

To the Editor: Are We All in the COVID-19 Fight Together?

More than a year after the sudden initial influx of COVID-19 patients in hospitals across the United States, Wietlisbach et al presents a follow-up study to the iCOMPARE study analyzing internal medicine residents' perspectives on resident well-being, social isolation, residency curriculum, and interprofessional relationships.¹ Using data from 88 residents from 4 Northeastern US-based residency programs, the study focuses on residents' personal and social responses amid rapid health care personnel and institutional changes in the initial wave of COVID-19 infections.¹ This study is unique in that it presents insight into the burnout and anxiety that frontline health care providers face.

Though the study comments on the overall positive interprofessional teamwork within the medical hierarchy, a glaring omission from analysis is institutional changes incorporating non-medicine departments and their contributions to the COVID-19 response. As many surgical and specialized residency programs, such as dermatology, suffered from decreased patient contact and canceling of elective procedures, how did they adapt to alleviate the overwhelming burden placed on emergency medicine and internal medicine residents? Does the maxim ring true that we are all in the fight against COVID-19 together?

Meo et al from the University of Washington School of Medicine addresses this question, as they developed their own supplementary resident pool from a standardized deployment process with buy-in from various program directors analyzing their

respective residents' competencies and needs.² This resulted in 60 residents covering more than 200 shifts within the first weeks of the pandemic without overwhelming the pool of volunteers.² To avoid placing residents in situations outside of their training, the university established critical care crash courses, reinforced safety protocols, and paired residents with appropriate supervising faculty attendings. Though their field of training may differ, residents completing or having recently completed a preliminary year of medicine, such as ophthalmologists and radiologists, more easily integrate into supplementary resident pools. Based on resident responses, internal medicine residencies need help to combat COVID-19, as there is no foreseeable end with new variants continuing to develop. These supplementary resident pools and deployment protocols are crucial in distributing the COVID-19 burden equally and avoiding burnout by residents helping their peers as they help their patients.

Michael Joo , MD

Internal Medicine Resident, The University of Texas Medical Branch at Galveston

References

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