

## Medical students in the Covid-19 pandemic: experiences through narratives

*Estudantes do curso de medicina na pandemia da Covid-19: experiências por meio de narrativas*

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### ABSTRACT

**Introduction:** The pandemic caused by the new coronavirus (Sars-cov-2) has resulted in economic, social and mental health consequences for individuals with the establishment of social distancing. Consequently, medical schools suspended their activities, with the need to rethink the structure of academic education, affecting students in the fifth and sixth years with greater intensity.

**Objective:** To understand the emotional, social and academic and professional training consequences of social distancing resulting from the COVID-19 pandemic, from the perspective of the medical student in the last two years of medical school, after the interruption of in-person activities.

**Method:** Study conducted at a medical school in the interior of São Paulo, with students from the last two years of the medical course. This is a qualitative field research, carried out through narratives with thematic content analysis, according to Bardin and Minayo.

**Results:** Eleven narratives were analyzed, seven written by fifth-year students and four by sixth-year students. In them, fear of the pandemic and its consequences, disbelief with the country's situation and criticism of the behavior of acquaintances were evident. In the academic setting, there was concern about the interruption of practical activities close to the end of the undergraduate course, thoughts about being a medical student on clinical clerkship during the pandemic, with a feeling of incapacity in helping to cope with the health crisis, as well as fear of getting infected or infecting family members. However, the need for rest, reinforcement of family bonds and opportunities for new learning were also reported.

**Conclusions:** In short, the pandemic generated concerns about uncertainties in the social, economic, political and scientific fields, which, added to the moment of these medical students' education, contributed to difficulties in relation to mental health. However, the period was also evaluated as a positive one, as it provided free time to increase study performance, in addition to the opportunity to carry out extracurricular activities.

**Keywords:** Covid-19; Quarantine; Internship and Residency; Medical Education.

### RESUMO

**Introdução:** A pandemia causada pelo Sars-CoV-2 tem provocado repercussões econômicas, sociais e na saúde mental dos indivíduos com a instauração do distanciamento social. Consequentemente, as escolas médicas suspenderam atividades e readaptaram a estrutura da formação acadêmica, atingindo com maior intensidade os estudantes do quinto e sexto anos.

**Objetivo:** Este estudo teve como objetivo compreender as repercussões emocionais, sociais e na formação acadêmica e profissional, a partir do distanciamento social decorrente da pandemia da Covid-19, na perspectiva do estudante de Medicina dos dois últimos anos de uma escola médica, após paralisação de atividades presenciais.

**Método:** Trata-se de pesquisa qualitativa realizada em uma faculdade do interior paulista, com estudantes dos dois últimos anos do curso de Medicina, por meio de narrativas e com posterior análise de conteúdo temática, conforme Bardin e Minayo.

**Resultado:** Foram analisadas 11 narrativas, sendo sete escritas por acadêmicos do quinto ano e quatro do sexto. Nelas, evidenciaram-se medo da pandemia e de suas repercussões, descrença com a situação do país e crítica ao comportamento de conhecidos. No âmbito acadêmico, houve a preocupação com a paralisação das atividades práticas em um momento próximo do final da graduação e a reflexão sobre a condição de ser um estudante de Medicina no internato durante a pandemia. Além disso, emergiu um sentimento de incapacidade no auxílio ao enfrentamento da crise sanitária e receio do contágio de si próprio e de familiares. Todavia, também foram relatadas necessidades de descanso, de reforço de vínculos familiares e de oportunidade para novos aprendizados.

**Conclusão:** Em suma, a pandemia gerou inquietações a respeito das incertezas nos campos social, econômico, político e científico, as quais, somadas ao momento da formação dos acadêmicos de Medicina, contribuíram para dificuldades em relação à saúde mental. Não obstante, houve também a avaliação do período como positivo, pois propiciou tempo livre para aumento no rendimento dos estudos, além de oportunidade para realizar atividades extracurriculares.

