To the Editor: COVID-19 as a Catalyst to Transform Graduate Medical Education

We applaud Wietlisbach and colleagues for highlighting the silver lining in the dark clouds of the COVID-19 pandemic.[1] Their qualitative study based on 4 internal medicine (IM) residency programs in the Northeast United States suggests that IM residents adjusted quickly to the disruption and changes brought on by COVID-19 and focused on resiliency and well-being during the pandemic. Our own experience at a large IM residency program at Johns Hopkins Bayview Medical Center suggested that, although COVID-19 had a predominantly negative effect on the well-being of the residents, it also presented an incredible learning opportunity. Forty IM residents were contacted as part of a larger survey to monitor the stress and well-being of staff during COVID-19 at Johns Hopkins Bayview Medical Center between October and December 2020, out of which 18 (45%) completed the survey. Survey measures included Patient Health Questionnaire-2, Generalized Anxiety Disorder-7, and modified Maslach Burnout Inventory. In addition, residents were asked about the satisfaction of their educational experience.

Survey results showed that 17% of the residents had significant depressive symptoms and sleep disturbances, while 25% endorsed moderate to severe anxiety symptoms. More than 70% residents felt burned out, and 22% indicated that they felt burned out and callous toward their work on a daily basis. Ninety-four percent of residents indicated that their training was significantly impacted by COVID-19. Sixty-seven percent had to miss their didactic training due to work demands. Thirty-three percent had to change their core or elective rotations. On the positive side, 50% of the residents indicated that they learned new skills during COVID-19 that contributed to their professional growth. Some of the comments from residents were: "Now on call as an intern," "Taking on more shifts on my scheduled days off," "Type of cases seen are limited by COVID," "Zoom didactic sessions are not as effective as in person," and "Less mentorship and teaching from upper residents and faculty."

In contrast to the Wietlisbach study, our survey suggests that the residents were less enthusiastic about the technological innovations in didactics and training and longed to go back to the pre-COVID-19 normal. However, we also found a strong focus of resiliency by the residents, with 61% of the sample scoring >6 on the 2-item Connor-Davidson Resilience Scale. We agree with Wietlisbach and colleagues that COVID-19 can be a catalyst in the transformation of graduate medical education.[2]

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References

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