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## COVID-19: How to help impacted resident trainees move forward

Jehan Yahya

Oregon Health and Science University, yahyaj@ohsu.edu

Korinne M. Diss

Rochester Regional Health System, diss1k16@gmail.com

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## COVID-19: How to help impacted resident trainees move forward

Author ORCID ID:

Korinne Diss: 0000-0002-1129-4687

Jehan Yahya: 0000-0001-6356-5330

### Abstract

COVID-19 has presented unique challenges to the healthcare system as a whole, and a unique experience for medical residents, in some ways enhancing their growth but in many ways compromising their education. This article presents guidelines for residency programs to support residents today and address gaps in their education as a result of COVID-19 activities, based on personal and professional experiences and insights gained through the past two years.

### Keywords

COVID-19, education, perspective

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### Conflict of Interest Statement

We have no conflict of interest to disclose.

## PERSONAL NARRATIVE

# COVID-19: How to Help Impacted Resident Trainees Move Forward

Jehan Yahya <sup>a,\*</sup>, Korinne M. Diss <sup>b</sup>

<sup>a</sup> Oregon Health and Science University, USA

<sup>b</sup> Rochester Regional Health System, USA

## Abstract

COVID-19 has presented unique challenges to the healthcare system as a whole, and a unique experience for medical residents, in some ways enhancing their growth but in many ways compromising their education. This article presents guidelines for residency programs to support residents today and address gaps in their education as a result of COVID-19 activities, based on personal and professional experiences and insights gained through the past two years.

**Keywords:** COVID-19, Education, Perspective

## 1. Background

My colleague Jehan and I are currently PGY-3 residents in Radiation Oncology and Interventional Radiology, respectively. We both completed our internship at Henry Ford Hospital in Detroit in 2020. By the time March of 2021 rolled around, we found ourselves reflecting heavily on our training as it marked two events for the both of us. Firstly, it marked the anniversary of COVID-19 engulfing American hospitals. Secondly is the fact that we were more than halfway through our PGY-2 training. We could not have started the reflection process earlier as we both needed time to recover and heal from working the frontlines. Our goal is to detail our state of introspect in distinct phases all while recognizing the interconnectedness of them.

## 2. Our intern year

Various advanced specialties require residents to complete a preliminary or transitional year. The goal is to complete this prerequisite uneventfully before residents enter their dedicated specialty. I know the national class of 2019–2020 would agree this was far from uneventful.

We were about four months away from completing our internship when the COVID-19 pandemic struck our hospital. The dire situation made the city of Detroit one of the hardest hit cities within milliseconds. Residents from all specialties were deployed to different units, pulled from electives, and worked through unpredictable circumstances. Promptly, our hospital condensed entry points to two doors, required all employees to undergo temperature checks, and placed stickers on badges as documentation that we were afebrile. Medical school did not prepare us to “doctor” during a pandemic. Probably nothing could have. With the hospital running over capacity and declaring a state of emergency, we knew our internship experience will be one for the books. Not ideal, yet the call to duty was strong.

“Doctoring” during the thick of the pandemic felt similar to learning how to adjust sails in an unforeseen storm. The hurricane winds of the pandemic forced us to deal with death during all hours of the day, despite having had minimal end-of-life training beforehand. Even when we weren't working, constant reminders of the chaos surrounded us. We could hear the endless waves of helicopters landing and taking off from the helipads

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\* Corresponding author.  
E-mail addresses: [yahyaj@ohsu.edu](mailto:yahyaj@ohsu.edu) (J. Yahya), [diss1k16@gmail.com](mailto:diss1k16@gmail.com) (K.M. Diss).

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for months. Sometimes, the chopper sounds would wake us from sleep and a sense of dread would wash over us. The volume of death was staggering, and to hear naysayers minimize the pandemic fueled our moral distress. If only the helicopter activity could have been live-streamed to the general public. Snubbing the pandemic insulted our fellow residents who fell ill or hospital employees who died. Even as doctors not specializing in internal medicine, we are privileged that we were a part of a unique, historic and shared collective experience.

This time period also coincided with the holy month of Ramadan. For fasting Muslims deployed to night shift, late night Code Blues frequently interrupted or delayed the breaking of fast called *iftar*. It is unclear how we all had the endurance to sprint across the hospital after a long day of fasting. As tradition would have it, when we would finally return to our work rooms for *iftar*, we would all reach for dates. Abrahamic religions view the date as a symbol of purity and prosperity, and it is customary to breakfast with dates. Perhaps eating dates during this time was what powered us to overcome this hardship. Having Ramadan coincide with the pandemic was a blessing in disguise.

Before we knew it, half our time as “doctor” was dedicated to fighting COVID-19, our intern year concluded and we moved to our respective specialties. Our departure was met with a degree of guilt as we saw that our Detroit co-residents continued to fight COVID-19. Whether we liked it or not, this contagion shaped our professional identity.

### 2.1. PGY-2 Year in Radiation Oncology

When people learn of my specialty, it hits a nerve when they respond with “Oncology? But isn't that depressing?” The hospital where I did my intern year had hundreds of people die from coronavirus-related complications in the span of about 45–60 days. I am doubtful I will witness such a mass death in my future oncology practice. If anything, a comment like that toward a more freshman resident diminishes the exclusive nature of working the frontlines.

