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RESEARCH ARTICLE

Facing psychological effects of the COVID-19 pandemic. A view from the perception of medical students from 1st to 6th year of the Faculty of Medical Sciences of the National University of Asunción.

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ABSTRACT

The COVID-19 pandemic presented itself with characteristics of a critical global incident that impacted the mental health of members of the educational community. In March 2020, the Faculty of Medical Sciences, FCM, was the first academic unit of the National University of Asunción, UNA, to revert to an emergency digital format, with total suspension of face-to-face classes. This paper explores how the pandemic impacted students´ lives at FCM-UNA, from their perception, to understand and identify possible emerging mental health problems and accompany the process of adaptation to the new normal in the post-pandemic. The work is descriptive, and qualitative, with an interpretative approach. The target population was students from 1st to 6th year of medical school who voluntarily agreed to participate in the research. The information collection technique was the focus group, applied in two phases, phase 1 - exploratory and phase 2 - deepening. The unit of analysis was the speeches of the participants. The results obtained reveal that the first phase of the pandemic took place in a virtual context of pain, fear, and helplessness in tension with the subsequent resilient struggle to transform this adversity, manifested by the students. The psycho-social dimension of the construction of professional identity was perhaps the most affected. The observations made have served as a basis for the planning and implementation of guidelines for the detection of risk cases, accompaniment, and guidance, providing adequate teaching support in the post-pandemic period.

Keywords: medical education, critical incident, pandemic, mental health, psychological impact.

Introduction

During 2023, the Medical Sciences Faculty (FCM) of the National University of Asunción (UNA), FCM-UNA Medical School from now on, is celebrating its 134th anniversary. It was created and sustained over time as a faculty of public management with a great scientific, technical, and social commitment. Its current mission is to train physicians under quality and excellence parameters[1]. To achieve that goal FCM-UNA Medical School has taken the challenge of competency-oriented training from the Core Committee, Institute for International Medical Education, 2002[2], that integrates the scientific, technological, and humanistic areas, as well as ethics, social, and environmental responsibility. In March 2020, the FCM-UNA Medical School was the first academic unit at UNA to retract forces to online work. Classes were suspended under the premise "*Only with the life you can continue studying*", and all academic activities were migrated to the virtual.

Suddenly, the COVID-19 pandemic ravaged globally with death and fear, knocking down certainties and giving prominence to uncertainty. Inequality seemed to be diluted, it reached all of us, without exception of creed, race, socioeconomic level, or political sympathy. That was a general feeling, and as time passed, it became accurate. In Paraguay, the first case was confirmed on March 7, 2020, and on March 10, by presidential decree, S.G No. 90/2020[3], confinement and sanitary isolation measures were early established.

This abrupt change, migrating face-to-face class to a telematic model, in a context with teachers of different generations and attitudes towards digital media, in addition to the impact of the pandemic, generated different reactions towards this emergency migration proposal. Some were expectant and flexible before the training modalities offered by the institution for emergency migration, others could not get out of the perplexity of the phenomenon.

We were facing not only the pandemic but also a relational complexity, that implied a change in teacher identity, therefore, in teacher/student relations.

Theoretical basis to assess the psychological impact of the COVID-19 pandemic.

The COVID-19 pandemic presented itself with unpredictability characteristics, a high number of deaths due to contagion potential, hospital over occupation, quarantine confinement, food shortages in vulnerable populations, and uncertainty and fear, everywhere. In Paraguay, total quarantine had aggravated anxiety, especially among poor population sectors, who earn their daily living through informal jobs.

These conditions, among many others, gave enough context to put the pandemic as a disaster, and therefore, as a stressful event that has the potential to lead to a crisis response in individuals and society[4]. Hans Selye (1907-1982) defined the term stress (from Greek stringer = tension) as "*being the non-specific response given by the body to any request made to it*" before the World Health Organization[5].

It is proposed that emotional functioning and performance, as a unit of the social structure, makes individuals act within certain coherent schemes, with a minimum of self-awareness

and feeling of effort. In this context, the person always faces situations that require active problem solving, in a quick way to overcome problems through habitual reactions[6].

