

COVID-19 Era: Medical Trainees' Changing Lifestyle; a Global Threat for the Future of Medical Professionalism

Dear Editor

Medical trainees' lifestyle has been changed particularly in the recent decade because of a group of health-related, social, and educational, variables. The emergence of COVID-19 and its effects on a wide variety of areas are such current cases. According to the published reports, the orientation of some changes has NOT been in support of healthier lifestyles (e.g., reduced interpersonal relationships, decrease in physical activity and so on).^{1,2} Surely, as a warning and a matter of concern, such changes could affect our trainees' qualifications regarding their professional performance. Academia provides an opportunity for performing developmental and/or preventive strategies that could help foster and maintain such qualifications in line with our social responsibility. Now, it seems that we require wise and in-time interventions- including but not limited to educational ones- for mediating side effects of the issue in the future. Despite its various dimensions, academic settings could responsibly approach this ongoing event through formal/informal curricula.

Staying home to protect against COVID-19 and major shifts towards virtual learning is a critical instance that has exacerbated the problem. As it is supported by the literature, the following issues are usually effective in bringing about such negative changes in the trainees' lifestyle:

- I- Increasing affinity of youths for fast and junk foods³ and high carbohydrate-containing foodstuff.
- II- Decrease in physical activity^{1,4} as a result of high-tech developments for data access and e-learning.
- III- Changing natural psychosomatic chronobiology after changes in sleeping protocols (i.e., staying up and waking up late).⁵
- IV. Reduced interpersonal relationships (social isolation), expansion of individualism (i.e., increased tendency towards being alone), weakness in teamworking, and disability/inability in communication with others.
- V- Students' dissatisfaction with life due to a spectrum of different reasons including but not limited to burnout, medical-related stressors, and depression.

Such burdensome and problematic changes have negatively affected the health trainees' educational habits and their adaptation approaches. Some examples are:

- i- Waking up late, thereby attending classes late and increasing affinity to brunch
- ii- Decrease in physical readiness for performing professional activities as a result of obesity and low ambulation; reduction in the quality of feeling healthy and quality of mental processing in problem-solving, remembering, and so on.
- iii- Weakness in teamworking, flaw in developing skills for effective communication with others, and defect in holding social/relational values, all as important prerequisites of practicing a professional life.

The increasing intensity of the problem is worrisome at least regarding a number of trainees. In the worst episode, trainees might accept the changes as part of a usual –normal- life and continue to languish in such conditions even unconsciously. Trainees' desensitization towards the issue as a problem (accepting it as it is) and their indifference to find ways to overcome it, could be considered even worse than the issue itself. Surely, such negative changes in the current students' personal lives would render negative impositions on tomorrow patients' lives as a natural result of impairments in their professional lives and practices.

For this reason, we believe that the prominent preventive role of universities, as a golden juncture for education and training, should be captured. Elongation of the issue after graduation would consider antithetical to our missions for social responsibility. In this regard, we believe that implementation of specific measures would help trainees, as the main actors of this stage, to increase their knowledge and awareness of the phenomenon and could improve their attitudes and enhance their skills to overcome the problem.

We think the establishment of the following suggestions into the formal curriculum and informal educational context might improve the trainees' quality of health and professional performance through several objectives (shown as bold phrases in the coming paragraphs). We hope that they could

ameliorate the side effects and slow down the harmful trends of the phenomenon. Enhancement of teamworking abilities, improvement of interpersonal skills, increase in physical activity, and using safe foods are our basic strategies against the issue.

- **Improving physical health:** Increasing the number of physical education credits or dividing and spreading the current credits over a wider range of educational semesters from the beginning to the end of the educational period.

- **Improving social skills and teamworking:** Establishment and supporting domestic sport and scientific collegiate teams and holding regular or unplanned competitions among different groups of trainees, faculties, and even staff members.

- **Development of social values and improving interpersonal relationships:** Prohibition of using or carrying mobile cell phones for personal affairs while attending classes or at the patients' bedside.

- **Improving social skills and teamworking:** Curriculum revisions towards team-based activities as in/out course/class student's assignments. Such teamwork activities could be designed specifically for each theoretical and practical course in virtual or real spaces.

- **Development of social values and skills:** Planning for increasing the physical activity of the faculty members as the influential role models in academic/therapeutic settings. Getting involved in the process/trend of increasing physical activity of trainees could be defined as an educational activity/duty for the faculties.

- **Improving teamworking and healthy nourishment:** Encouraging and supporting food ceremonies (in virtual or actual spaces) in the academic/therapeutic settings with the contribution of trainees, faculty members, and other members of the health care teams. The total orientation of such activities could support teamworking and healthy nourishment.

- **Improving healthy nourishment:** Obligation of restaurants/buffets, in/or around academic/therapeutic settings (e.g., universities, hospitals, and clinics) to present healthy foods alongside junk/fast foods. In addition to subsidizing healthy foods, related constraints or regulations could be placed and introduced accordingly as rules.

- **Developing social values:** Encouraging and supporting activities with public utility with the attendance of trainees and faculties (now in relation to COVID-19); performing collective activities with/without scientific purposes such as walking or mountain climbing specific to such members to name but a few. Family members could also plan to join some activities.

In contrary to the ideal educational goals, trainees' unhealthy behaviors and habits during academia could be continued during the succeeding periods of their professional lives and negatively affect their performance especially toward patients. Thus, planning for a healthier culture of education needs our prompt and special considerations.

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