**Palavras-chave:** Covid-19; Quarentena; Internato e Residência; Educação Médica.

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## INTRODUCTION

The world has been going through a historic moment since the beginning of the Covid-19 pandemic. Known as Sars-cov-2, this virus emerged in the Chinese province of Wuhan in mid-December 2019<sup>1</sup> and spread to other countries. On August 20, 2021, the number of confirmed cases worldwide totaled 209,876,613, with 4,400,284 deaths, demonstrating the degree of disease dissemination<sup>2</sup>.

The new coronavirus has had economic, social and mental health consequences for individuals with the establishment of social distancing. Prevention and control measures were taken by the health authorities, aiming to limit people's mobility with the closure of non-essential commercial sectors, such as schools, universities and public leisure spaces<sup>3</sup>.

The university setting in the health area suffered a great impact and had to be rethought in its entire structure, including the medical courses. According to the preliminary results of a survey carried out by the Brazilian Association of Medical Education (2020), with data from the beginning of April 2020, related to 82.4% of medical schools in Brazil, 57% of them had their activities suspended in full and 40%, in part. It was necessary to restructure the teaching-service integration, activities in practice scenarios, selection processes for medical residency<sup>4</sup> and even the graduation date of those who were in the final months of undergraduate school<sup>5</sup>.

As an alternative, distance and remote activities were developed to replace face-to-face ones, being implemented in 80% of undergraduate medical courses<sup>6</sup>, since the Ministry of Education allowed, on an exceptional basis, theoretical-cognitive activities in digital media for the medical course<sup>7</sup>. However, this modality required adaptations in the academic environment<sup>8</sup>, training for all users of virtual platforms, considering their different contexts<sup>9,10</sup>.

From the perspective of some studies, the ambiguity of the students' role in coping with the pandemic is discussed: the ones attending the last years of medical school may have greater ability to act as support for health services, at the same time that they are seen as potential vectors of contamination, requiring the use of the scarce Personal Protective Equipment (PPE) and professional supervision<sup>11-13</sup>.

Based on situational diagnosis data in the initial phase of the pandemic in Brazil, it was stated that the full return to university activities would be a slow and gradual process<sup>6</sup>. At the beginning of the 2020 school year, the virus spread unexpectedly fast, and in Brazil, the health emergency was questioned and politicized. In this scenario, medical schools tried to prepare for a second semester carried out entirely in the remote modality. In 2021, medical schools strived to organize learning using a hybrid model<sup>14</sup>.

In view of the above, the present study aims to understand the emotional, social and academic and professional training consequences, from the perspective of medical students attending the internship of a medical school in the interior of São Paulo, during the six months of suspension of practical activities due to the social distancing caused by the Covid-19 pandemic.

## METHOD

### Study type

This is a qualitative research, that is, one that uses the universe of meanings, in addition to beliefs, reasons, aspirations, attitudes and values as work material. It keeps to a level of reality that cannot be quantified, since the profound space of relationships, processes and phenomena cannot be reduced to the operationalization of variables<sup>15</sup>.

### Study location and participants

The participants were undergraduate medical students attending the last two years of the medical course at a college located in the interior of the state of São Paulo, which includes medicine and nursing courses, on a full-time basis, with a serial structure and an integrated curriculum guided by dialogical competence, structured from active teaching-learning methodologies<sup>16</sup>.

Dialogical competence is defined as the ability to mobilize different resources and attributes to be applied to different and changing contexts. The dialogical competence aims to integrate theory and practice, contextualizing the acquired knowledge in the professional practice, without failing to consider the inconsistencies of the real world. This process results in the development of critical, reflective and questioning skills by the students<sup>17</sup>.

Such medical school, as a teaching institution, has its curriculum integrated from the following teaching methodologies: Problem-Based Learning (PBL) and Problematization. The students start by identifying problems about the objective reality that are circumscribed and build guiding questions for the study and subsequent consolidation of knowledge<sup>18,19</sup>.

The number of participants was defined by saturation, a tool used to establish the closure of the analyzed sample, when the data obtained start to show repetition of ideas and redundancy of facts, according to the researcher's evaluation<sup>20</sup>.