In such a process there is a dynamic, with social forces producing a relatively coherent structure in a temporal continuum, in homeostatic equilibrium. Therefore, according to the theory of crisis, proposed by Caplan, when there is a problem, if the individual has already had a similar experience, the situation is referred to a previous solution, using similar methods to those used in previous experiences, seeking a successful outcome, or improving tolerance capacity[6].

Thence, in a crisis, since provocation is greater, this process is amplified, and ordinary rebalancing forces fail to act within the common time frame. The incongruity period in behavioral structures is longer than usual, and when equilibrium is eventually achieved, the new structure may differ significantly from the previous one but be steady and turn into an equilibrium sustained by homeostatic forces, as it was in the past.

In that context, it must be noticed that one essential factor that determines a crisis emergence is the imbalance between the difficulty and importance of the problem itself and the resources immediately available to face it. In other words, the individual faces inducements, which carry fundamental needs satisfaction danger, and circumstances are such that the usual methods to solve problems are ineffective within the extent of old success expectations[7].

Thus, on the response spectrum, some will have physiological and emotional reactions to critical incidents that vary from person to person. Some individuals will experience all symptoms, others only a few. In some cases, the effect is immediate, for others, symptoms may occur weeks, months, or even years later and can be cumulative over time.

Another dimension to consider is the vulnerability of people suffering from mental disorders, which represents 40% of the population at some point in their lives. In this context, mental, neurological, and substance use disorders are an important cause of morbidity, disability, trauma, and premature death, and increase the risk of suffering from other diseases and health problems. The 12-month prevalence of these disorders together ranges from 18.7% to 24.2%; anxiety disorders, between 9.3 and 16.1%; affective disorders, between 7.0 and 8.7%; and psychoactive substance use disorders, between 3.6% and 5.3%[8].

In the context of vulnerability, the pandemic acted as a trigger for episodes in the cases of vulnerable people with previous psychiatric disorders, so there is a clear risk of other mental disorders, such as acute stress, adjustment disorder, and post-traumatic stress. The Diagnostic Criteria Reference Guide of the DSM 5 (DSM V, 2013) from the American Psychiatric Association raises consequent responses to a critical event, including immediate and other mediated forms, which have been the theoretical substrate for the comprehensive analysis of the responses reported by students in this research[9].

For this work´s researchers it is important to say that in addition to solid scientific-technical training, medical education must be based on professionalism, ethics, humanism, and social responsibility. Therefore, medical education

supervision has the responsibility to ensure and support generic life skills development. We believe that this is achieved by teachers' life testimony examples. Therefore, it is necessary to allow and encourage spaces for reflection[10] to recover as subjects[11] who understand their human condition[12], which allows us to identify and share anxieties, exploring how to avoid or deal with stressful situations, like those experienced in this pandemic[13].

Methodological definitions

The case study methodology is used in several disciplines such as medicine, psychology, and law to study atypical phenomena about which little or no information is known[14]. Defined in a specific temporal space, the case study considers fundamental dimensions for its interpretation of the social, cultural, and psychological dimensions, in a context of historically produced meanings, which condition its development, so, frequently, the researcher is a member of the community that is analyzed[15].

The case study considers things as social facts, considering that these facts are more social and artificial than natural and invariable[16] and corresponds to the naturalistic paradigm of research[17]. It starts from the questions of how and why when the study is contemporary and there is no control over events. The study is done from observation, which can be fallible, and triangulation of data, to give reliability to the findings[18].

According to Yin, the case study is a rigorous methodology suitable for investigating contemporary phenomena in their real environment, in which it seeks to respond to how and why they occur, from different perspectives -and not from a single variable-, deepen knowledge, and expand understanding, which allows the emergence of other issues or aspects not considered[19].

The case presented is descriptive because it accounts for a problematic situation in terms of a logic focused on a primary analysis of the subject/object of study. It examines a singular situation of unique interest (Critical Situation), as critical evidence of an assertion about a work program[19,14].

