

Peer Review

Review of: "Medical Education Gone Viral During the COVID-19 Pandemic"

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This manuscript presents an insightful and timely exploration of the psychiatric challenges and resilience factors among medical students and residents during the COVID-19 pandemic. One of its major strengths lies in its thematic breadth—spanning emotional responses, changes in medical education, and adaptations in mental health research and support structures. The integration of personal observations from clinical interviews with broader epidemiological and sociocultural contexts results in a rich, multi-layered narrative that is both informative and empathetic. This approach aligns well with the current literature recognizing the mental health burden on healthcare workers during public health emergencies.

The decision to focus on a specific, vulnerable subpopulation—medical trainees—adds value to the discourse, particularly as these individuals occupy a dual role as learners and caregivers. The manuscript effectively communicates how this unique positioning contributed to both distress and resilience. The inclusion of a small intervention (brief supportive therapy) also reflects an action-oriented component, transforming the research into a tool for immediate impact. Moreover, the discussion on mental illness stigma within the medical profession adds an important ethical and social dimension, highlighting institutional and cultural barriers to mental health support.

Methodologically, the study's design is appropriate for a pilot exploration. Semi-structured interviews allowed for a flexible yet clinically oriented assessment of psychiatric symptoms and coping mechanisms. The use of trained clinicians to conduct these interviews enhances the credibility of the qualitative data collected, even in the absence of formal diagnostic tools. The manuscript is transparent about its exploratory scope, and the findings are carefully interpreted within those boundaries. This level of methodological humility is commendable and prevents overgeneralization.

However, the study would benefit from a clearer and more structured presentation of its qualitative findings. The text currently alludes to "themes" such as burnout, resilience, peer support, and

educational disruption, but lacks a systematic thematic analysis or illustrative quotes from participants. Incorporating representative excerpts would enrich the narrative and give voice to the lived experiences of the medical trainees interviewed. Even within a pilot framework, this would deepen the reader's understanding and humanize the data more effectively.

The manuscript would also be strengthened by more detailed reporting of the supportive interventions provided. While the text mentions that brief therapy sessions were conducted, no information is given regarding the therapeutic approach, content of sessions, or follow-up. Including this detail would enhance transparency and offer valuable insights for replication or adaptation in other educational settings. Were the sessions based on cognitive-behavioral principles, supportive listening, crisis counseling, or motivational interviewing? What were the outcomes perceived by participants?

In terms of educational implications, the review of how curricula adapted to the pandemic is insightful. The shift toward online education and telemedicine training is well-contextualized, and the manuscript rightly highlights how this pivot could inform future curriculum development. However, this section could benefit from a more critical discussion of the limitations of remote learning, particularly in clinical fields where hands-on training is essential. For example, did students report feeling underprepared in certain clinical competencies due to reduced in-person exposure?

The discussion on psychiatric research during the pandemic is thorough and well-referenced, showcasing the authors' familiarity with the evolving literature. However, this section reads somewhat as a standalone overview and could be better integrated with the rest of the manuscript. Drawing more direct connections between the reviewed literature and the findings from the study (e.g., confirming or diverging trends) would create a stronger narrative arc and reinforce the manuscript's originality.

From an ethical standpoint, the manuscript provides a satisfactory explanation of IRB exemption and consent procedures. Nonetheless, ethical considerations around offering mental health interventions within a research context should be discussed more robustly. How did the authors ensure that the dual role of clinician and researcher did not compromise participant autonomy? Were participants made aware that declining therapy would not affect their inclusion or academic standing?

The limitations section is appropriately candid but could be expanded slightly. Beyond sample size and generalizability, the authors might consider discussing the potential for selection bias, given that participants were recruited through wellness programs—possibly attracting those already inclined toward mental health help-seeking. Furthermore, the absence of longitudinal follow-up limits the understanding of the long-term efficacy of the supportive therapy offered.

In conclusion, this manuscript offers a compassionate, well-reasoned, and contextually grounded contribution to our understanding of medical trainees' mental health during a global crisis. Its strengths lie in its human-centered approach, timely subject matter, and honest reflection on both educational and psychiatric dimensions of the pandemic. By improving the structure of the results section, elaborating on therapeutic interventions, and integrating participant voices more fully, the authors could significantly enhance the manuscript's scholarly and practical value. With minor revisions, this work holds strong potential to inform future mental health initiatives in medical education settings.

Declarations

Potential competing interests: No potential competing interests to declare.