### Data collection strategy: narratives

The choice of narratives as part of the methodology in this study was based on believing in their formative process and on the praising of unique experiences.

The narratives valorize the meanings given by the individual through words, aiming at describing the experience<sup>21</sup>, having as characteristic a finite and longitudinal sequence of time, in which the narrator tells the stories within their own perspective, allowing reflection on themselves and self-understanding<sup>22</sup>.

Therefore, the participants' productions help in the construction of new knowledges, concomitantly with the performed analysis<sup>23</sup>, with the opportunity for each participant to reflect, through their writing, on the particularities of the experience.

### Ethical and data collection aspects

The study was submitted for approval by the Research Ethics Committee (REC) under the consolidated Opinion number 4325.470 and CAAE number 36803720.0.0000.5413. The Guidelines and Regulations for Research Involving Human Beings were followed, in accordance with Resolution n. 466/12 of the National Health Council<sup>24</sup>.

Random draws were carried out to send the invitation to fifth- and sixth-year medical students through the WhatsApp application. After acceptance, each participant received the Free and Informed Consent Term (FICT) for participation in the research. A document containing a short text with instructions for filling out the form and for constructing the narrative was made available by e-mail, guiding the development of a text with the description of personal experiences, mobilized feelings and thoughts related to the social consequences and those related to the participant's training as a medical student at the internship, with no minimum or maximum limit of words and without the need for historical links or the mentioning of dates. A questionnaire was also made available to characterize the participant, including the year of graduation, gender, age, the places where they spent the social distancing period, the practical activities and with whom they spent this period. Both the narratives and the questionnaires did not contain data that could identify the participants. For the introduction of the study participants, fake names chosen at random were used, taking into account only the self-reported gender.

Among the invited students, those who agreed to participate in the study were included, with subsequent sending of the requested material. Those who did not answer the messages and/or did not send the material within a 15-day period were excluded from the study.

The narrative collection took place from November 2020 to February 2021, with the return to practical activities

taking place in August 2020 for the sixth year of medical school and September of the same year for the fifth year. Therefore, the narratives were created retrospectively with regard to the period of social distancing experienced by the students and, additionally, brought information about the beginning of the return to the fields of practice.

The collection process itself went through some difficulties, mainly the lack of acceptance of the invitation by the students who had been chosen by drawing lots. However, the data collection, concomitantly with the analysis, allowed us to reach theoretical saturation, with significant data for discussion of the study.

### Analysis of results

Content analysis was used for the analysis of the narratives, using the thematic modality, following the criteria of Bardin and Minayo<sup>25,26</sup>. Fake names chosen at random were used for the presentation of the study participants, taking into account only the self-reported gender, followed by the year they were attending in medical school.

In this way, the following phases were carried out: exhaustive reading of the narratives, survey of ideas, meaning cores and construction of topics.

## RESULTS AND DISCUSSION

Eleven narratives were analyzed, of which seven were written by fifth-year students and four by sixth-year students. Among the participants, six were female and five were male. The participants' age ranged from 22 to 32 years old, who declared, almost in their entirety, to have spent the distancing period at their parents' house, together with the closest family members or the affective partner, as found by Teixeira et al.<sup>27</sup>. However, for sixth-year students, the leave of absence from academic activities lasted four months, whereas it lasted five months for fifth-year students. The length of the narratives ranged from 13 to 70 lines. Moreover, most of the narratives were received after the return to practical activities occurred, being built retrospectively, considering the significant affective memories of the leave of absence period.

Four topics emerged: a) Sociocultural aspects triggered by the pandemic; b) Psychological and interpersonal implications of the pandemic in one's life; c) Experiences in the academic field in the face of the pandemic; and d) Assessment of social distancing and coping mechanisms. These topics and their respective meaning cores are described in Table 1 and are commented below.