Initially, a series of propositions are proposed based on the development of the processes under study and the context in which they are developed, synchronously, contextualizing the selected time, due to its relevance to the case and observing them from different angles, in the spirit of deepening the analysis and comprehensively interpreting the phenomenon under study. Defined in a specific temporal space, the study considers as fundamental dimensions for its interpretation the social, cultural, and psychological dimensions, in a context of historically produced meanings, conditioning their development, because frequently the researcher is a member of the community that is analyzed[15].

The design of the case study consists of five stages [20]:

1. Propositions, if any, that address attention to something that needs to be examined within the study.
2. Definition of units of analysis.
3. Set up the logical relationship between questions and propositions.
4. Definition of criteria for interpreting results.

Methodological layout

This is a descriptive, qualitative study with an interpretative approach. It focuses on understanding and interpreting, from the individual's perception of how FCM-UNA Medical School students, met the phase of emergency digitalization and total confinement during the Covid-19 pandemic, and the way it affected them in their psychosocial dimension to distinguish possible emerging mental health risks, to provide adequate teaching support for adaptation during the post-pandemic process.

Main research question	General objective
How did the FCM-UNA Medical School students feel in this phase of digitalization and how did the pandemic affect them during the period of total confinement, in the psychological and social dimension?	Understand how the pandemic impacted FCM-UNA Medical School students´ lives, from their perception, to distinguish the possible emerging dimensions of mental health, to propose actions in the new normality adaptation process, and to provide adequate teaching support.

Specific questions	Specific objectives
How were your feelings? How were your emotions in the face of the bombardment of information and uncertainties? How did you spend this time?	Explore in depth the perceptions of students about feelings, thoughts, and emotions during the time of confinement during the SARS-COVID 2 pandemic - the year 2020.
What thoughts spread in the students about everything that was and is happening? What beliefs surfaced?	Understand and detect states of acute stress that need specific teacher accompaniment.
What behaviors emerged as a positive or negative response to this change in all our routines?	Propose FCM-UNA Medical School students´ accompaniment recommendations for the pandemic and post-pandemic resilience process.

The need to deeply understand how the pandemic impacted medical students and explore their perceptions, demanded a qualitative approach method, from the interpretative theoretical perspective.

Population: FCM-UNA Medicine School students.

Sample: at random convenience sample represented by FCM-UNA Medical School students from the 1st to 6th Course, during the year 2020, who agreed to voluntarily participate in the focus groups.

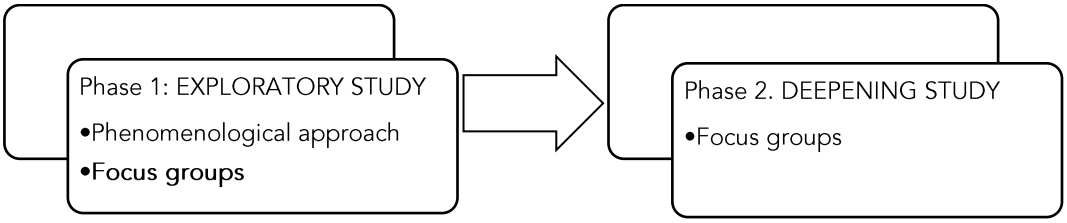
Selection criteria: accessibility and conformity to participate in the experience.

Methodological technique: focus group[21]

The ethical principle of informed consent was applied.

The information-gathering process had two phases, an initial exploratory one and after, a deepening phase.

Phases of the inquiry process:



The following dimensions were established: behavioral, affective, somatic, cognitive, and interpersonal, each one with its corresponding descriptors, as the basis for open questions script used in focus groups. The Zoom Platform was used as support in all cases. Students participated with open cameras and all sessions were recorded. In addition, participants were asked to spontaneously write in the chats of these meetings what they wanted to add. The information of each session was systematized into the analysis matrices, applying relevance criteria to each dimension.

PHASE 1: EXPLORATORY STUDY

Research question: **How did the FCM-UNA Medical School students feel in the emergency digitalization phase?**

Methodological technique: Focus groups

Moderator: A Basic Sciences Area Teacher

Support: ZOOM platform

Focus Group 1: 69 students in the 2nd year of the FCM-UNA Medical School
Date: 1-07-2020

Focus Group 2: 75 students in the 3rd year of the FCM-UNA Medical School
Date: 16-07-2020

A first exploratory approach was carried out, collecting information on meaningful words that could better describe how young students felt in the middle phase of the pandemic, defined as the period from June to August 2020.

