

## The CUSOM Resident & Fellow COVID-19 Experience: What Changes Should Stay?

Nida S. Awadallah, MD<sup>1,6</sup>, Teresa S. Jones, MD<sup>2,6</sup>, Kshama R. Jaiswal, MD<sup>2,6</sup>, Tyra Fainstad, MD<sup>3</sup>, Angela S. Czaja, MD<sup>4</sup>, and Carol M. Rumack, MD<sup>5,6</sup>

<sup>1</sup>Department of Family Medicine, <sup>2</sup>Department of Surgery, <sup>3</sup>Department of Internal Medicine, <sup>4</sup>Department of Pediatrics, Critical Care Division, <sup>5</sup>Department of Radiology, and <sup>6</sup>Department of Graduate Medical Education, University of Colorado School of Medicine, Aurora, CO, USA

### Introduction

The COVID-19 pandemic has had profound impact on graduate medical education (GME). For the safety of patients, staff, and trainees and to prepare for an influx of COVID-19 patients, the University of Colorado School of Medicine (CUSOM) instituted policies resulting in curricular changes for trainees including shifting to virtual learning, introduction of telehealth visits, and reassignment of clinical duties. In this study, we aimed to explore the impact on clinical responsibilities, education, and well-being of residents and fellows from the pandemic and associated changes.

### Methods

We conducted the study during the initial pandemic surge between 5/21/2020 and 6/18/2020, using an anonymous electronic survey distributed to residents and fellows via the CUSOM GME list server. Survey questions focused on three main areas of pandemic impact: changes to clinical and educational activities and trainee wellbeing. Wellbeing was measured using the validated 7-item Physicians Well-Being Index (PWBI) and the non-proprietary single item burnout scale.

### Results

There were 428/1257 (34%) total respondents, including 296/919 (32%) residents and 132/338 (39%) fellows, representing 26 different specialties. Not all items were completed by all respondents. Seventy-four percent (293/397) were asked to prepare for clinical reassignment, however, only 94 were reassigned. Nineteen percent of those reassigned were uncomfortable in reassignment decision-making at program or institution level. Of the 242/397 (61%) who began conducting telehealth visits, 207 (86%) noted a positive contribution to their clinical experience. Distance learning platform use was reported by nearly all respondents (387/392, 98.7%), with a majority (n=281, 73%) noting a positive impact or no change to their learning experience and would like to see them continue (n=263, 68%). Personal loss of income due to pandemic related restrictions was noted in 102/374 (27.3%), with 28 (7.5%) reporting difficulty paying expenses. Of those reporting income loss, 60 (59%) were aware of available financial resources, but only 12 (20%) applied for financial assistance. Fifty-eight of 383 (15%) respondents scored high risk on the PWBI and 122/374 (33%) scored positive for burnout. Top

coping mechanisms included physical activity (75%), spending time with loved ones (73%), and solitary activities (54%). Only 51/374 (14%) used institutional mental health or well-being resources, but almost all who did (47/51, 92%) found them helpful.

## **Conclusion**

The pandemic impact on medical training has been profound, with potentially long-lasting effects. Reassignment was rare but trust in decision-making uncertain. New exposure to telehealth visits and distant learning platforms have supported positive learning environments but financial and well-being adverse impacts are concerning. With the ongoing pandemic, attention is needed to best support trainees educationally and personally.