**Table 1.** Main collected topics gathered into meaning cores.

Topics	Meaning cores
<b>a - Sociocultural aspects triggered by the pandemic</b>	Social impact with the progression of the pandemic Concern about social consequences Recognition of the commitment of health professionals working in the Covid-19 pandemic Institutional and government reactions regarding the management of the pandemic Changes in lifestyle Perception of the attitudes of the population and colleagues when facing the pandemic
<b>b - Psychological and interpersonal implications of the pandemic in one's life</b>	Feelings and internal conflicts mobilized by the quarantine People's reactions to receiving media information Interpersonal and family difficulties during the quarantine Opportunity to strengthen family ties Change of perspective towards life Effects on the individual's physical and mental health
<b>c - Experiences in the academic field in the face of the pandemic</b>	Concerns about academic consequences Opportunity for academic improvement Feelings before the return of the internship activities Experience facing the condition of being a medical student at the internship Criticism of the pre-pandemic internship format Perception of the medical school organization during the suspension of practical activities
<b>d - Assessment of social distancing and coping mechanisms</b>	Evaluation of social distancing as negative Evaluation of social distancing as positive Coping mechanisms to deal with the effects of social distancing

Source: the authors.

### a) Sociocultural aspects triggered by the pandemic

Initially, there is a description of the beginning of the pandemic period, with reports of the lack of perception about the disease severity and, later, an understanding that it would not be as brief as some imagined, bringing reflections on social problems that arose or worsened.

There was some concern about the economic situation; however, there was greater emphasis on the anguish related to the lives that were at constant risk. The pandemic context negatively reflected on the country's economy, with job losses and uncertainties, which consequently reduced the consumption of service goods. Concomitantly, the importance of the correlation between the economic crisis and mental health deterioration was highlighted, corroborating several studies<sup>28,29</sup>. The students demonstrated how the pandemic impacted their lives:

*[...] I thought we would be isolated in quarantine for two or three weeks at the most. It was only after a few days that I realized the magnitude of the facts. As the months went by, a feeling of anxiety, impatience and concern took over. I did not believe that the pandemic would last so long. - Ricardo, 6<sup>th</sup> year.*

*Frightening news of deaths worldwide, families losing their jobs and homes, neglect and reckless measures by governments and part of the population. Sara, 5<sup>th</sup> year.*

There were also reflections on attitudes of denial or minimization of the pandemic severity, with criticism of the handling of the pandemic by the federal government and the behavior of family members and colleagues who ignored the safety measures adopted by science and the effects on people's living conditions.

This aspect corroborates the studies that show that emergency situations in public health have individual and community consequences, resulting in emotional stress, anguish and mental disorders, unhealthy lifestyle habits, such as substance abuse, and non-compliance with public health guidelines, such as non-compliance with social distancing and the anti-vaccine movements<sup>30</sup>.

*I saw friends, classmates, family members who [...] preferred to minimize or adopt a 'denialist' view, just like the President of the Republic. [...] I noticed countless colleagues concerned exclusively with their academic training in 2020, not even worrying about their own safety conditions, their families, patients. Worse, many of them going to meetings with students' crowds - Carlos, 6<sup>th</sup> year.*

The main reflections from the perspective of sociocultural aspects presented in the narratives focused on the beginning of the pandemic, a moment of little knowledge about the

disease and its consequences. This fact is also described in the literature, where at the beginning of a crisis, contrasting ideas emerge, with negative emotions and unrealistic optimism<sup>31</sup>.

## b) Psychological and interpersonal implications of the pandemic in one's life

The students showed feelings of insecurity as the period of distancing from curricular activities extended, corroborating the studies that showed that the suspension of educational activities affected more than 90% of the world's student population<sup>32</sup> and brought discontent and anguish regarding the uncertainty of the concretization of personal and professional plans<sup>33,34</sup>.

*It was almost as if I were in limbo, in virtual reality, not knowing how the succession of events would be, not knowing the magnitude that the pandemic could take, without any response from the faculty about the return of activities. - Kátia, 5<sup>th</sup> year.*

As social distancing and biosecurity measures were implemented, this break from the routine not only generated feelings of uncertainty and stress, but also led to the emergence and/or worsening of psychiatric disorders<sup>35</sup>. According to the students' experience during this period, many health problems intensified.

