Theme 8: Academic and work based activities (21)</b> Taking part in study groups; volunteering; helping others.</p>

## Section 1 summary

Studying medicine is a stressful experience and evidence from a number of studies shows that medical students are particularly vulnerable to poor mental health and well-being. The COVID-19 situation has disrupted the lives of students on many different levels and had a significant effect on the delivery of teaching and learning across all years of the UWA medical course.

The speed at which this occurred has meant that many students have had difficulties adjusting to the changes which include the move to online learning and disruption to clinical placements and other face to face components of the course. This, combined with adherence to government mandated restrictions regarding lockdown, social isolation and distancing requirements, uncertainty about when things will get back to normal, loss of employment and income and disruption to normal daily routines has inevitably impacted negatively on stress levels and mental well-being.

Results of this survey show that the majority of students feel that their mental health and well-being has worsened over the last few months due to the COVID-19 situation and

consistent with this, the K10 found that students are currently experiencing moderate levels of psychological distress.

The mental well-being of the MD1's appears to be more severely affected compared to the other years. This could be due to problems adapting to online learning as well as loss of peer interaction exacerbated as the disruptions have occurred early on in the academic year when students were beginning to settle in to the course, meet people and make new friends. Students in the clinical years are facing other issues, mainly to do with not being able to attend hospital placements, concerns about gaining clinical experience, judgement and skills resulting in fears about assessment and course progression.

These are all legitimate concerns and it is not surprising that mental health and well-being has been compromised. It is encouraging that despite these adversities, students are remarkably resilient and have been engaging in a wide range of activities to stay busy and socially connected through these difficult times. Exercise, taking up a new hobby, re-connecting with an old hobby, staying connected with friends and family through video chats and social media, cooking and baking, involvement with music, playing video games, prayer and attending online church services were commonly reported activities that students are implementing and participating in to help get through.

Now that the immediate crisis is over, we hope that students have been able to adjust to the 'new normal' and are developing routines and schedules that enable them to keep up with their studies and maintain social connectedness with friends, peers and family.

## SECTION 2: BARRIERS TO THE ACCESS OF MENTAL HEALTH SERVICES

Barriers to accessing services represents a significant issue for many people who need help with their mental health. Delaying help seeking results in a deterioration of symptoms leading to a more serious condition which may have been preventable with earlier access to care.

**Table 5** shows the barriers that respondents reported in their access of mental health services. The most commonly reported barrier was that students do not feel that their problems are important, followed by not knowing what services are available or how to access them.

**Table 5**

	<b>Number of respondents</b>	<b>% of respondents</b>
<b>I feel that my problems are not important</b>	112	38%
<b>I don't know what services are available</b>	93	31%
<b>I can't afford it</b>	53	18%
<b>I don't know how to access services</b>	51	17%
<b>I don't have time</b>	51	17%
<b>Worries about negative impact on career</b>	42	14%
<b>Worries about confidentiality</b>	35	12%
<b>Documentation on academic record</b>	29	9.5%
<b>Feeling that using services is weakness</b>	29	9.5%
<b>Worries that peers will judge me negatively</b>	28	9.5%
<b>Services are not culturally appropriate</b>	5	1.5%

Additional comments regarding barriers to accessing mental health services were given by 33 students. Five overall themes were identified: 1) Services not helpful/won't change things; 2) Use of services is not currently needed; 3) Minimisation of problems; 4) Negative past experience of services use; 5) 'Other' barriers.

**Table 6** shows examples of specific barriers listed for each theme. Numbers in brackets denote the number of times a comment that mapped to each theme was mentioned.

**Table 6**

<p><b>Theme 1: Services not helpful/won't change things (9)</b>          Problems caused by COVID-19 situation which is beyond personal control; using services will make things worse; using services will not help my mental well-being.</p>
<p><b>Theme 2: Use of services is not currently needed (8)</b>          Have resilience; don't need services at the moment.</p>
<p><b>Theme 3: Minimisation of problems (5)</b>          Others have more serious issues than me; problems are not bad enough at the moment.</p>
<p><b>Theme 4: Negative past experience of service use (3)</b></p>
<p><b>Theme 5: Other barriers (8)</b>          Not motivated enough at the moment to access services; feel uncomfortable in accessing help; do not like talking about myself and feelings.</p>

## Section 2 summary

### *Access to mental health services*

While many students have effective support networks and coping strategies to help them deal with problems relating to their mental well-being and are happy to talk about their problems and feelings with a trusted person, others will need professional help. It is important that these students feel comfortable in reaching out and have a good understanding of what services are available and how to access these services.

