

## Impact of the COVID-19 pandemic on pediatrics residency education

Much has been written about the impact of the pandemic on postgraduate medical education, although most of the information is based on surveys and interviews with medical residents.<sup>1</sup> An excellent article by Reich and White explores the problem from a broader perspective,<sup>2</sup> and following that example, and with one more year of experience, I try to review some highlights of what has been experienced in our midst.

Unlike what happened with education in other areas and disciplines, "in-person attendance" was not affected in the same way in most residency programs. In fact, residents had a leading role in facing the pandemic, in particular the first wave. However, this "in-person attendance" was greatly limited by the prevailing epidemiological conditions.

Therefore the residents had most of their rotations, which are usually part of their training, limited or suspended. Also, some learning scenarios were more affected than others. Particularly in pediatrics, there is no doubt that training related to "well-child check" was very limited by the significant decrease in the number of medical consultations during the pandemic first wave.<sup>3</sup> The same happened with consultations to the emergency department<sup>4</sup> or hospitalizations due to the most common illnesses,<sup>5</sup> all of which are widely used learning scenarios in regular training of pediatric residents.

On the other hand, the pandemic opened up a range of learning possibilities not included in postgraduate training programs until then. Everything related to epidemic management, until then typical of science fiction movies (use of personal protective equipment, patient isolation, management of close contacts, etc.), became the everyday routine for residents. Working in closed groups ("work-bubbles" or "cohorts") and establishing appointed substitutes depending how staff was impacted were also new elements to get used to.

Some of the most common aspects of their training were also affected. The traditional "ward round" is usually one of the richest learning

setting, with elements and interactions facilitating clinical judgment development. Traditionally, it takes place at the patient's bedside, or in a nearby setting, but always in the form of a large group. Mitigation measures imposed by the pandemic included social distancing and the inability to gather in closed spaces. The staff creativity made it possible to continue with this activity in open spaces by maintaining safe physical distancing and eventual remote interaction with consultants.


Other learning instances typical of residency, such as grand rounds and master classes, quickly adopted the virtual format without major inconvenience. Surprisingly, this virtual education modality was shown to be an improvement, since, in many cases, it was easier to get residents online at the same moment than to get everyone present at a specific time in a classroom.

Regardless of all the points mentioned above, directly related to the residency training program, we must not forget that medical residency is also a unique life experience. A fundamental part of that experience is related to the deep camaraderie arising from long hours of working together and facing challenging situations that can be, at times, overwhelming. This is another aspect that was affected by the pandemic, since staff grouping and social distancing hindered the classic social interaction typical of this stage of life and professional training.

Finally, the residents shared the anguish of all the health care staff for knowing they were more exposed and grieving the loss of colleagues. In addition, it is possible that in this young group of professionals, the concerns about bringing the disease into their homes, threatening more vulnerable relatives, has been more evident.

Even with the risks involved in venturing any prognosis in this pandemic, and after several waves of COVID-19, it seems that things are slowly returning to their original course. I am sure that, *"in the years to come, we will look back at this experience and celebrate how this crisis helped to shape some of the most clinically savvy, knowledgeable,*

and resourceful physicians<sup>16</sup>, and some of us will be proud to have shared that moment with them. ■

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<http://dx.doi.org/10.5546/aap.2022.eng.146>

**To cite:** Ferrero F. Impact of the COVID-19 pandemic on pediatrics residency education. *Arch Argent Pediatr* 2022;120(3):146-147.

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