*Before the social distancing, I hadn't had migraine attacks for almost 8 months and the doctor who was following me was starting to think about discontinuing my prophylactic medication. During the first month of quarantine alone, I had three attacks (with one of them being one of the worst I'd ever had). Before the social distancing, I had not had panic attacks for five years; during the entire quarantine, I had four. - Miguel, 6<sup>th</sup> year.*

Associated to the remodeling of teaching in the context of the pandemic, family life underwent a series of changes with the increase in parental-offspring conflicts<sup>36</sup>. In line with this study, some students also brought up problems regarding the family dynamics during the pandemic.

*Besides that, I just tried not to freak out and have a good relationship with my family, which, in general, is extremely difficult. Amidst a lot of arguments and fights and stress. - Kátia, 5<sup>th</sup> year.*

On the other hand, others mentioned that the distancing period contributed to the improvement in family ties.

*The closer and longer-lasting family life that was my safe haven and ensured that we spent most of the months supporting each other. - Rodrigo, 5<sup>th</sup> year.*

Another factor that also impacted the individuals' mental health, generating anxiety and stress, was the intense spread of fake news and dubious content by the media<sup>31</sup>, as shown in the report below:

*[...] The anger was almost daily when observing the spread of fake news and the irresponsibility of public figures in the face of the situation, providing a social disservice. - Olivia, 5<sup>th</sup> year.*

Despite the great negative impact that the pandemic had on the individual's mental health, many students mentioned the period as a moment of change of perspective in relation to life.

*Social distancing forced me to rethink my values and life goals. If a few months ago I would have spent time on futilities, now I think about how life can turn upside down in an instant without the slightest warning. - Sara, 5<sup>th</sup> year.*

*[...] I started to appreciate my family, to enjoy more conversations, something I didn't do before, and sometimes I avoided. [...] I accepted this new life rhythm, everyone adapted in one way or another, people were following their lives, and I wanted it too. - Rodrigo, 5<sup>th</sup> year.*

## c) Experiences in the academic field in the face of the pandemic

In general, the experiences reported by students who sent their narratives were characterized by the suspension of face-to-face activities. This fact led many of them to develop concerns about the academic consequences of this distancing from practice scenarios, especially during the internship period, in addition to observations regarding remote activities:

*When would we be back? How would we go back? What would be the impact of this interruption on my training?... Anyway, several questions and uncertain answers. About the impact of the quarantine on training, it still echoes in my mind, as I don't feel safe to graduate like this. - Joana, 5<sup>th</sup> year.*

*As much as the classes were important and added knowledge to our training, nothing replaces the practice so very present in the fifth and sixth years of medical school. That's when we really learn to be professionals, to act and think like one. The pandemic has largely deprived us of that. - Ricardo, 6<sup>th</sup> year.*

An applied questionnaire found support in a study carried out in April 2020 in Peru, through a questionnaire applied to medical interns<sup>37</sup>, where 91.5% of the students reported feeling a lot or moderate uncertainty regarding the resumption of internship.

Moreover, considering that students feel unprepared to start their work as professionals, such apprehensions highlight the need for robust guidelines focused on continued educational development during times of crisis and possible future pandemics, as the students' priority is that they achieve the necessary goals to graduate as physicians<sup>38</sup>.

Although they were facing concerns and uncertainties, the narratives show the perspective that, given the greater amount of free time, the period of suspension of face-to-face activities could be an opportunity for academic improvement, mainly through theoretical study:

*Despite the limitations and postponement of remote activities for the 5<sup>th</sup>- and 6<sup>th</sup>-year students, I decided to take advantage of the opportunity to dedicate myself to studying (filling gaps in knowledge, improving some knowledge through free online courses, many of which are even offered by the SUS) [...]. - Olivia, 5<sup>th</sup> year.*

Similarly, in a study with medical students in Libya, the students stated that they engaged in multiple activities while the medical schools remained closed, including individual study, research and volunteering activities<sup>39</sup>.

