



# ACTAS Dermo-Sifiliográficas

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## LETTER TO THE EDITOR

### El día después: el impacto de la pandemia COVID-19 en la residencia de Dermatología<sup>☆</sup>



### The day after: the impact of COVID-19 pandemic on dermatology residency

To the editor:

In December 2019, cases of atypical pneumonia emerged in the city Wuhan in China, revealing as the etiologic agent a new coronavirus strain (Sars-CoV-2). The disease was denominated as Covid-19, being declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. Since then, it has spread to several countries and continents, causing immeasurable impacts.<sup>1</sup>

In face of this, the healthcare systems needed to adapt to the new reality through the medical assistance reorganization, postponing and / or canceling elective outpatient visits and surgeries. Dermatology was quite affected with a huge demand reduction, which prioritized severe clinical conditions such as malignant skin neoplasms – basal cell carcinoma, melanoma and squamous cell carcinoma – and chronic diseases such as psoriasis, atopic dermatitis, pemphigus, among others.<sup>2,3</sup>

The patient influx decrement represented a deep impact on the practical learning activities for the most Dermatology residency programs. Thus, resident doctors and preceptors needed to adopt innovative teaching and learning strategies, such as the use of digital technologies, through videoconferencing platforms and instant communication applications.<sup>4,5</sup> However, online education is not able to address all residency needs, which presupposes the development of examination and diagnostic skills, clinical decision confidence and expertise in dermatologic surgery.

Furthermore, due to the intense patients flow to hospital services, there was a shortage of both health supplies and health professionals. Thus, in some countries residents doctors were recruited of specialties other than

internal medicine, such as Dermatology, to act in care of patients with Covid-19.<sup>2,6</sup> Hence, the current literature has demonstrated an intense worrying, understandable, with the provision of human resources to attend the massive health demand during Covid-19 pandemic. However, some of these studies approach this topic under a shallow and immediatist overview, such as Stoj et al.,<sup>7</sup> evoking deontological aspects to justify the idea of resident doctors as a “cheap labor”, who need to be always available to health managers and health services.

Nevertheless, it is important to emphasize that medical residency does not consist of an employment or “compulsory job”, instead it consists of the gold standard of medical training, being essential to understand and value resident doctors as qualified professionals in specialized training. Furthermore, it is necessary to recognize the personal aspirations, concerns, and fears of Dermatology resident doctors, as well as the intrinsic characteristics of this medical specialty training.

From this perspective, Adusumilli et al.<sup>8</sup> highlight the anxiety level among Dermatology resident doctors in the USA, regarding to the allocation to non-dermatological medical services – such as emergency units and Covid-19 units – as well as in relation to the quality of their training and employability after residency completion. This concern is relevant and legitimate, considering that the major objective of Dermatology residency must be the training of dermatologists, and not emergency or intensive care specialists.

Residency curriculum need to be preserved even during the pandemic,<sup>9</sup> otherwise the formation of future specialists may be severely impacted. In view of this atypical situation, residency programs and medical entities must think long term, establishing initiatives that rearrange the curriculum and assurance adequate training for dermatology resident doctors. Among the possible strategies we propose the reorganization of residency internship scales with or without the extension of programs, compensating the learning deficits during the pandemic.

These decisions are fundamental and need to be widely discussed among preceptors, directors and residents, whereas society and health systems will also demand for well-trained dermatologists in the day after post-pandemic.

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