According to dimensions previously established, it was explored with open questions with the following descriptors:

- Behavioral Dimension: social interaction, rest, exercise, sleep habits, sexual behavior, drug use, suicidal and homicidal ideas.
- Affective Dimension: anxiety, depressive states, fear, irritability, aggressiveness, hallucinations, denial, and pleasure.
- Somatic Dimension: references of insomnia, hypertension, hyperventilation, immunosuppression, decompensation, or pre-existing medical illness.
- Interpersonal Dimension: balance in family relationships, children, parents, relationships with peers, and other emerging ones.
- Cognitive Dimension: mental representations of disability and death, religious beliefs, philosophy of life, catastrophizing, irrationality, sensory perceptive alterations, and alterations of thought content that could be identified in the discourses.

This check has been carried out in a synchronous chat, with one of the leading professors in the academic field. Therefore, expressions and affirmations were made to answer open questions. For the comprehensive analysis, convergence, divergence, and emergence criteria.

PHASE 2: DEEPENING STUDY

Research question: **How did the pandemic affect young students in the psychological and social dimensions?**

Methodological technique: Focus groups

Moderators: Teachers of the basic cycle (Histology and Pathological Anatomy); and clinical (Psychiatry).

Support: ZOOM platform

Participants: 9 students, 3 male, 6 female, representatives of each level of training of the FCM-UNA Medical School: 1 of 1st year, 2 of 2nd year, 2 of third year, 1 of 4th year, 2 of 5th and 1 of sixth year.
Date: 28-08- 2020

- Focus group was presented as a conversation with students, about how they spent this time, how they felt or thought, what beliefs surfaced, and what behaviors occurred during this time.

- To address the issue, distinctions were made in 3 periods or milestones: during the pandemic beginning, during the pandemic middle stage, and at focus group time.

- Information was gathered about how they felt then and currently feel at focus group time; what emotions surfaced as well as their thoughts and beliefs in each of these milestones.

- The experience was carried out by telematic means, with the consent of recording by the students, and lasted 120 minutes.
- An analysis matrix based on the timeline was constructed, distinguishing the 3 periods mentioned above.

Research Outcomes

In Phase 1- Exploratory, participants' speeches presented stress indicators with different impacts on cognition, affects, somatization, interpersonal relationship dimensions, and behavior pattern changes.

Participants' responses converged on feeling "*stressed, anxious, frustrated, worried and overwhelmed*"; fatigue due to the virtualization of academic activities was a densely manifested descriptor. According to one of the speakers, she was "*fed up with the virtual*".

Others expressed feeling sad with the loss of life, and uncomfortable with the uncertainty. The last reported feeling panic and distrust.

In the Somatic Dimension, significant convergence was observed with a report of migraine, mild headache, myopia, increase in the prescription of reading lenses, pain, and back fatigue.

Meantime, at the Interpersonal Dimension, divergence was noted. Some expressed satisfaction at spending more time in their homes, and others, nevertheless, expressed missing their companions, and their friends and no longer tolerating family tensions.

Finally, in the Cognitive Dimension, there was a visible convergence with a state of nervousness and irritability, due to the instability of the Internet, which hindered concentration and the exams to be taken. However, some have demonstrated a resilient attitude by stating "*It is difficult for everyone, but it is what touches us, it´s nobody blames, and the only thing left is to adapt*" or expressions such as "*we are Z mutants*". These expressions were conceived as frequent

attempts to encourage each other through virtual meetings with peers and teachers.

These statements show a pain and impotence virtual scenario, but also facing a resilient struggle to transform this adversity. This affirmation implies the attempt to avoid losing contact with their study groups, teachers, and university. In all of them, stress indicators are present with different impacts on cognition, affects, somatization, interpersonal relationships, and changes in their behavioral patterns.