I was shocked when I returned home to Portland, Oregon. My hometown was not as affected as Detroit. First, I did not need to sport an “afebrile” sticker on my badge on daily basis. Another learning curve was de-programming my legs from sprinting and my heart from becoming tachycardic upon hearing Code Blue paged overhead. This required time and conscious uncoupling. Instead of pacing outside the rooms of decompensating patients, I now comfortably sit in my own personal workspace evaluating tumors on imaging with no sense of acuity. Guidelines for COVID-19

management were non-existent in the earlier stages of the pandemic. Now, I do not dare conjure an oncologic treatment plan without referring to guidelines first. Such a juxtaposition made it difficult for me to relate to my colleagues and even attendings. I am still unclear if attendings are fully cognizant of the fact I missed out on crucial rotations and electives that would have better prepared me for my specialty. This is not to undermine the fact that adjusting to a new residency program has its challenges irrespective of the presence of a pandemic.

Emotionally, my heart hurts when a patient cannot bring all of their loved ones to a consultation. I think I dwell on this more than those who work around me. When preparing a consult note, sometimes I have to mention “time to diagnosis was delayed due to COVID-19,” and it is triggering.

I have to think about death secondary to COVID-19 and death secondary to cancer as two sides of the same coin. Cancer patients with limited life expectancy should try to tackle their bucket list. How can that be possible? In this population of patients, cancer limits the **quantity** of life; however, it is COVID-19 that limits the **quality** of life. With my entire being, my hypersensitivity to seeing a patient not die the way they want to die is a direct result of having my feet held to the COVID-19 fire.

### 2.2. PGY-2 Year in radiology

In Rochester, New York, the situation was different. There, hospitals were not nearly affected as those in Detroit in the early months. In conversations regarding COVID-19, I felt that none of my co-residents, staff members or attending physicians could relate to my intern experience. The residents at my program had converted to a “skeleton” schedule to reduce hospital exposure by alternating between home-based study and hospital shift work week by week, and the attendings were prepped with home workstations.

When I joined the program in July 2020, I initially felt a sense of relief not having to routinely wear an N95 or don PPE. Yet, guilt quickly set in as I am now tasked with reading a chest X-ray and dictating findings such as: “Patchy airspace opacities bilaterally, predominantly in the lower lung zones. Findings may represent multifocal pneumonia, including COVID-19.” I read these scans and diagnose complications from the virus on imaging on a daily basis, yet I have no interaction with the patients.

November 2020 brought another COVID surge, and this time Rochester was hit quite hard, just like many cities across the country. Attending physicians returned to their home reading stations, and for

safety, residents were separated into private reading rooms. I no longer had a senior resident within arm's reach to ask quick questions about scans I was reading. Nor did I have the ability to listen to the way they dictate studies, which is crucial to learning radiology. Teaching was done via Skype, which was often limited, technically difficult and individualized, rather than reviewing as a group. That meant I was no longer able to learn from my co-resident's mistakes or successes. Unfortunately, I felt that COVID-19 again had compromised my education, as it had during my intern year. The vaccinations have brought hope and with that, many people have returned to the hospital, including the attending physicians. We are beginning to have in-person case review sessions again and there is some sense of normalcy. The isolation I have felt was palpable, and although I know the learning curve from intern year to first year of radiology is always steep, COVID-19 seemed to make it even steeper.

### 2.3. Moving forward

Oliver Wendell Holmes wrote, "Every now and then a man's mind is stretched by a new idea or sensation, and never shrinks back to its former dimensions."<sup>1</sup> We, and the rest of the now newly minted PGY-3s, have been heavily impacted by the unprecedented internship experience. As such, we want to provide suggestions in how to help us move forward.

First, we need to engage our residency programs through conversations centered on our professional development, because we need aid in navigating how our experience will forever shape our professional identities. Open communication regarding the resident's intern year and involvement they had or did not have with the COVID-19 pandemic could be beneficial, allowing for co-workers to have a sense of understanding on the impact and emotional burden. We believe that professional growth and development blooms in an environment that fosters acceptance. In addition, for those of us who no longer work on the front lines, multidisciplinary resident discussions may further promote respectful relationships among one another.

Second, expanding on emotional burden, the mental health of residents should not be taken lightly. Each individual processes experiences in a unique

way and the experiences centered around the pandemic will vary. Simply lending a listening ear or offering a counseling service for those still healing from the psychological impact could improve resident satisfaction. As we have personally felt, engaging in conversations with others who have had similar experiences can be comforting and even therapeutic. Additionally, it is crucial that the severity of this pandemic, and encounters individuals may have had, not be dismissed or regarded as dramatizations. Diminishing those aspects would only further seclude those already emotionally burdened.

Third, attendings should be cognizant of our unprecedented internship and compromised education because we missed out on standard educational opportunities. For example, it should not be readily assumed we participated in a high volume of elective biopsies.

This brings us to our fourth topic. In addressing educational gaps, we must include medical students. They, too, lost educational opportunities. Block directors and undergraduate medical administration need to encourage medical students to interface with residents independent of institutional policy on in-person rotations.

Lastly, in-person teaching should be reinstated as safely as possible. There is no substitute for in-person teaching within our subspecialties.

## 3. Conclusions

We are no strangers to combating moral injury thanks to this pandemic. Our current residencies need to help us marry our nuanced experience to our professional identities. As we all begin to move past these unparalleled times, we hope that the effect this pandemic has had on our education is acknowledged and not forgotten.

### Conflict of interest

We have no conflict of interest to disclose.

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1. Holmes OW. *The autocrat of the breakfast table; Every man his own boswell*. Houghton Mifflin and Co. Boston and NY, 1858, 1882, 1880, 1891. Found in *The Riverside Edition, The Writings of Oliver Wendell Holmes in Thirteen Volumes*. Vol 1. Cambridge: The Riverside Press; 1892:266. Chpt. XI.