Another relevant aspect is related to the role of being a medical student and being inserted in a moment of a pandemic:

*It's funny how your friends and acquaintances send messages to clear up doubts with you about what's going on, hoping for an informative answer, but at a time when not even infectologists are very sure about anything... - Miguel, 6<sup>th</sup> year.*

*I felt completely useless for not being able to help: I didn't have a diploma or the necessary knowledge to work in hospitals. - Sara, 5<sup>th</sup> year.*

These insecurities may be associated with the uncertainties regarding the role of medical students during the Covid-19 pandemic, as the students occupy not only the position of apprentices, but also that of "doctors in training". That is, although their primary role is the learning of medical practice, students also provide care to patients through interviews, communications with patients' families, and assistance with procedures and coordination of care<sup>40</sup>. Moreover, there is an expectation from family members and acquaintances that they know about all matters of human health.

Moreover, the interruption of face-to-face activities led the students to reflect on the structuring of the learning process, including criticism of how internships were organized prior to the pandemic and the proposals made by the faculty in view of the suspension of the fields of practice:

*I felt relief in the first days of rest. It was a respite amidst the exhausting routine of the internships we had gone through. Today, I think that if the pandemic hadn't occurred, I wouldn't have endured finishing 2020. Or, if I ended it, my health (mental, physical and emotional) would be definitely completely compromised. This made me reflect a lot on the current organization of the internship. - Olivia, 5<sup>th</sup> year.*

*Three months went by without any organization proposal. There was a mobilization of the student body in the face of the abandonment, and only after endless unproductive meetings was the distance learning program started. - Ricardo, 6<sup>th</sup> year.*

As it can be observed, the Covid-19 pandemic raises questions about when and how the internship can continue, even more so given the widely variable predictions regarding the duration of the health crisis. Therefore, medical schools, regardless of their curriculum organization, could consider new measures to continue their mission of training future professionals, with technological solutions, such as the telemedicine initiatives<sup>41</sup>.

On the other hand, as the months of social distancing went by and the first perspectives of returning to practical internships began to be announced, students reported mixed feelings:

*When the activities returned, I was anxious and happy, I didn't know how the first days would be. The resumption was smooth, with the workload reduced in the wards, the hospital much cleaner and more organized, and PPE was distributed. I felt safer. - Rodrigo, 5<sup>th</sup> year.*

*Eventually we returned and a bit of excitement washed over me, as well as hope for a return and normalization of the pre-pandemic life. That's not what happened. But, the mindset of the moment was: make the most of this bad situation! - Katia, 5<sup>th</sup> year.*

It is possible that the anxiety, happiness and hope mentioned by the students are associated with the concept of post-crisis which, as explained by Faro et al. (2020)<sup>31</sup>, is a moment of social reconstruction after the acute period during which a public health problem is established. In this post-crisis phase, according to the authors, there is a decline in community transmission and a reduction in social distancing measures. With that, people tend to resume their usual activities, while institutions gradually return to operation.

#### **d) Assessment of social distancing and coping mechanisms**

The period of social distancing was described as being permeated by several intra- and interpersonal difficulties; however, it was also experienced as an opportunity to perform

activities that would not have been possible during a period of usual curricular activities. With more time available, the participants mentioned that they took advantage of the period to dedicate themselves to leisure, discovering and developing new skills, or resuming activities that had been abandoned in their daily lives.

*I found myself good at making new sweets. I rediscovered a habit I had abandoned a long time ago, such as running. [...] I nurtured new dreams. I discovered a new language, like Italian. I studied astrocartography. [...] Gradually and in its own way, life is coming back, we are gradually adapting with what we can. - Alice, 5<sup>th</sup> year.*

*I considered it an important period of reflection, of doing extracurricular activities, such as painting pictures, playing the guitar, reading books, organizing documents, activities that I didn't have time for during the school term. [...] I tried to make the most of this period, because I knew that at some point it would end and I would not have the same free time that I had. - Fernando, 5<sup>th</sup> year.*

Contact with art, for instance, which was described in some narratives, allowed the expression of the feelings mobilized during social distancing, as observed in the study by Medeiros et al. (2020), in which activities such as painting and writing were developed as a way of living with the changes caused by the pandemic<sup>42</sup>.

