

## COVID-19 PANDEMIC

# RESIDENCY AND FELLOWSHIP TRAINING DURING THE LEBANESE FINANCIAL CRISIS AND THE COVID-19 PANDEMIC: NAVIGATING UNPRECEDENTED CHALLENGES

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### INTRODUCTION

Lebanon has been witnessing extraordinary challenges that commenced at the end of the summer of 2019. The country had been going through a major financial crisis that further worsened with a nationwide uprising that started in October of that year. As anticipated, the fear of unforeseen protests and road disruptions, along with a sharp decline in the purchasing power of the Lebanese population, severely affected the approach and access of patients to medical care. This subsequently led to a sharp decline in the number of outpatient visits and inpatient admissions at almost all medical centers. Lebanon was not aware that an even more ferocious challenge awaited its healthcare sector.

The coronavirus disease 2019 (COVID-19) pandemic emerged and its burden on Lebanon was heavily felt only few months into its progressively worsening financial crisis. The combined effect of the local economic situation and worldwide COVID-19 pandemic had an unprecedented impact on the Lebanese population in general and the healthcare sector in particular. As such, the personal and professional lives of residents, fellows, and their families across the country were significantly impacted.

Graduate medical education in most countries, including Lebanon, was severely disrupted by the COVID-19 pandemic. The hands-on experience required during residency and fellowship training is highly dependent on the training site's patient load. During the pandemic, the number of outpatient visits dropped significantly, and the surgical volume at hospitals was restricted to emergencies. As such, the hands-on aspect of training was profoundly affected for specialties that are not heavily involved with the preparedness and management of

COVID-19 patients. Additionally, the traditional educational activities, including didactic lectures, case discussions, morbidity and mortality conferences, and grand rounds, were suspended in many institutions in order to adhere to physical distancing practices. Thus, almost all aspects of graduate medical education were negatively impacted by the COVID-19 pandemic in the setting of a major ongoing financial crisis the country had been struggling with for months before the burden of the pandemic was fully appreciated.

### PROFESSIONAL SOCIETIES

Professional societies around the world have issued valuable guidance in response to the COVID-19 pandemic. First and foremost, their recommendations focused on the safety of trainees and on coping with potential absences due to illness or the need for quarantine. Secondly, their guidelines strived to safeguard the quality of training in the context of the pandemic and the restrictions it has posed. Thirdly, they worked on modifying the certification process for the graduating trainees under these extremely unusual circumstances. Finally, some professional societies have called upon various training programs to modify the application process for the upcoming academic year. Lebanese institutions have relied on local guidance as well as that of the major professional societies of the United States and Europe.

### SAFETY OF TRAINEES

To ensure the safety of their trainees, many institutions, often guided by directives from local health authorities as well international professional societies, have made major modifications to their clinical rotations. The American College of Obstetricians and Gynecologists (ACOG) have urged program directors to restructure resident, fellow, and medical personnel clinical schedules to limit exposure and preserve the workforce.[1] Many programs have transitioned to a call schedule with a lean team

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structure that features staffing with the fewest residents/fellows that are needed to provide adequate and safe patient care. In Lebanon, many academic medical centers have pursued a similar approach with minimizing the number of residents who are physically present on the premises, particularly with the cessation of all elective surgical procedures, in compliance with the directives of the Lebanese Ministry of Public Health and the Centers for Disease Control and Prevention (CDC).[2] It is noteworthy that many professional societies have stressed on the importance of protecting residents, fellows, and medical personnel with unique circumstances, such as those with significant health concerns or comorbidities that put them at risk as well as residents and fellows who live with children, spouses, or significant others that are immunocompromised.[1]

In one institution, the residents were divided into teams with alternating weeks in order to mitigate risks of exposure and to have a team on standby in case of unexpected exposure. Residents contacted their respective infectious control units before switching site and often needed to complete a 2-week quarantine. This is particularly important as several residents from the different schools rotate at the main referral center for COVID-19 in the nation. Some institutions have implemented protocols to test for pregnant patients at term in order to reduce the risk of exposure to the residents and other healthcare staff, often utilizing an internationally published algorithm.

All residents were instructed to use appropriate personal protective equipment (PPE), with N95 respirator masks whenever a patient is potentially – or confirmed – COVID-19 positive. Residents, like all other medical staff, were trained on the proper use of the PPE. In one center, the laboring patient, if not tested, is encouraged to wear a mask herself. Residents allowed to enter to a patient room were restricted to one resident. When a pregnant patient admitted for delivery is possibly COVID-19 positive, then the laboring process and delivery will take place in a negative pressure operating room.

#### COMPETENCE

Committed to their growth and support, professional societies worldwide have worked tirelessly on developing learning materials and resources for residents and fellows that are electronically disseminated and easy to obtain.

The American College of Obstetricians and Gynecologists (ACOG) has urged program directors to continue resident and fellow education through virtual learning whenever possible, and to attempt to create structured didactic remote learning to supplement clinical exposure during this time.[1]

The Council on Resident Education in Obstetrics and Gynecology (CREOG) of the American College of Obstetricians and Gynecologists (ACOG) has been active in sharing online material developed by certain residency programs with all the programs that fall under its umbrella.

These educational series, at times surgical videos and demonstrations, feature some of the most renowned educators to help foster remote learning among residents despite the disruption of their didactic lecture series. Other institutions have resorted to intensive simulation training as an alternate method of compensation. Finally, there has been a suggestion for limiting away rotations in the upcoming academic year to those applicants who have not been able to acquire this specific experience locally.[3]

In an effort to compensate for the loss in direct patient care, ACOG has also encouraged program directors to develop telehealth programs that involve residents and fellows.[1] This was, in fact, pursued at a number of Lebanese hospitals. Moreover, and also in an attempt to ensure competence of graduating residents, some institutions have elected to extend the academic year. For instance, the Executive Committee of a leading academic center has decided to extend the academic year by two months to be able to compensate for the lost training period. At another institution, residents with a cumulative absence above the maximum allotted per year – including both vacation and sick leave as well as days lost secondary to the uprising or corona – will have to make up these days prior to graduation. In addition, these residents were given the option to pursue an additional year of training without impacting the training of the more junior residents.

#### CERTIFICATION AND RECRUITMENT

Another issue that specifically pertains to graduating residents and fellows in the midst of the COVID-19 pandemic is the impact on their future endeavors,

Their absences due to COVID-19 illness or the need for quarantine have imposed the extension of their training in some instances. The lockdown in various countries and the focus on combating COVID-19 has affected the recruitment process of trainees after graduation. This was coupled with the challenge of an escalating economic crisis. Additionally, restricted travel and closed borders continue to threaten the future of graduates of Lebanese programs who have elected to pursue further training outside Lebanon in various countries across Europe and the United States. While virtual interviews were offered by some outside institutions, this was not a universal experience. Moreover, graduating trainees who

have sought international certification had to deal with cancelled examinations and difficulty traveling to examinations centers outside the country.

#### CONCLUSION

In the wake of the unprecedented cascade of events that Lebanon has struggled with in recent months, the health-care sector was significantly impacted. The academic medical centers, with their residents and fellows, were not immune and the training of these young physicians was indeed jeopardized. Training programs were guided

locally and internationally, and different measures were taken to ensure the safety of their trainees, to optimize their learning experience, and to safeguard their future as competent post medical graduates.

#### REFERENCES

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