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.

Funding/Support: None reported.

Other disclosures: S.L. Tummalapalli receives consulting fees from Bayer AG outside of this work.

Ethical approval: This survey was done for internal quality improvement purposes, so institutional review board approval was not obtained.

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.3,4 Furthermore, productivity of Black female scientists, with and without children, was particularly affected during...
COVID-19. This is concerning since EC Black, Indigenous, and People of Color (BIPOC) female physician–scientists were already navigating systemic racism in academia, and are now challenged with the disproportionate impact of COVID-19 on their communities amid police violence and racial uprisings.

Before the pandemic, scientific workgroups identified solutions to improve female physician–scientist recruitment and retention for professional organizations, academic institutions, and funding agencies that are particularly relevant during this crisis. As organizations convert conferences to virtual formats, enhancing mentorship opportunities and scientific collaboration through innovative programming is critical given the dearth of female physician–scientists, and the instrumental role of mentorship for this group. Academic institutions should prioritize childcare for those with young dependents who are at risk for research disruptions and should increase access to financial support for research and administrative assistance. Since female BIPOC physicians are more likely to care for vulnerable populations, funding agencies must consider mechanisms to support projects partnered with under-resourced communities disproportionally impacted by COVID-19. At a minimum, funding agencies should automatically stop all “clocks,” such as early investigator status, until the pandemic resolves.

Professional organizations, institutions, and funding bodies must expand policies responsive to factors threatening productivity during COVID-19 so that the already endangered EC female physician–scientist does not become extinct.

Funding/Support: A.M. Yule, R. Ijadi-Maghsoodi, K.S. Bagot, and E. Bath are supported by research grant K12DA000357 from the National Institute on Drug Abuse.

Other disclosures: A.M. Yule is also supported by research grant U1GDA050252-01/4U1HD050252-04 from the National Institute on Drug Abuse, and is a consultant to the Gavis Foundation and Bay Cove Human Services (clinical). E. Bath also receives funding from the Los Angeles County Department of Probation, the California Community Foundation, and the University of California, Los Angeles (UCLA) Pritzker Center for Strengthening Children and Families. R. Ijadi-Maghsoodi also receives funding from the UCLA Pritzker Center for Strengthening Children and Families and the Greater Los Angeles VA UCLA Center of Excellence for Veteran Resilience and Recovery.

Ethical approval: Reported as not applicable.

Disclaimers: The content and views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the United States Department of Veterans Affairs, the National Institutes of Health, or the United States Government.

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First published online December 10, 2020

References

6 Hall AK, Mills SL, Lund PK; Clinician-investigator training and the need to pilot new approaches to recruiting and retaining this workforce. Acad Med. 2017;92:1382–1389.

“Sheroes”: Celebrating Women in Medicine Month During the Time of COVID-19

To the Editor: The American Medical Association’s September Women in Medicine Month is a national effort showcasing the accomplishments of women physicians, scientists, educators, and leaders in medicine, working to advance gender equity in health care.¹² The COVID-19 pandemic has exposed the added burdens for women in academic medicine leading on the frontlines.³ Although the pandemic has prohibited physical gatherings, it has offered an opportunity to redefine how we build community. Our approach was to thoughtfully engage our institution’s department of medicine in recognizing female colleagues’ contributions.

Our Program for Women in Internal Medicine (PWIM) at Duke University led a celebration of “Sheroes.” We defined Sheroes as women faculty and trainees who exemplified excellence in clinical work, leadership, research, community dedication, personal balance, and more. We solicited nominations through a weekly departmental newsletter, direct emails to program directors and division chiefs, and social media posts. We collected nominations via electronic survey—anyone could nominate any female faculty member or trainee in our department.

The response was inspirational: We received 177 Sheroes submissions, nominating 136 unique individuals out of 481 total women faculty and trainees across the department. We featured every nominee on the departmental website with their commendations. Twenty-five of these women, including 10 from underrepresented racial and ethnic groups, were highlighted on the department’s Twitter account, and they also reflected diversity of academic rank and specialty.

The Sheroes campaign was a bright moment for many during a difficult year. Nominations included such compliments as “She goes above and beyond for everyone she interacts with including patients, their families, her colleagues, and her mentees,” and “She is a role model for all of us to look up to.” Example reactions from nominated women included, “I am as strong as the females that surround me,” and “I know what all our team has done since March. But it