

Impact of COVID-19 on graduate medical training, research activities, and healthcare ethics.

Scott Lerner*

Department of Neurology, Tufts University School of Medicine, Boston, United States

Introduction

The COVID-19 pandemic has profoundly impacted access to medical care throughout the world. Due to the rapid spread of the SARS-CoV-2 worldwide, swift reorganization of the health care services had to be implemented to control the epidemiological context. Lockdowns have disproportionately negatively impacted vulnerable patients (i.e., with several risk factors such as advanced age and different degrees of disability), generally leading to poorer outcomes. Healthcare workers have been increasingly exposed to the virus, and patients postponed or canceled their medical visits due to fear of being infected, as health systems focused predominantly on COVID-19, neglecting other patients' needs. As a consequence of physical distancing, hospital beds capacity was reduced, training and educational activities of physicians were limited or postponed, research activity was severely disrupted, and work conditions became more and more difficult. These indirect implications of COVID-19 were initially overshadowed by general uncertainty and race to understand the new threat. Neurology and other specialties alike have adapted during these new times. For example, replacing the much-needed face-to-face medical visits with telemedicine for clinical practice has challenged the classic evaluation process, as diagnostic tools are limited in virtual settings. In addition, work-life balance, psychological wellbeing, work conditions, new treatment protocols, barriers to education, ethical implications, and many other issues interfered with optimal patient care pathways, eliciting general frustration and dissatisfaction [1].

The COVID-19 pandemic has unequivocally altered the process of achieving and spreading quality medical knowledge and has limited the amount of time available to interact with attending physicians or experienced professors in favor of virtual courses and conferences. The dissatisfaction of young neurologists reflects this in training and limited exposure to the vast clinical practice their supervisor could pass on to the young generation. Moreover, medical research activity was also subjected to adjustments to comply fully with the epidemiological situation requirements. For example, some clinical trials involving in-person visits had to be suspended, postponed, or COVID-19 regulations had to be made to ensure both subjects and research staffs were safe, aspects that led to an additional financial and psychological burden. Also, fellowships and grants were suspended or postponed, and career plans have taken an unexpected turnover [2].

The aspects mentioned above were outlined in several studies that focused on the quality of neurology training programs in this centennial epidemiological situation. The Resident and Research Fellow Section of the European Academy of Neurology gathered important data from the members regarding satisfaction of the training programs and difficulties encountered during this process in the current situation. It was noted that 53% of the respondents who had classes/educational activities were deprived of participating due to temporary suspension. Time spent with the patient or supervision of their work suffered a vital reduction. 79% of the responders claimed this pandemic would impact their training and career [3].

Regarding research activities during their residency program, 56% of them were altered due to pandemics. In the Ph.D. students/research fellows' group, there was a 62% temporary suspension of research projects, 20% had to suspend or postpone their planned fellowship, and 17% of them stopped their fellowship. In addition, 56% of the residents were summoned to work in COVID-19 units due to the epidemiological situation, and 58% stated they were not ready to manage critical patients [4].

It is mandatory to acknowledge that the COVID-19 pandemic has had significant implications for neurologists in training, with the not-so-clear long-term impact. Given the current situation, teaching units with residents must ensure that their educational needs are satisfied in the best possible manner. Furthermore, as this epidemiological context persists, it is essential to optimize the training process by permanently collaborating and communicating with the residents, responding to their needs to avoid sacrificing the careers of the new generation of young neurologists [5].

References

1. Asteggiano F, Divenuto I, Ajello D, et al. Stroke management during the COVID-19 outbreak: Challenges and results of a hub-center in Lombardy, Italy. *Neuroradiology*. 2021;63:1087-91.
2. Bombaci A, Ercoli T, Cuffaro L, et al. Impact of COVID-19 pandemic on neurology training program in Italy. *J Neurol Sci*. 2021;429.
3. Cuffaro L, Carvalho V, Di Liberto G, et al. Neurology training and research in the Covid-19 pandemic: A survey of the Resident and Research Fellow Section of the European Academy of Neurology. *Eur J Neurol*. 2021;28(10):3437-42.

*Correspondence to: Scott Lerner. Department of Neurology, Tufts University School of Medicine, Boston, United States, E-mail: scott.lerner@lahey.org

Received: 29-Mar-2023, Manuscript No. AANN-23-94172; Editor assigned: 31-Mar-2023, Pre QC No. AANN-23-94172(PQ); Reviewed: 14-Apr-2023, QC No. AANN-23-94172;

Revised: 19-Apr-2023, Manuscript No. AANN-23-94172(R); Published: 26-Apr-2023, DOI: 10.35841/aann-8.2.139

4. Matías-Guiu J, Porta-Etessam J, Lopez-Valdes E, et al. Management of neurological care during the COVID-19 pandemic. *Neurología*. 2020;35(4):233-7.
5. Rubin MA, Bonnie RJ, Epstein L, et al. AAN position statement: The COVID-19 pandemic and the ethical duties of the neurologist. *Neurology*. 2020;95(4):167-72.