Supporting front-line postgraduate medical trainees during the COVID-19 pandemic: a checklist for organisations

The COVID-19 pandemic has resulted in serious health and financial crises across the globe. It is estimated that approximately 90% of the world’s student population has been affected by this pandemic, including postgraduate trainees. The Association of American Medical College and Liaison Committee on Medical Education released a joint statement in March 2020 and recommended immediate suspension of medical students participation in direct patient contact. But the situation is entirely different for postgraduate medical trainees. Their position is unique: despite being licensed physicians, they are still in various phases of training in their specialties and not yet labelled as trained specialists.

The pandemic has resulted in a reduction in their training opportunities, that is, inpatient admissions, procedures and surgeries, mainly through diversion of medical resources and reduced numbers of patient seeking care. In addition, to manage the pandemic with an ‘all hands on deck’ approach, training bodies across the world have developed guidelines for redeployment of postgraduate trainees beyond their primary specialties. Loss of training in their primary fields and deployment in unrelated areas of need has thus resulted in a double impact on the education and training of these young physicians.

The trainee physicians are exposed to a number of physical and mental impacts of this pandemic. Measures that can alleviate this stress on trainee physicians are urgently needed. We share here a number of methods that can be applied in various training programmes and institutions to support the vulnerable community of physicians in training. A checklist consisting of guidelines and potential challenges has been developed for the institutions and organisations and given in Table 1.

1. Provision and mandatory use of PPE
   One of the most important protective measures against healthcare worker infection is the use of recommended PPE (Personal Protective Equipment). It is imperative that the government and training institutions take every possible measure and explore every possible avenue to obtain PPE and equip their front-line workers including trainees with PPE. The Department of Infection Prevention and Hospital Epidemiology at our university has constantly reviewed and revised PPE guidelines based on evolving evidence. It is also important to ensure that trainee physicians are compliant with institutional guidelines including fit testing of the respirator masks. In our experience, this aspect has required active supervisor level surveillance, intervention and reinforcement by institutional leadership.

2. Essential clinical services and rotation modification
   Management of resources during a pandemic is like preparing for a marathon and not a sprint. Modification of rotation times with the intent of limiting exposure periods and providing recuperation time is one strategy to maintain trainee workforce resilience. We divided the trainee physicians of each programme into two teams with a weekly on/off rota. Each team was further subdivided to provide essential services without compromising the quality of patient care. This resulted in minimal exposure of trainees with an opportunity to recover in case of inadvertent exposure. Such protocols have also been implemented successfully at other institutions.

3. Continuation of regular academic sessions
   At our institution, all programme directors and faculty were uniformly encouraged to conduct regular academic sessions using online resources. It was interesting to note that the postgraduate trainees and the faculty universally reported enthusiastic participation and attendance during these academic sessions. In a very short duration, we were able to establish all the academic sessions online using zoom and Microsoft Teams as online resources.

   4. Wellness services—workshops and individualised support
   Against the background of physician vulnerability to burn-out and psychiatric illness, the threat to physician’s psychological safety in the present pandemic is so great that it must be actively mitigated. Our mitigation strategies were multipronged: A Cognitive–Behavioural Therapy approach based workshop for groups, the provision of individualised wellness services to trainees using tele-health approaches, and finally a special hotline number for trainees to call and seek help as and when needed. Together these resources provided mental health support to many postgraduate trainees in this difficult time.

   5. Housing, meals and transportation
   The university and the institution provided extended support to trainees to maintain social distancing at work and place of living. Trainees requiring quarantine or isolation were offered dedicated university accommodation in order to reduce the risk of transmission to trainees’ families and colleagues. They were also provided with food and transportation facilities in the time of lockdown.

   6. Transparent and frequent communication
   Despite provision of the above resources, the most important component of overall management was transparent and frequent communication with the trainees. This was done through frequent emails, townhalls and grand rounds. Trainee contributions as frontline workers

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### Table 1: Checklist and challenges for organisations

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Potential challenges</th>
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<tbody>
<tr>
<td>1. Provision of PPEs</td>
<td>1. Availability and quality</td>
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<td>2. Changing guidelines</td>
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<td>2. Mandated use of PPEs</td>
<td>1. Fit testing</td>
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<td>2. Issues with facial hair</td>
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<td>3. Need for special masks</td>
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<td>4. Ensuring compliance</td>
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<td>3. Continuation of essential clinical services</td>
<td>1. Maintain quality and patient safety</td>
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<td>2. Protection of the front-line workforce</td>
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<td>3. Maintaining a reserve for potential exposure and isolation</td>
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<td>4. Continuation of online academic sessions</td>
<td>1. Lack of specialty specific clinical experience and competences</td>
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<td></td>
<td>2. Issues with assessment, promotion and graduation</td>
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<td>5. Ensure physical and mental wellness</td>
<td>1. Increasing demand on employee health resources</td>
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<td></td>
<td>2. Maintaining high spirits and avoid despair</td>
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<td>6. Ensure logistic support including adequate housing</td>
<td>1. Maintaining social distancing at work and on-calls</td>
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<td>2. Need for ‘individualised’ spaces</td>
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PPE = Personal Protective Equipment
were openly acknowledged and appreciated at various forums.

We propose a number of strategies and interventions to support the postgraduate trainees in this difficult situation. Some of these steps are dependent on financial resources, but many of these recommendations rest on adopting an empathetic approach towards each other and especially our front line—the postgraduate trainees.

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Correction notice This article has been corrected since it first published. The provenance and peer review statement has been included.

Contributors Concept, design, initial draft: MRK. Revision, analysis and intellectual input: AHH.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

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To cite Khan MR, Samad Z, Haider AH. Postgrad Med J Epub ahead of print: [please include Day Month Year]. doi:10.1136/postgradmedj-2020-139441

Accepted 12 December 2020
Postgrad Med J 2021;0:1–2. doi:10.1136/postgradmedj-2020-139441

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