The survey found that many students did not know about the provision and availability of mental health services and how to access them. Accessing mental health care is not always an easy process. The mental health system involves a diverse range of mental health professionals, all of whom have different areas of expertise and training and play a different role in the provision of care, resulting in a system that can be fragmented and complicated to navigate at the best of times.

Furthermore, stigma and other barriers often impact on service access which results in those who need help not getting it. Some of these barriers are common to those faced by the general community, however there are also specific barriers of particular significance to medical students and their unique circumstances which were identified by students in the survey.

### *When to access services*

There is no clearly defined threshold as to when an individual should seek help for problems to do with their mental health and well-being. Survey results showed that 38% of students felt that their problems were not important and the current COVID-19 situation appears to be exacerbating this perception. While we cannot change the challenge presented by COVID-

19 itself, it is important to accept that if the COVID-19 situation is impacting on your well-being there is every justification to reach out for help. The perception that many in the community are struggling and doing it tough has the effect of students minimising their own problems in the belief that others have a greater level of need and are therefore more deserving of accessing help. However, no matter how minor you believe your problem or situation to be relative to others, if you are experiencing symptoms, distress, or the situation is impairing your ability to function on a daily basis, e.g keeping up with uni work, sleep, enjoyment of hobbies and other recreational activities, exercise etc it is important that you seek help, regardless of how insignificant, unimportant or trivial you consider the problem to be.

Mental health problems are very treatable and you need to make time for your mental health care in the same way that you would for any physical illness. Avoidance can result in problems becoming more severe and having a greater impact on your functioning, ability to keep up with academic studies and enjoyment of day to day life.

Even if you have had a negative experience with a particular service provider in the past, we would encourage you to try again. Understandably, it can be challenging and confronting to form a new therapeutic relationship with a different GP, counsellor or psychologist but any initial hesitation will be worth it if it enables you to address the presenting problems and find solutions that make you feel better.

### ***Mental health professionals and how they can help***

In terms of accessing mental health services, your GP is always a good starting point. This means that it is imperative to have your own GP, either through the UWA Medical Centre or a community GP. The UWA Medical Centre also has a mental health service with a specialist psychiatrist and mental health nurse available. <https://www.uwa.edu.au/students/need-help/medical-centre>. If you do not have a GP or would like to find a GP that is experienced at treating medical students, the Doctors' Health Advisory Service of WA offers independent, confidential help for doctors medical students and their families in WA via a list of GPs with a special interest in doctors' health. They also provide 24 hours a day crisis help. Refer to <http://www.dhaswa.com.au/> for more information.

GPs are experienced at assessing common mental health problems and providing advice, treatment and management, including pharmacological treatment if indicated. GPs can refer to other health professionals, e.g clinical psychologists and counsellors. They can also prepare a mental health treatment plan under the Better Access program. This enables patients to access Medicare rebated consultations with a range of mental health care professionals including clinical psychologists. Refer to the link for information about the Better Access program. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-prof>.

The UWA Counselling and Psychological Services are also a good resource. They currently have some information on their website that is specific to COVID-19 as well as some general information about situations for which counselling may be helpful. Refer to the link for information. <https://www.uwa.edu.au/students/need-help/counselling-and-psychological-services>.

Clinical psychologists are trained in assessment, diagnosis, formulation, and psychological treatment of mental health, behavioural, and emotional disorders across the lifespan. They have expertise in delivering non-pharmacological treatments such as cognitive behavioural therapy (CBT) and other forms of psychotherapy. This can be very helpful for stress reduction, stress management and changing negative thought patterns and behaviours that may be causing symptoms and impacting on functioning. The techniques and skills learnt can have long term benefits and be practised throughout life. The link is to a site that can find a clinical psychologist who meets your requirements. <https://acpa.org.au/find-a-clinical-psychologist/>

For more severe cases of mental illness, a psychiatrist may need to be involved. Many psychiatrists and clinical psychologists work in private practices and some will also provide services in the public hospital system. There are a number of private psychiatric hospitals in the Perth metropolitan area if an admission is needed or if you are participating in a structured group outpatient treatment such as a CBT or DBT course. You will need to have private health insurance to access inpatient services in these settings.

Finally, if you or someone you know is experiencing a mental health emergency, you must go to the emergency department of one of the tertiary hospitals as a matter of urgency.