The change in the leisure routine described in the narratives is also found in the literature<sup>43,44</sup>, in which new skills were developed, while other activities had to be adapted to the virtual environment, such as cultural presentations and meetings with friends. It is important to emphasize that leisure is recognized as a protective factor for mental health, being an expression of resilience in the face of the current change in the routine<sup>45,46</sup>.

*I started walking around the neighborhood, to look at the sky and feel the fresh air, to feel more alive. - Rodrigo, 5<sup>th</sup> year.*

The re-signification of the social distancing period as a unique opportunity for personal development corresponds to a coping strategy that offers protection against depressive symptoms and acute stress disorders<sup>44,47</sup>.

In this context, the internet was the instrument that also allowed remaining in contact with the social circle of the study participants, helping in their search for social support while face-to-face support is restricted. This adaptation is also found in the literature<sup>44</sup>, which describes the internet as a space for the spread of emotional and social support to the individual.

There was also an appreciation of professional psychological support as one of the factors that helped to better deal with the situation.

*In fact, a definite turning point for my mental well-being was finally understanding what was and was not in my control and what I should do to maintain this control (something I attribute almost entirely to my psychologist [...]). - Miguel, 6<sup>th</sup> year.*

This aspect is also demonstrated in a study that reveals a significant increase in professional mental health care during the pandemic, making psychological follow-up an important coping strategy<sup>48</sup>.

It can be observed that the abovementioned measures are consistent with the guidelines for protecting mental health during the pandemic, published by the Ministry of Health: performing activities (physical, cognitive, relaxation, among others) that reduce acute stress, maintain an active socio-affective network and seek professional mental health care if necessary<sup>49</sup>. Thus, despite the psychological suffering, some study participants found new possibilities for leisure activities and moments of reflection.

## FINAL CONSIDERATIONS

The narratives depicted the expression of feelings, thoughts and actions of students attending the last two years of a medical course, who experienced social distancing resulting from the Covid-19 pandemic.

The fight against the pandemic was contextualized in the world and national scenario, in which governmental, institutional and academic actions were portrayed, in addition to the sociocultural, psychological and interpersonal consequences of social distancing. Concerns were expressed about the public health crisis, causing reflections on the country's political and economic situation and its consequences for health care. Associated with that, they reported the negative impact on mental and physical health, with feelings of anguish, anxiety and stress, emergence and/or worsening of psychiatric and physical disorders, in addition to an increase in family conflicts.

The academic scenario was one of the great triggers for a range of feelings, reflections and uncertainties. It generated stress, concerns about damage to academic training, with the interruption of face-to-face activities, with remote teaching and the hybrid return. Insecurities were expressed regarding the absence and possibilities of returning to practical activities. Added to that, there was the anguish related to the impacts regarding professional training.

However, the period of suspension of activities was also seen as an opportunity to experience moments that would not be possible outside the pandemic context. Theoretical studies focused on professional training, greater experience and development of family ties, leisure activities and individual reflections on many aspects of everyday life were reported.

Therefore, the social distancing period caused by the Covid-19 pandemic generated difficulties for the mental health of students, often associated with changes in the academic environment, which required care and, also, was experienced by others as a period in which family relationships and individual developments in studies contributed to further insights.

It should be noted that due to all the existing changes during the Covid-19 pandemic period, this study had a limitation regarding the number of participants, considering the changes in routine and weaknesses related to the access to students. Nevertheless, considering the results found in the present research, new studies that can broaden the assessment of the consequences of this historical moment for professionals in training become relevant.

## AUTHORS' CONTRIBUTION

Caio Tonholo, Fabiane Mie Kajiyama, Marcel Porto de Cerqueira Leite and Ewelyn Regina de Souza participated in the study design, data collection, writing of the manuscript and discussion of the results. Danielle Abdel Massih Pio and Roseli Vernasque Bettini participated as advisors of this study, study design and the writing of the manuscript. All authors approved the final version of the manuscript.

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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