

Effect of the COVID-19 pandemic on residents' training experiences

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In January 2020, Canada confirmed its first case of coronavirus disease 2019 (COVID-19).¹ Preparations began in hospitals across the country as the number of cases increased at an exponential rate. On March 12, 2020, the World Health Organization declared the situation a pandemic.² This declaration brought a change in the role of resident physicians. As residents, we were redeployed to higher-need areas of the hospitals, didactic group lessons came to a halt, elective rotations were canceled, and resident responsibilities dramatically transformed.

At the peak of the pandemic, there was a shift from the usual educational environment to an atmosphere of "survival." After seeing haunting media reports and videos of hospitals in countries like Italy, we understood that we were preparing for a potential onslaught of COVID-19 cases in Canada. As a group, residents rallied together with the notion that we were now part of the front lines against this battle. However, this view came with a trade-off. Residents knew that over the course of this pandemic, our special obligations would undoubtedly eclipse our education. Months of disrupted learning continue to have considerable effects on training experiences for those in family medicine and enhanced skills programs, who already have short training timelines.

To gain an understanding of how our colleagues felt through this difficult time, we surveyed residents in our program about their experiences through the peak of the pandemic. Ethics approval was obtained, and a survey was sent to all family medicine and enhanced skills residents enrolled at Western University in London, Ont. As expected, we found that 70% of responding participants felt that their training had been substantially affected by the pandemic in some way.

Limited learning opportunities

Residents were redeployed to higher-need areas such as internal medicine, emergency medicine, and family medicine. For these redeployments to take place, core rotations such as pediatrics and anesthesia were canceled entirely for some. Opportunities to practise and improve procedural skills came to a halt due to a shift to providing virtual care and efforts to limit resident exposure during aerosol-generating medical procedures. Invasive procedures were delegated only to senior residents and staff, and the paradoxically low patient volumes equated to fewer opportunities to undertake many practical skills. Those practising telemedicine were unable to see or touch patients as part of their assessments.

The development of the clinical gestalt that is required to judge the common dichotomy "well versus unwell" was undoubtedly lost over the telephone. Among those surveyed, 83% of those in senior positions (postgraduate year 2 or 3) believed they would not be able to recuperate these lost learning opportunities, as the peak of the pandemic mainly occurred during the final few months of their time as residents.

Silver linings

However, not all was lost through the crisis. As a group of trainees, we adapt to adversity and constantly strive to learn from any experience, good or bad. Through our survey, it was found that even though our fellow residents encountered a challenging environment, 70% did not believe their eventual readiness to practise would be affected. This is a testament not only to the residents' resilience, but also to our mentors, who grasped every opportunity to create teachable moments and prepare us for future practice. Fortunately, 2 out of 3 residents also felt they were well supported by their program through the pandemic.

Many residents managed to find even more silver linings to the crisis. A total of 69% of participants believed they were now equipped to handle a future pandemic situation with new skills such as telehealth communications, personal protective equipment stewardship, and pandemic planning. As the world of medicine evolves, these new competencies will be an integral part of our day-to-day practice for the foreseeable future. Future pandemics will come, and those who trained through the COVID-19 pandemic will be more prepared, as they will have the skills required to maintain the health care system.

Conclusion

The question remains as to what ripple effect this pandemic will have on those who trained through it. A decade from now, will there be gaps in the residents' skill sets owing to lost training opportunities? How will programs in the future ensure that lost learning opportunities are recuperated? When do we eventually allow junior residents to carry out aerosol-generating procedures such as intubation, so they are not left working in a rural emergency department with limited airway skills?

As restrictions ease, we are hopeful that our training will slowly return to normal as much as possible. Nevertheless, with concerns of a second wave pending, further effects on training are a definite possibility.

This way of life might be our new normal, and our methods of teaching must adapt. For family medicine and enhanced skills residents, this is a particularly crucial discussion. For some residents, up to 25% of their training has already been affected due to the short 2- to 3-year training time. Although our survey suggests that many residents do not believe their readiness to practise has been affected, this answer would most certainly change if the current situation were to continue. The thought of an entire generation of unprepared family physicians is an unsettling one, and action must be taken to ensure this prospect does not become reality. Family medicine programs must find innovative ways to provide education in a safe and effective manner. We can no longer rely on tactics to delay education. Coronavirus disease 2019 is here to stay, and we must revolutionize our training systems to ensure that future generations of family physicians are well equipped to provide exemplary care throughout the country. 

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Competing interests

None declared

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