### ***Faculty Sub-deans***

The survey found that the year Sub-deans were an underutilised resource. The role of your Sub-dean is to provide support and pastoral care for any issue that is impacting on your mental well-being, academic studies or personal life. Often, stress caused by situational crises such as relationship breakdown, inter-personal problems, illness in a family member, financial difficulties, academic problems etc can be helped by talking things through with your Sub-dean. Life can be unpredictable and problems in your life and with friends and family members often arise unexpectedly and can easily derail you, distract from studies and impact on your mental well-being. Internalising, avoiding and bottling problems up often makes things worse. It is OK to feel stressed and reach out in times of need and the Sub-deans are a good, easily accessible source of help that can often provide you with advocacy and help to get back on track. Their contact details are listed below.

### ***Cost as a barrier***

Cost can be a barrier to accessing services, however it should not be an excuse to receiving care that is needed, when it is needed. However, there are ways of reducing costs, e.g utilising the UWA Counselling and Psychological service, finding a GP who bulk bills (includes the UWA Medical Centre GP) and getting a referral to the Better Access program. You can also explore

some online CBT courses which may be a cheaper and more viable alternative option.

### ***Concerns about the negative impact of mental well-being problems on studies and career***

The survey found that some students are concerned that information about their mental health or access to a mental health service will be documented on their academic record. This is not true! Academic records only detail information about your academic performance and do not record any personal or health information.

There were also concerns that having a diagnosis of a mental illness or receiving mental health treatment will impact negatively on your future career. The reality is that seeking help is likely to improve problems so that they have less of an impact on your career in terms of progression through medical studies, postgraduate studies and future professional career.

It is well known and acknowledged that medicine is a stressful career. In recognition of this, most tertiary hospitals have pastoral care services to support the emotional and mental well-being of their staff, for example, the RPH Centre for Well-being and Sustainable Practice, <https://rph.health.wa.gov.au/Our-services/Centre-for-Well-being>. RPH also have a Junior Doctor Well-being Program, a Well-being Officer and a peer support program specifically to assist newly trained doctors who are struggling with the many demands of the job. Programs like this provide evidence that mental well-being is an important issue that is accepted, understood and taken seriously. Help is available and it is OK to ask for it and accept it.

### ***Stigma and mental well-being***

Experiencing a mental health problem and receiving treatment is not a sign of weakness, shameful or stigmatising. In fact it demonstrates a good level of mental health literacy and emotional intelligence to firstly recognise that you have a problem and need help, and secondly that you have knowledge of how to access mental health services.

Stigma towards mental illness is a major barrier to help seeking. There is a perception that help seeking will be negatively judged by peers and colleagues and fears that this will lead to disapproval and loss of friendship and interaction. These fears are unjustified. Friends can be a good source of help and support when you going through a difficult time and reaching out can often strengthen the friendship. Think about your own friendships and how you would feel if someone you care about has a mental health problem. It is likely that you would be happy for them to share their problems with you and allow you to provide help and support. It is unlikely that you would judge them negatively just because they have mental health problems. It is important to remember that this is how your friends would react towards you in the same situation.

### ***Mental health literacy***

For some people, articulating their emotions and sharing these with another person is challenging and can become an excuse for not seeing a mental health professional. There may be feelings of embarrassment associated with identifying symptoms and speaking the 'language' of mental illness, especially for those who usually have good mental health. Others

may be overly self-reliant and not want help believing that they can deal with the problems alone.

Good mental health literacy is important and can help to overcome these and other barriers. Mental health literacy can help in the recognition of specific mental health disorders, provide knowledge of risk factors, causes, treatment, prevention and help seeking. It can provide knowledge and skills to give mental health first aid support to others who are experiencing problems. There are many ways to improve your mental health literacy. Learning about mental health by reading and listening to podcasts, talking about mental health with friends, family and peers, becoming a mental health advocate and volunteering to work for a mental health service provider are all good ways to improve your knowledge, skills and competence in the mental well-being area.

Invariably, barriers to help seeking and access to mental health services can be challenged and overcome. There should be no excuses for delaying help if needed. Services are there to help and it is up to us all to take the first step and reach out when we are feeling stressed and down.

#### *Sub-dean contacts*

The Sub-deans also have an advocacy role and can act as a liaison between students and other Faculty staff members, unit and discipline coordinators. The Associate Dean of Student Affairs is also available to help when needed.

