
Training in the Shadow of the COVID-19 Pandemic

By Azin Ahrari, MD, FRCPC; and Peter van Stolk, MD, FRCPC

Drs. Azin Ahrari and Peter van Stolk were rheumatology trainees at the University of British Columbia in 2020 and discuss here their experience during the pandemic.

After completing internal medicine residency, we have two years to prepare for a career in rheumatology. We are advised to interact with as many patients as we can, feel 1,000 joints or more, and foster mentorships upon which our expertise is built. This past year has forced programs and trainees to adapt to a new physically-distanced, virtually-connected world.

As doctors in training, schedules and expectations are generally laid out for us on a color-coded sheet. However, in March 2020, our schedules were changed in a matter of days. We were removed from clinics and asked to cover in-patient services where there was an anticipated need. By July 2020, we were able to return to regularly scheduled rotations, but we returned to clinics that were mostly virtual. This reduced our ability to practice critical skills of physical examination and joint injections. However, we honed our skills of performing telehealth assessments including physical examination at a distance. We learned to establish rapport with our patients on the phone or through video. We mastered the art of knowing when our patients needed to be seen in person. These were skills that we never set out to learn at the beginning of our rheumatology careers, but will prove to be useful in this new age of medicine.

Aside from impacting rheumatology training, the pandemic has led to cancellation or re-imagining of many domestic and international meetings. Networking and mentorship have been fostered over phone calls and Zoom meetings. We took for granted the opportunity to start a conversation with a stranger while standing in line for a coffee, a random interaction that may lead to a collaboration, mentorship or friendship. As rheumatology trainees, these meetings served a pivotal role in inspiring us, helping us grow, and connecting us with others in the field.

Rheumatology residency is also a time for travelling electives, which have been drastically limited. Exposure to rheumatology in another jurisdiction not only enriches our knowledge, but perhaps provides a chance at discovering a program or city that is right for us.



We must express gratitude for our teachers who strived to meet our needs in creative ways. Whether it be online objective structured clinical examinations (OSCEs) or lecture series, we have maintained connections with our colleagues despite physical distancing. Most patients have learned to trust us despite our limited ability to physically be by their side. We appreciate frontline workers in the community and in the hospital more than ever. Oddly enough, we relish the memories of flight delays, taxis and hotels, because it meant we were on our way to share knowledge and a few laughs with good friends. Our training may have been different, but perhaps we are better equipped to serve our patients with rheumatic diseases in a post-pandemic and virtually-oriented medical landscape. We are ready for new challenges in our early post-training careers, and look forward to navigating these with the adaptability and skills we have honed this past year!

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