New Physicians, New Challenges: The Impact of Accelerated Graduation and Deployment Due to COVID-19

To the Editor: We would first like to applaud Flotte and colleagues at the University of Massachusetts Medical School for ensuring that their final-year students were given the opportunity to respond to the increasing need in the health care system during these challenging times. We also commend these students for their willingness to join the workforce amidst rising fears and concerns of the COVID-19 pandemic, which shows they are ready for their lifelong call as frontline staff. The same opportunity was offered to final-year U.K. medical students through the interim Foundation Year (IFY) programme before they formally started Foundation Year 1 (FY1), comparable to an internship, in August 2020. However, the accelerated graduation and deployment of the new physician cohort into the workforce has had negative consequences.

The confidence of prospective FY1 physicians has been rattled by the transition to the online delivery of lectures, as well as the cancellation of final exams, practical exams, and student electives brought on by the pandemic. In a survey carried out by 33 U.K. medical schools, respondents showed that 38.4% had their final objective structured clinical examinations canceled, while 77.3% had electives canceled. The majority of respondents were less comfortable going into their training due to the unexpected curricular changes since the COVID-19 pandemic.

In response to their low confidence in joining the workforce during such a demanding period, new physicians are going to require much more support than usual—including thorough psychological support. However, new physicians may not receive this help should the COVID-19 pandemic reach its highest peak and consequently overwhelm the workforce. In such a case, they may find themselves performing procedures and providing care without supervision, which may unfortunately have bad repercussions. New physicians will not quite acquire the same skills they would have in the absence of social distancing rules on wards, as well as virtual clinics and classes, therefore resulting in a difficult transition to the workforce.

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References

In Reply to Ramotshwana et al:
We acknowledge the unfortunate consequences that U.K. medical students experienced due to COVID-19 pandemic–related early graduations. We believe that the structural differences in the U.S. medical education system may account for the contrasting U.K. experience.

At the University of Massachusetts Medical School, fourth-year medical students rarely complete required clinical experiences in the 2 months before graduation. Most use this time for nonclinical requirements, electives that augment clinical exposure, or personal needs before beginning residency training. Our students front-load their fourth-year required clinical experiences from the prior May through October, completing a few final rotations January through March. Consequently, nearly all of our fourth-year medical students had completed traditional requirements at the time of their early graduation and seemed prepared to join frontline workers as limited-licensed physicians called surge contractors.

To address concerns of early graduates having low confidence in entering the workforce, such as those expressed by Ramotshwana and colleagues, we solicited structured feedback after the 90-day term ended. The majority of both surge contractors and supervising physicians indicated surge contractors had the appropriate level of supervision, emotional support, and preparation to deal with the challenges of COVID-19 patients. Overall, both supervising physicians and early-graduate surge contractors found their experience positive, and the surge contractors practiced skills, particularly end-of-life discussions, that they will carry into future patient encounters.

This experience highlighted the dedication, compassion, and commitment of the medical students in the class of 2020. The early graduates demonstrated readiness and a willingness to serve, with appropriate assignment and supervision, at a time when their contributions were both impactful and appreciated. Although we hope that this decision does not need to be made in the future, we are confident that our curriculum and training structure will prepare our student doctors well should the need for an early graduation arise again.

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Resident Mental Health at the Epicenter of the COVID-19 Pandemic

To the Editor: The COVID-19 pandemic has taken a significant toll on the mental health of health care workers at the front lines.1,2 We examined the prevalence and predictors of contemplating suicide or self-harm among residents at the epicenter of the COVID-19 pandemic.

We conducted an anonymous survey of internal medicine residents at a safety net hospital in New York City from April 10 to 15, 2020, to assess resident working conditions, health status, and personal stressors. Our outcome was thoughts of suicide or self-harm, as measured by responses to the question “Have you contemplated suicide or self-harm since the start of the COVID-19 pandemic?” We used Fisher’s exact test and the Mann–Whitney U test to evaluate differences in characteristics of those who did and did not report contemplating suicide or self-harm.

The majority of the 54 residents invited to participate in our survey were men (72%) and international medical graduates (79%). The 39 respondents (72% response rate) reported caring for a median of 20 patients daily (interquartile range [IQR] 10 to 25) and working 25 (IQR 20 to 27) of the last 30 days and 80 hours (IQR 70 to 90) per week. Eighteen (46%) reported symptoms they attributed to COVID-19 in the last 60 days, and 9 (23%) reported underlying medical conditions. Residents had high levels of student debt (median $170,000, IQR 0 to $425,000), and 15 (39%) had children or dependents (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/B30).

Nine (23%) residents reported contemplating suicide or self-harm since the start of the COVID-19 pandemic. There were no statistically significant differences in working conditions, health status, or personal stressors between residents who did and did not report contemplating suicide or self-harm.

Residents with thoughts of suicide or self-harm had more student debt than those without such thoughts (median $400,000 vs $50,000, P = .12), but this difference did not reach statistical significance (Supplemental Digital Appendix 2 at http://links.lww.com/ACADMED/B30).

In summary, we found that more than 1 in 5 resident physicians at a safety net hospital in New York City reported contemplating suicide or self-harm during the COVID-19 pandemic. Residents had substantial work and life stressors, including a high patient census and hours worked per week, personal illness and preexisting medical conditions, children/dependents, and student debt. Our results are limited as this was a single-center study with a small sample size, reflecting the particular context of this urban, community-based residency program.

Residency represents a vulnerable window for mental health in the physician life cycle, and suicide accounts for a significant proportion of resident deaths.3 Our data suggest that policies must be implemented to protect trainee safety in unprecedented working conditions related to COVID-19, before there are devastating consequences for resident well-being.

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Support for Early-Career Female Physician–Scientists as Part of the COVID-19 Recovery Plan

To the Editor: Early-career (EC) female physician–scientists are an endangered group within the physician workforce. Caregiving responsibilities contribute to gender disparities for this group,1 and the sudden loss of caregiving support during the COVID-19 pandemic is an exacerbating stressor. To retain EC female physician–scientists in academic medicine during this unprecedented time, immediate action is required by professional organizations, academic institutions, and funding agencies.

The pandemic has disproportionately impacted female scientists, with the greatest decline in time spent on research observed among female scientists with young children.2 With less time to devote to research, findings that female scientists with children have been less productive are not surprising.3 Furthermore, productivity of Black female scientists, with and without children, was particularly affected during...