Editorial

COVID-19 pandemic and medical resident education

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The new SARS-CoV-2 coronavirus pandemic is spreading throughout the world due to continuous human-to-human transmission, constituting a worrying public health problem [1]. Among the health personnel are medical residents, fighting the COVID-19 pandemic. Currently, most of the hospitals that host these doctors-in-training are care centers for patients infected with COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4]. Added to this is the suspension of non-urgent surgical interventions or services such as consultations, as a result of the need to create new spaces in hospitals for the care of patients affected by COVID-19. Due to the need to expand resources, residents are frequently used in the front line, causing a deficit in clinical, surgical and academic activities [2-4].

Now, despite the limitations, academic training is partially maintained thanks to the use of technology with the internet applying social networks. Educational platforms with video content with specialized procedures and surgery tutorials [4], in addition to web conference platforms or webinars used to provide teaching seminars and interact with the tutor or speaker, achieving a global dissemination of knowledge with update topics related to COVID-19 and specialties [3, 5]. However, these systems cannot replace the learning of skills that is only possible in operating rooms or performing procedures [3, 5, 6]. Therefore, it is important to try to maintain a training strategy at this time, extracting for the future the benefits that online teaching can bring. The basic points should be:
- Patient safety.
- Safety of resident doctors.
- Continuous provision of the necessary care according to specialty.
- Sustainability of the residency program.
- Flexibility to make changes to the program according to the country's public health circumstances.
- Organization, integration and collaboration between training institutions and interested parties.

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It should not be forgotten that the professionals who are trained today are the doctors who will sustain the health system in the future. Providing correct training is crucial to ensure the sustainability of the healthcare system in the future.

1. REFERENCES


