To the Editor We were pleased to read the recent article by Chebib et al. The effects of COVID-19 on resident physician training are not yet fully understood and present a wide range of effects, from issues in educational objectives to mental distress. There is some evidence pointing out that younger and less experienced health professionals, such as resident physicians, are more prone to suffer mental distress when facing unforeseen situations, such as the COVID-19 pandemic.

Some studies have shown high rates of depression, anxiety, and sleep disturbances in health care professionals and the general population owing to the pandemic, but it is important to keep in mind that those responses may be expected reactions to external stressors, more than a disease state, especially when those data were obtained early in the pandemic course. However, beyond this discussion, the changes in routines for handling the pandemic—such as reallocation of residents and attendings to COVID-19 units, cancellation of elective surgeries, constant use of protective personal equipment, and the acquisition of new learning curve for treating those patients—are stressors that may lead to harmful behaviors as coping strategies. These include increased consumption of alcohol and drugs. In fact, being a resident seems to be a risk factor for substance misuse, as well as having a heavy workload. Both substance misuse and mental distress in health care workers are associated with suboptimal patient care.

The increase in workload during the pandemic reported by Chebib et al also should be an alarming sign of a poor experience for resident physicians in terms of learning. This rise probably was not owing to their usual otolaryngology–head and neck surgery activities, and recent evidence has shown that increased workload is associated with impaired learning in resident physicians, independent of the training area.

This evidence should foster discussions about improving supervision for redeployed residents, extending temporarily the duration of residency training programs (considering that some hands-on activities and training objectives could not be reached during the pandemic) and providing psychological/psychiatric support for health care workers, mainly for resident physicians. The supervisors, but also colleagues, should be aware of subtle warning signs of mental distress, such as avoidance behavior, “forgetting” about discussions of ses, missing meetings recurrently, and alcohol or other substance abuse.

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