The Sub-dean and Associate Dean (Student Affairs) contact details are as follows:

MD1: Dr Zaza Lyons, [zaza.lyons@uwa.edu.au](mailto:zaza.lyons@uwa.edu.au)

MD2: Dr Jacquie Frayne, [jacqueline.frayne@uwa.edu.au](mailto:jacqueline.frayne@uwa.edu.au)

MD3: Assoc Prof Lexie Tregonning, [lexie.tregonning@uwa.edu.au](mailto:lexie.tregonning@uwa.edu.au)

MD4: Dr Andrew Ford, [andrew.ford@uwa.edu.au](mailto:andrew.ford@uwa.edu.au)

RCS: Dr Bronwyn Peirce, [bronwyn.peirce@rcswa.edu.au](mailto:bronwyn.peirce@rcswa.edu.au)

Associate Dean (Student Affairs), Professor Roland Kaiser, [roland.kaiser@uwa.edu.au](mailto:roland.kaiser@uwa.edu.au)

### SECTION 3: MEDICAL SCHOOL AND WAMSS RESPONSE TO TEACHING AND LEARNING CONCERNS

Respondents were asked if there were any resources or strategies that could be provided by the Medical School and/or WAMSS to help get through the COVID-19 situation. 77 students provided a comment to this question which resulted in 90 activities, strategies or resources being mentioned across all the comments.

Four overall themes were identified: 1) Teaching and learning (sub-divided into two groups); 2) Mental health and self-care; 3) Social connectedness; 4) Satisfaction with medical school response.

**Table 7** shows in detail some of the specific student comments and the response provided by the Medical School and WAMSS regarding the teaching and learning theme.

Check out the new WAMSS *COVID I need help* webpage for more information around these themes.

**TABLE 7: MEDICAL SCHOOL AND WAMSS RESPONSE TO TEACHING AND LEARNING CONCERNS**

***More small group teaching***

**From the Medical School:** In response to COVID-19, the current timetable is saturated with remote online small group teaching. Face to face small group teaching will open up as soon as workplace physical distancing is relaxed – but there is no date known for this as yet. The University will be guided by its Recovery Management Team who will work with our School to implement a localised version of the Recovery Management Plan from Universities Australia. Tutorials provide opportunities for peer interaction and forming friendships. While they are on hold, we anticipate that students are using other strategies to maintain social connectedness with your MD peer group, including attending WAMSS and WMH social events.

***Resumption of placements as soon as possible***

**From the Medical School:** This is outside the sole control of the Medical School. There is ongoing careful liaison with stakeholder groups and many levels of decision makers: WA Health - health services, hospital sites, hospital units, individual clinical teams. We want to get you back in hospitals on placement as soon as practically possible.

The next step will be re-introduction of remaining MD4 placements; starting to happen with RPH opening up ED placements as of 11052020.

***More opportunities for online demonstrations of physical examination and doctor/patient interviews***

**From the Medical School:** Clinical Examination Videos are now online for IMP2 and 3 and being loaded for IMP1. We are also working on case scenarios being written for curriculum summaries groups, links with alumni patients for remote practice, and a catch up clinical skills block for IMP1 to be set up.

***Set up online study groups for history taking and other skills***

**From WAMSS:** This is a big area that WAMSS is currently working on and putting lots of time and thought into. For MD2, 3 and 4s your Core Curriculum Groups perfectly provide the platform for you to have online study groups for any purpose - just speak to your MD3 and MD4 helpers if there is a particular topic or skill you want help with.

For MD1s, we are exploring several options and working out the best way to get you guys involved in the best way possible. Watch this space over the coming days and keep checking the WAMSS Bulletin for updates. Also, if you have any additional ideas for how we can best help you, please contact your Year Reps of WAMSS Mental Health and we will do our best to implement them!

***Help with planning and goal setting***

**From WAMSS:** We are launching a *COVID I need help* section on the WAMSS website that will provide some information and tips on planning and goal setting. We are also exploring the possibility of running an (online) workshop on goal setting, targeted at healthcare professionals - join our Facebook page and look out for weekend bulletin notices to make sure you don't miss out.

***Better organisation of online resources, lectures***

**From the Medical School:** A revised LMS MD Community being built and will house resources in one location.

***Ensuring zoom lectures are of a high standard***

**From the Medical School:** Discipline evaluation will help determine which lectures are good and why so that the positive features can be replicated by other disciplines – so use your rotation reps and the end of discipline evaluation to provide us with feedback.

We've provided ZOOM tutors with a tips/how to guide for ZOOM tutorials, both in terms of technical information (to minimise time wasted) but also for good ways to engage students and effective teaching strategies over ZOOM.

#### ***Daily FAQ about assessments, rotations and other units***

**From WAMSS:** We hear that you would like frequent communication on academic concerns, to have updates as soon as possible, and to have an accessible channel to ask questions about this.

Decisions regarding assessments, rotations and other academic issues do not happen on a daily basis; rather they occur according to when the relevant committee has the meeting. These are then communicated as soon as they are made in Helen's email updates which come out tri-weekly.

In the interests of ensuring time is being spent most productively working through issues rather than updates of 'no further update at this time', WAMSS will not advocate for daily FAQs. However, WAMSS supports the suggestion for more regular updates from Unit and Discipline Coordinators, in addition to those from Helen as MD Coordinator.