In Phase 2, Deepening, reflective dialogues meeting, assuming and exploring subjectivity. The different narratives placed each one´s personal experience, connoted by regard and attentive listening of all the participants.

Results were organized according to three different periods:

- At the beginning of the Pandemic (March, April and May 2020):

  - " At the beginning, what cost me very much was rhythm and routine loss, to continue with my life when all the routine was lost. I would sleep at 5 in the morning and wake up at 10 or 11 and I was super unproductive because my sleep was disturbed. I was very stressed; the stress was enormous, and the uncertainty grew more and more "

  - "I like to hug. It was a dark time. Not being able to see my dad or my grandparents was very hard."

- In the middle period of the Pandemic (June-July 2020):

  - "In the middle stage I was already resigned to it. I told myself: that this was going to go on for a long time and I already knew what was going to happen with the faculty. And I started studying other things, even in May I had a mini entrepreneurship ... But I already felt confinement stress and lack of relationship with my friends."

  - "At first, in what I called dark time, I had a hard time falling asleep. I analyzed all possible situations, and I couldn't sleep, and that is a problem that I never had before."

- At the end of the pandemic lockdown (August-September 2020)

  - "I came out of it by forcing myself to get up and change my clothes, getting up and eating something healthy; getting up and forcing myself to do things that I knew were productive and that were going to raise my endorphins."

  - "We, as students feel that teaching staff feedback is almost always our shortcomings and our defects, so, that teachers take the trouble to care about our paths and our life history, is very important to me."

Another emerging behavioral response was the ability to delimit work and study time. At the beginning of the pandemic, clinophilia or dissociation manifested itself by spending a lot of time (8 to 12 hours) connected to social networks or series channels. In contrast, others manifested persistent insomnia, until they found a new meaning with meditation, exercise, healthy eating implementation, and good communication with family and friends.

The other emerging element was the family, the *cabin syndrome*[22–25], with new coexistence modes due to the coincidence of existence times and individual plans in family groups. The reports did not describe serious relational crises, but distances, silences, anger; and afterward, closeness with which they were alleviated in the first stage of the pandemic.

In the context of self-esteem, it was observed that it is negotiated from what happens to the individual, or from discomfort or silence. The person was looking for the collaboration of the other to be able to build that feeling of family that is another level of identity.

There were also visible identity expression areas of were made visible, which emerged whether from the university context or that related to the family. From students' perception of closeness, relationships with friends and colleagues of trust nucleus, so necessary to continue with the study, as well as those moments of relaxation, were all very strained.

Impacts on medical education

After the pandemic, it was necessary to reorganize teaching and learning and at the university, many initiatives have been installed to look after the population´s mental health aspect.

At the FCM-UNA, the results of the present research have been considered to take care of mental health all along the program duration, for students as well as for teachers. As a result of the present research, some important decisions were made and implemented at the Medical School.

The Mental Health Resources Protocol and Crisis Protocol for the Faculty of Medical Sciences of the National University of Asunción has been designed to help faculty, teaching assistants, resident physicians, interns, students, and their families, to make them aware of the resources available to the FCM-UNA academic community in terms of mental health and crisis management.[26]

In this context, there are strategies for prevention at three levels, as established in the mentioned Protocol[27]. At the primary level, it states:

- Stress symptoms early detection.
- Annually carry out an induction course
- Psychoeducation and self-care strategies workshops
- Awareness campaigns aimed at mental health problems.
- Specific group interventions in case of an increase in consultations or specific problems.

At secondary level

- Promotion of care services available in the Department of Mental Health
- In the event of a crisis, teachers or tutors can contact the emergency number to receive guidance on how to act in the case.
- If a student's condition implies a significant alteration in their academic, social, or personal functioning and that requires them to obtain medical rest of one month or more, measures will be taken, and accompaniment will be made by members of the Medical School and Career Coordination.

At tertiary level:

- Patients of the Department of Mental Health must be monitored by their tutors to be able to provide support in the problems that may occur within the academic area.
- Patients of the Department of Mental Health must be monitored by their tutors to be able to provide support in the problems that may occur within the academic area.
- In case of performance problems, the case will be referred to the area of educational psychology dependence.

