






CHALLENGES OF MEDICAL RESIDENCY IN GERIATRICS IN BRAZIL DURING THE COVID-19 PANDEMIC

Os desafios das residências médicas em geriatria no Brasil durante a pandemia de COVID-19

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On July 8, 2020, the *Sociedade Brasileira de Geriatria e Gerontologia* (Brazilian Society of Geriatrics and Gerontology – SBGG) held a virtual discussion with the title (in Portuguese): *Residências médicas em geriatria na pandemia – os desafios da residência em tempos de COVID-19* [“Medical Residency in Geriatrics during the pandemic – challenges of residency in COVID-19 times”]. Five supervisors and preceptors who work in Brazilian geriatric services were gathered to discuss the theme, with a live broadcast by an online platform that reached a large audience. Next, the authors describe the issues raised during the session, and the solutions proposed to reduce the aggravating circumstances in the education of residents in geriatrics during the coronavirus (COVID-19) pandemic.

In December 2019, the first SARS-CoV-2 infection cases, known as COVID-19, were reported in Wuhan, China, and spread throughout the world.¹ On July 29, 2020, the number of notifications accounted for more than 16.7 million cases and around 660 thousand deaths worldwide.² These indicators prove the occurrence of a pandemic, with repercussions beyond the healthcare area. The pandemic promoted the mobilization of resident physicians throughout Brazil and exerted a substantial impact on medical education.

On March 19, 2020, the *Comissão Nacional de Residência Médica* [National Commission of Medical Residency – CNRM] implemented recommendations regarding the development of activities of medical residency programs concerning the COVID-19 coping strategies. It is worth mentioning the relocation of residents to services dedicated to the care of people at risk or affected by the new coronavirus, which include special sectors of emergency and hospitalization.³ The following day, the state of public calamity was promulgated in Brazil due to the rapid spread of the infection in the national territory.⁴

Geriatrics is the medical specialty that comprises the clinical aspects of aging and the complex healthcare practices required to meet the the older adults’ demands anywhere. Geriatrics refers to health and illness processes in old age and involves physical, cognitive, functional, and social aspects, acute, chronic, rehabilitation, preventive, and palliative care for older adults. It proposes a holistic approach, with interdisciplinary performance in a multidisciplinary team, aiming at optimizing the functional capacity and improving the quality of life of older people based on respect for each one’s life and individuality.⁵

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The pandemic led to the closure of geriatric services and the relocation of residents to assist patients with COVID-19 in first-aid rooms and intensive care units, at a time when public and private healthcare services are overloaded. As a consequence, there was a reduction in medical services in all healthcare areas concerning geriatric services. Rotations in other subspecialties have been canceled. Social distancing, which has been widely propagated as a disease-control strategy by the media, was followed by another singular type of distance as for residency programs: the distance from the specific purposes of each specialty. Geriatric residents, who usually get involved in the training of cognitive and functional assessment skills early in the program, were deprived of this opportunity, which generated an understandable discontent.

When integrating the front line of assistance to patients with suspected COVID-19, residents in geriatrics had confirmed infection with the new coronavirus and had to be removed from their duties for undergoing treatment. The need for preceptors to pay attention to the residents' psychic conditions was emphasized, considering the strenuous work routine experienced during the pandemic. The situation faced in reality is different from that idealized when they opted for residency in geriatrics.

Regarding the obtainment of specific information on the specialty, a strategy observed to minimize the damage to the residents' education was the provision of theoretical content through applications for virtual classes, adopted by all the services that participated in the session.

The preceptors deemed it relevant to clarify that the time still available for residency may be sufficient for an adequate training, and pointed out that, however arduous the current context is, there are daily opportunities for the geriatric practice learning – such as the adoption of criteria for functional assessment according to the protocol of rational use of resources during the pandemic.⁶

For replacing the residency modules that were not completely covered due to the health crisis, it was suggested to prioritize those that are paramount for the education of geriatric specialists. Considering differences in the pandemic phases in the services where geriatrics residency is offered, to formulate a unified proposal is complex; however, the replacement must follow the skills described in the competency matrix of the geriatrics residency program and the local availability of resources.⁷ Another possibility consisted in extending the date of residency completion, a decision that depends on the Comissão Nacional de Residência Médica and seems less likely, considering that it involves the payment of additional residency grants in a scenario of scarce financial resources. Moreover, as a

solution in the face of the unpredictability of the end of the pandemic and considering that geriatricians are responsible for providing care to older adults at different levels of care, to stimulate the teaching-learning process in the context of patients affected by COVID-19 was emphasized, taking into account that older people consist in the population group most affected by the severe forms of the disease.

Preceptors understand that, despite the limitations imposed by the current context, care processes related to the assistance provided to older people affected by COVID-19 are very valuable to the specific learning of residents in geriatrics, considering that it requires the combination of knowledge of chronic diseases, comprehensive geriatric assessment, interpretation of organic functional reserve and resilience (physical and emotional), identification and management of multimorbidities exacerbated by acute injury (in this case, COVID-19), prevention and management of delirium, treatment of severe acute respiratory syndrome (SARS), application of empathic and effective communication techniques, knowledge of prognosis, creation of advance healthcare directives, and the definition and provision of palliative care.

In conclusion, both social distancing measures and the relocation of residents to care for patients with COVID-19 deviated the primary teaching methods from the residency programs in geriatrics. Nevertheless, preceptors present in the debate understand that:

- The technical learning of particularities of geriatrics is an integral part of the care provided to older people with COVID-19;
- Current efforts and subsequent initiatives for intensifying the medical training in practical care contexts, as well as the improvement of theoretical programs and skills workshops, will be sufficient strategies so that, at the end of the residency period, resident physicians complete their training with competencies, skills, and attitudes expected from the geriatric specialist;
- Furthermore, the direct and indirect involvement of resident physicians in this unique period will provide opportunities for learning and developing their affective and human skills, which are so relevant to healthcare professionals, especially those who care for older people.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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AUTHORS' CONTRIBUTION

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