If you feel your issues are not being heard, please contact your year reps anytime.

#### ***Updates for each year group from unit co-ordinators (in addition to Helen's updates)***

**From WAMSS:** As above, WAMSS supports calls for more communication of course requirements to students. This has been passed on and heard - we anticipate more updates from Unit Coordinators in coming days and weeks - if you are still looking for more information, please get in touch with your Year Reps.

#### ***Don't overload the online teaching***

**From the Medical School:** Yes, we're very aware of this. There is a lot of enthusiasm from academics and other clinicians to provide you with a comprehensive remote teaching program. We need both quantity and quality. This is working well in many disciplines.

**From WAMSS:** We are able to advocate more specifically if you let us know where you feel the teaching is overloaded. We work very closely with Unit and Discipline Coordinators, who are working out what works and what doesn't at this stage and would greatly appreciate your feedback.

#### ***More clarity around the scholarly activity (SA)***

**From the Medical School:** MD3 and 4 have been informed separately of the (minimal) changes to their SA. IMP1 are still planning SA expo for July.

**From WAMSS:** We can work with Year Reps to liaise with the SA coordinators, however, if there is anything in particular you'd like to know, please get in contact with your Year Reps so we can make sure we answer your question.

#### ***COVID-19 briefing on clinical and research aspects of the disease***

**From WAMSS:** It can be difficult to determine what goes in a curriculum, especially when there are also other comments saying that teaching is currently overloaded! The focus at the moment would be *consolidating student learning on the core conditions*.

However, there are many research projects through STRIVE WA that you can become a part of if you want! See the WAMSS weekend bulletin for more details.

For those who would like some more information about COVID-19 itself, check out the following links (included in Helen's update on 06/05/20):

- The major journals have open-access COVID-19 clinical information: [MJA](#), [NEJM](#), [BMJ](#).
- The major databases thru UWA Onesearch have also provided guidelines: UpToDate, BestPractice.
- The WA Health COVID-19 [Health Professionals page](#) provides local guidance.
- Professor Tim Inglis, our Head of the Medical School's Division of Pathology and Laboratory Medicine, contributes to [this moderated blog](#) in the Journal of Medical Microbiology

### *Extend library hours*

**From WAMSS:** As we are all aware, library hours have been restricted in line with efforts to facilitate social distancing and curb the spread of COVID-19. WAMSS supports the library hours as they are, and their revisions according to current gatherings restrictions. They have been extended as of week beginning 4th May - check out <https://www.uwa.edu.au/library/home> for more information.

### *Practice exams*

**From the Medical School:** Where available, formative examples and guidance on ITAs are available through LMS.

Formatives are provided for MD1's.

Each discipline and year will provide formative papers and OSCE stations closer to the time of summative assessment.

### *Clear information provided around assessment*

**From the Medical School:** This is really important. We need to keep doing this and do more in some areas. We will keep working at a unit and discipline level to finalise our assessments and communicate them to you.

**From WAMSS:** There is also the chance that we will have to complete our exams online later this year if the COVID-19 situation does not improve. We are aware that the thought of using Exemplify is a bit daunting, which is why students will do a mandatory mock exam. This is partly to familiarise yourself with the Exemplify software and the different types of question formats possible, but also to register your Face ID ready for the real exam. It will only be a 10 minute exam and will not contribute to marks. For UWA students with a Semester 1 exam, the mock exam is happening on May 12th. It is likely ours will follow at some stage later this year - stay tuned for more details.

### *Assessment must be fair*

**From the Medical School:** Our 2020 assessment needs to be built around MD assessment principles: fair, equitable, transparent, reliable and valid. Where we can't assure equity we will analyse results to assess whether a compensatory mechanism should be built in. We will use the new online assessment tools to build in feedback where possible while retaining exam security. We will undertake statistical analysis of assessment results and apply any moderation required just as we do currently, for any assessment. NB: this is not instituting a new method of scaling or standard setting; this is identifying questions which need adjustment in their answers or removal from the paper.

### *Open book exams*

**From the Medical School:** There's a lot of discussion over the appropriate format of assessments, especially as we look towards online exams. While we see one suggestion here for open book exams, we anticipate there would also be many people who are against open book exams. We are unlikely to adopt this in 2020 as it would be an entirely new assessment method. There are only a few Aust/NZ medical schools considering this at this stage.

### *Grading issues/opt in ungraded pass*

**From the Medical School:** This proposal is with the AMC, then if endorsed will go to DVC-E and Academic Board for their consideration. It will be implemented if the AMC and University are in agreement.