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[See table of contents](#)

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Pandemic productivity: competitive pressure on medical students during the COVID-19 pandemic

La productivité en temps de pandémie : la pression concurrentielle subie par les étudiants en médecine dans le contexte de la COVID-19

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Medical school is known to be a competitive environment with respect to academic achievements, but there is competition as well in extracurricular, leadership, advocacy, and research activities. The COVID-19 pandemic required medical schools to rapidly modify both their curricula and other prospects available to medical students.¹ Extracurricular activities ground to a halt, and the majority of students' research, volunteering, and work plans were cancelled. While students understood the necessity of these measures, some felt as though important, even essential, opportunities to develop non-clinical skills, network, and obtain mentorship had been removed. Understandably, what ensued was a palpable level of stress from the unanticipated competition among medical students. We tried to navigate this new reality and contribute to pandemic aid efforts in any way, one of the only options for students to demonstrate non-academic achievement during the COVID-19 pandemic. The resulting "pandemic productivity" has been notable across the nation amongst medical students of all training levels.

The COVID-19 pandemic caused unexpected ripples through communities, including the requirement for physical distancing measures, the closure of schools, and a surge in demand for personal protective equipment (PPE). Some medical students were quick to note that these challenges represented a unique opportunity to assist. Within weeks, a number of medical student-led initiatives developed, as medical students stepped up to support

elderly members of the community, provide childcare and grocery delivery for healthcare workers, and collect PPE for hospitals; amongst other notable work.^{2,3}

Many medical students who jumped into action were fueled by a desire to help, utilizing newfound time after being pulled from clinical experiences. However, as the number of initiatives grew and began to receive media attention, feelings of admiration for fellow students became mixed with other seemingly less noble sentiments. Some students felt a fear of being left behind, with more starting to wonder "am I doing enough?" Non-participating students described many factors that prohibited them from joining these efforts such as family obligations or personal health concerns. Others faced financial challenges, or had simply relocated back home to areas that were too far for in-person contribution. Increasingly, students also reported feelings of despair and anxiety during the pandemic, leading them to feel unmotivated and overwhelmed.¹

Anxieties amongst students centered around concerns of being overlooked or judged, and fear that they would not be perceived as "good" medical students by residency programs. Increasingly medical students' motivations for engaging and leading these initiatives were called into question with many students scrutinizing the true value of these efforts, especially when duplicate initiatives began to emerge. Over the course of a few weeks, tensions

developed amongst medical students nationally as discussions around this “pandemic productivity” unfolded.

Over time, and increasingly with residency applications nearing, students raised concerns that lack of pandemic involvement would be judged as a flaw in their character or their abilities as a future physician. These concerns prompted student leaders from 13 Canadian medical schools to pen a letter to Postgraduate medical education directors, requesting that residency application raters be made aware of factors contributing to students’ ability (or inability) to engage in ‘on-paper’ productivity during the pandemic, and that participation in COVID-19 initiatives should not be viewed as more exemplary. Postgraduate programs and CaRMS have not made formal statements on how selection committees will be briefed or trained in reviewing applications in this unprecedented and confusing time. Understandably this would be difficult to monitor.

Pressures to be productive during COVID-19 are certainly not unique to medical students - in every field there has been messaging for people to ‘make the most’ of their time during the pandemic by pursuing new personal or professional goals. For medical students, however, these productivity pressures are superimposed on the consistently high level of stress they face.⁴ The experiences of students during the pandemic reveal the pervasiveness of a culture of competition, in which students feel they need to match or exceed the achievements of their peers. Further, there may persist a perception among some students that “good” medical trainees are those who prioritize their professional obligations over personal ones, which can be damaging to the health and wellbeing of trainees. It is evident that a major underlying driver of competition is uncertainty and fear around the residency match. This is likely reinforced by variable selection practices across the country, and an increasingly competitive landscape for residency spots.⁵

Every crisis is, in part, an opportunity for change. The pandemic productivity experience of medical students during the COVID-19 pandemic is a microcosm of the everyday realities of medical training. Immediate action by medical education institutions is needed to address trainees’ concerns and confront upstream factors that contribute to these stressors.

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References

1. Kachra R, Brown A. The new normal: Medical education during and beyond the COVID-19 pandemic. *Can Med Ed J*. 2020. <https://doi.org/10.36834/cmej.70317>
2. Edelman DS, Desai UA, Soo-Hoo S, and Catallozzi M. Responding to hospital system and student curricular needs: COVID-19 Student Service Corps. *Med Educ*. 2020;54: 853-854. <https://doi.org/10.1111/medu.14243>
3. Soled D, Goel S, Barry D, et al. Medical student mobilization during a crisis. *Acad Med*. 2020. Publish Ahead of Print. <https://doi.org/10.1097/ACM.0000000000003401>
4. Komer L. COVID-19 amongst the Pandemic of Medical Student Mental Health. *Int J Med Educ*. 2020; 8(1), 56-57. <https://doi.org/10.5195/ijms.2020.501>
5. Zeng A, Brenna C, Ndoja S. Fundamental trends within falling match rates: Insights from the past decade of Canadian residency matching data. *Can Med Ed J*. 2020;11(3), e31-e42. <https://doi.org/10.36834/cmej.69289>