Residents' Review

Going Virtual

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The year 2020 brought new vernacular and multiple paradoxes into our routine; enforced "social distancing," but more interactions through Zoom meetings and FaceTime; increased awareness in clinical hygiene and PPE requirements, but variable standards of care from experts; and encouraged a divisive political climate, but a shared push by most for voter accommodation. Many of these adjustments have revealed positives as well as negatives in our lives.

It was a year of firsts, including moving the ASA annual meeting to its most unique setting to date: the internet. The annual meeting attempts to provide a unique experience for its attendees each year. A different city to explore, new colleagues to interact with, and fresh, up-to-date sessions. Each visit for an anesthesiology resident can represent a different stage in their career path: presenting a poster as a medical student, navigating the maze of residency booths as a budding applicant, or seeking an elected position with ASA governance as a resident.

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The announcement for a virtual annual meeting, which may have initially sounded disappointing to some, brought its own share of benefits. One major benefit was the ability to reach a wider audience, now that tuning in simply meant taking out a smart device and headphones. Registration, travel costs, and arranging flights around meetings or vacation time were no longer concerns. Residency programs that normally fund trainees to present would also be saving money. Though the greatest potential benefits of attending, like networking and field exposure, could be lost in a virtual environment, I believe online sessions could be attended in greater quantity at the convenience of the attendees. Also, innovative and interactive ways to facilitate trainee recruitment were explored for residents in a Meet-and-Greet session.

Proactive attempts by programs to arrange virtual open houses and pre-interview meetups for prospective applicants will need to be evaluated to determine the best routes for trainee recruitment in a world of social distancing. Medical students who may not be familiar with the field or have had multiple anesthesia rotations last year with inadequate OR time, given the limited number of cases, may feel ill-equipped to choose anesthesiology as a specialty. FAER's Medical Student Anesthesia Research Fellowship (MSARF) program, which was essential in my journey to anesthesiology – and to the journeys of many other medical students – provided me with a mentor I still keep in touch with today. Unfortunately, but understandably, it was cancelled this year given the uncertainty of matching students to program sites and mentors across the country. It is difficult to say to what extent this affects recruitment into the field, but it seems likely more negative than positive. Perhaps matching long-distance mentors and mentees would allow the valuable research program to continue, with the stipend funds normally designated for the program being turned into a scholarship.

Though the ASA annual meeting happens to provide a large-scale example of virtual adaptation on short notice, individual residency programs have rapidly and increasingly incorporated virtual activities since the early days of the pandemic. Grand rounds and lectures occurring via Zoom are routinely interrupted with friendly reminders to "please, mute your mic." Complementary material on the ASA website and expanded access to Anesthesia's Toolbox at some programs who do not already have year-long access were meant to provide supplemental resources for trainees to balance the disruption to clinical exposure, as surgery volume as a whole had decreased (asamonitor.pub/3leALbz; *J Grad Med Educ* 2015;7:270-1). Arguably, the complementary access for residents who did not already have it should continue throughout this academic year given that training deficits during the peak of the pandemic are still difficult to measure and vary by year of training and by region.

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Given that the timeline for continued social distancing and virtual environments is still indefinite, the pandemic can be a great opportunity for program directors to reevaluate disparities among programs in terms of access to online resources and discuss ways to possibly level the playing field. Residency programs should consider whether providing more simulations and workshops in small groups could be helpful adjuncts to trainees whose clinical experience was interrupted by the pandemic – and whether this can be done safely. Not to mention the work-related anxiety, fellowship applications, and delays in board exams that should also be considered by residency programs, possibly in terms of educational stipends or scheduling flexibility. The big question remains: how do we continue to adapt the current structure of residency and medical school training most effectively to avoid as severe of a disruption in the future?

The aftermath of catching up on clinical knowledge and lost time in the OR may not resolve any time soon, even as elective surgeries continue to pick up and a vaccine potentially becomes readily available. As we continue to understand more about the long-lasting effects of the pathogen or similar pathogens to defend ourselves and our patients, it is also important to continue innovating in ways to protect the trainee experience. ■