There is also provided an ACADEMIC GUIDANCE AND STUDENT SUPPORT

MECHANISM with four steps: Detection, Information Processing Addressing to relevant Units or Instances, and Case follow-up.

All these mechanisms are active at present. In 2022 there were 2911 consultancies, 1435 in the psychiatry area and 1476 in the psychology area. In 2023, there was a total of 2153 consultancies, 1222 in psychiatry area and 931 in psychology area[29].

Discussion

Pandemic effects emerging in this study revealed indicators of stress with an impact on cognition, affects, somatization, interpersonal relationships, and changes in behavior patterns. On the other hand, sadness at morbidity and mortality and discomfort with uncertainty.

Bergman states that medical students felt they had little time for leisure and activities that could provide a healthy lifestyle. It was a conclusion for medical students without considering an important additional impact such as the pandemic. As mentioned by Bergman, the feeling of medical students of social isolation during exams phases. The fact of isolation emerged also in our study, and with the aggravating fact that being isolated was not a personal decision, while social ties may be perceived as recovery from academic stress [30].

Authors like Kumar (2019), and Bergman (2019) describe stress, anxiety, and depression in medical students. Kumar found in his study that 57.6% of the students suffered from moderate to extremely severe depression, 74% of the students suffered from moderate to extremely severe anxiety, and 57.7% of students had moderate to extremely severe stress. The reasons mentioned were the pressure of passing exams, the pressure of living up to the family's expectations, the fear of getting introduced to the real world of medicine, and dissatisfaction with medical school administration. This makes it evident, that the medical students, without other reasons besides those attributed to medical school itself, already can suffer psychological distress. When an extra burden is added up, it is expectable the appearance of undesirable effects on mental health[31].

Aveiro-Rovalo[32] mentions similar findings, with a high percentage of symptoms of anxiety and depression, due to social distancing in the pandemic period, as does Silva-Jara[33], who reports 65.4% of medical students from private universities in Paraguay with a predisposition to develop anxiety and 31.6% predisposition to develop depression. Ruvalcaba Pedroza[34] also found symptoms of anxiety and depression in medical students during the pandemic with a higher percentage of cases in their last year.

González-Cáceres[35] also states in a study on the effects of the pandemic on university students in Paraguay, that medical students show a greater tendency to suffer symptoms of stress compared to students from other careers, attributing it to greater involvement as health workers, even when they were still in the training process.

During data collection, virtual meetings became a relevant experience, when we realized that teacher-student horizontalization, from the affections field, was something typical of our nature as *homo amans* [36–39]. In this way, this same work served to begin to reconfigure our human identity from something that characterizes us: conversation.

In this sense, the dilution of the gap between the teacher (the one who knows) and student (the empty container that must be filled) in a relationship of asymmetry, allowed the recovery of the subject who feels, seeks, and needs to be heard.

In this context of the conversation, gaze, and listening other human nature aspects were emerging, like trust, collaboration, care for the other, and intimacy that, as human subjects, we became humanized again and each one was delivering all his story to the companions during the time-space of conversation. Understanding that when people trust others means that they trust themselves, implies the testimony of one's self-esteem, that is, oneself from its legitimacy. We assume that self-esteem is related to self-worth, self-acceptance, and self-knowledge. This generated a climate of trust during the focus groups, which gained in strength and allowed participants to assume themselves as people who can feel fear, pain, and frustration, have plans, success, and failure, as well as be able to talk about their journey in this pandemic with dignity. Also, other elements that emerged were trust and participation which are founding elements for optimal mental health.

On the other hand, in the institutional field, collaboration and co-construction within the educational community unite us in history, culture, and the current context. We are makers of this University that is more than 100 years old, and in that sense, we also talk about who we are and who we stopped being because of this pandemic, and from there, how we reconstitute ourselves, how we reconfigure our identity.

In the context of self-esteem, it was observed that it is negotiated from what happens to the individual, from discomfort, or silence. Collaboration with others is pursued to build that feeling of family that is another level of identity.

