Training in the Time of COVID-19

By Gabriel Jeyasingham, MD, FRCPC

The coronavirus 2019 (COVID-19) pandemic was isolating and full of unknowns. As internal medicine residents, my colleagues and I had the unique experience of being thrust into wildfire to manage so-called "COVID-19 wards" in early 2020, before sufficient availability of vaccines. I then found myself in a rheumatology training program at Western University in London, Ontario, from 2020-2022. The training experience is still fresh in my mind.

The pandemic's social impacts are easy to appreciate. I recall an awkward gathering for a graduating resident where all of us mask-ridden residents and faculty posed for a photograph six feet apart. Evening learning events, commonplace in previous years, were shuttered. Having spent most days holed up in clinic or my apartment, I left the city of London mostly unexplored upon graduation.

Some experiences remained intact, through a virtual scope. Academic half days, conferences, and even our inpatient rheumatology consultation service — all virtual. Most appointments in the clinic were conducted over the phone at the start of my rheumatology training. On select occasions, the hospital allowed patients to come to the clinic for severe flares of their disease or if they requested corticosteroid injections. In a specialty where the physical examination is of paramount importance, I had initial concerns about underexposure. Rheumatology training programs across the country had also recently adopted a competency-based medical education (CBME) framework, in which regular direct observation of residents was mandatory. It was difficult to meet this requirement with virtual care at the forefront.

These concerns later resolved as clinics slowly re-opened, but another issue soon became apparent. Patients flooded our schedules, and our workforce dropped off as variants of COVID-19 emerged. Colleagues sick with COVID-19 had to self-isolate, and rotating residents from other specialties were redeployed from our clinics back to the inpatient wards. We were short-staffed. My program preserved my training experience by protecting rheumatology residents from redeployment, but those of us who remained in outpatient clinics faced significant challenges managing patient volumes. After a long rheumatology residency, I took several months' time off to relax before starting my independent practice.

There were some unexpected benefits to the pandemic. Residency during this time was a chance to forge kinship with colleagues and mentors; we were united against a common enemy (or rather, pathogen). This strong collegial network has supported me early in my career as a rheumatologist. Virtual care continues to have its uses, providing needed flexibility in the daily operations of clinical practice. A deep appreciation of the tribulations of residency, forged from first-hand experience, will ground my role as an educator for medical students and residents moving forward.

Despite the pandemic's chaos, I finished residency with sufficient confidence in my clinical acumen and an awareness of gaps in skills or knowledge that could be filled over time. I cannot address all the ways the pandemic influenced my trajectory as a rheumatologist; some of it might still remain in my subconscious. It was, quite simply, a once-in-a-lifetime experience.

Gabriel Jeyasingham, MD, FRCPC
Rheumatologist,
Waterloo Rheumatology,
Waterloo, Ontario