Areas of expression of identity were made visible, one emerging from the university context and the other one related to the family. Space between both contexts was very affected by the pandemic as closeness, ¨*usness*¨ (*nosotrosidad in Spanish)* [33-35] very close of friends, the trust nucleus companions, so necessary to be able to continue within the course and important to be able to meet, relax and have fun together. In the most distant ¨*usness*" (relationships), it has to do with empathy for the pain of others, characteristic of the doctor's empathy.

According to Lenkersdorf[40],
The self does not exist without the other, and the relationship between you and me builds the WE, but we would not exist without the relationship with them, that is a concept we call " nosotrosidad " in which I/you/we/they only exist in the relationship, and those relationships are built within a community. The WE perform the function of an organizing principle. The same WE represents a whole that integrates into an organic whole a large number of components or members. Each one speaks in the name of the WE without losing his individuality, but, at the same time, each one has become a nosótric voice. That is, the WE speak through the mouth of each of its members[33]".

We, as doctors, talked about, how pain, illness, and impotence summons us, and during this pandemic perplexity made many

people lose that social identity and stay hidden at home. Other relevant information was solidarity manifestation with popular pots appearance in poor neighborhoods, volunteering aimed at compensating different needs even with motivation by reflective phrases and themes to encourage or create new spaces to support people in their need.

The need to understand, search scientific databases, and share what has been learned by collaborating with the dissemination of scientific knowledge in the community. Other emerging issues in our university context were group consolidation of the Medical Student Center, volunteering, and motivation by reflective phrases and themes that young people placed in existing spaces, to encourage or create new spaces to continue thinking about each and everyone.

In these conversations within focus groups, we seek to restore ourselves or recreate ourselves in those small symbols of these reflective encounters that represent us, to restore ourselves as students or teachers. In this way, the pandemic left us with the need to recreate new rituals that symbolize us, as mechanisms for emotions to emerge and make us represent as people in the face of the events we are experiencing.

The resilient process carried out by each participant was observed with satisfaction. The perplexity, confusion, uncertainty, and impotence of the first months of the pandemic, seem to be that in mid-June they turned into a more functional structural coupling between the proposal of our Medical School to continue the development of classes on digital, with reconstruction of student's expectation.

Conclusions and recommendations

Results obtained have allowed us to deeply understand how the pandemic impacted the lives of our medical students, to distinguish possible emerging mental health problems. Based on the results obtained, some suggestions and guides have been proposed for the accompaniment and students' orientation, providing the appropriate teaching support.

Additionally, it is interesting to emphasize, that it has been observed that the stage of confinement and emergency migration to online training in FCM-UNA Medical School was developed in a virtual context of pain, fear, and impotence in tension with a resilient struggle of transformation under adversity, manifested by the students. The most affected point during the pandemic may be the configuration of professional identity, understood as a social construct. This research warns that this professional identity, gestated during the crisis, could later show a pandemic dent that is reflected in the subsequent social mirror. This would imply a greater commitment to containment and accompaniment from the university.

Today, with its successes and failures, its evils and pains, its proximity, and its distances, we are traveling, although in a time also uncertain, and painful, but with hope, understood by researchers, as the possibility of developing new images, desires, and projects.

The question that arises is where do we stand to keep walking: from hope, pain confusion, or internalized learning? It is proposed here to think of ourselves epistemically included in the reflective experience with others; from intentional conversation spaces, to elucidate

where we stand and where we walk. This will be the way to visualize options in the scenarios towards which we want to move as humanity. This work had that intention, and after having understood as deeply as possible the object of study. It is not given to researchers that threshold is called hope.

In the post-pandemic scenario, uncertainty will persist, transitions will seem fluid, with advances and setbacks in quarantines, the economic crisis will become more palpable and most educational institutions will maintain hybrid modalities, at least in some subjects. Perhaps, the most difficult thing will be to maintain emotional balance in a highly changing context, so recovering and maintaining communication spaces where we can see each other is relevant, as it is understanding that education is a space of humanization. As Viktor Frankl has said: "*In the face of an abnormal situation, abnormal reaction constitutes normal behavior*"[25].

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