Academic Psychiatry (2022) 46:677–678
https://doi.org/10.1007/s40596-022-01728-8

EDITORIAL

The COVID-19 Pandemic as Educational Stress Test: What Are the Results?

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Published online: 10 November 2022

In the December 2022 issue of *Academic Psychiatry*, we present a spontaneous collection of COVID papers that have been submitted in recent months. As the pandemic recedes (or at least while we are in a lull between waves), there is value in pausing to reflect on what we have learned: first, so that we are prepared should we have to cope with another pandemic in the future, and second, because the pandemic served as an "educational stress test" that can be used to expose areas of vulnerability and deficiency which might otherwise be neglected. In this editorial, I will focus on burnout, the need for mentoring and flexibility to support trainees and faculty, and educational preparation for future public health crises.

One of the themes of the papers in this issue is burnout, with evidence from around the globe. What can we learn from the stress test of the pandemic? Eissazade et al. [1] emphasize the need for greater mental health support for Iranian psychiatric trainees and early career psychiatrists. Trombello and colleagues [2] studied how psychology faculty within an academic psychiatry department were coping. They found that close to half showed evidence of burnout, and this finding was associated with fewer years on faculty (i.e., more junior status). Also, consistent with prior literature, control over workload was an important mitigating factor in preventing burnout.

In a study of trainee physicians in North-West England during the pandemic, Zhou et al. [3] found that many met burnout criteria on the Maslach Burnout Inventory – Health Services Survey's emotional exhaustion (52.3%), depersonalization (40.1%), and personal accomplishment (44.2%) components, and each of these was significantly associated with feeling "not confident in own abilities." McIoughlin et al. [4] surveyed a sample of psychiatry trainee physicians in Ireland and found that rates of burnout had almost doubled compared with a previous study they had conducted in 2018, and 48% screened positive for depression on the WHO-5 Well-being Index. This finding was significantly correlated with having experienced changes—generally decreased frequency—in regular supervision. We might imagine the findings of these two papers are closely connected—no one begins training confident in their abilities, and only regular supervision can provide the scaffolding to grow in confidence safely.

Closely related is the importance of mentoring, especially in times of stress. Schnipke [5] describes the ways that changes in residency experience during the pandemic complicate even further the always difficult choices of what to do after graduation. For example, how much of one's preferences have been skewed by the modifications of care in inpatient and outpatient settings? Schnipke also reminds us that "Residency training is not simply about gathering knowledge but about becoming part of a community" and thus wisely closes with a call for renewed attention to mentoring [5]. Tetzlaff and colleagues [6] provide this thoughtful attention with their analysis of the threats to mentoring and the need for adaptation that we have experienced during the pandemic. The usual boundaries of mentoring relationships may need to adjust as both mentor and mentee face new technological challenges and the unprecedented emotional burden.

Two papers [7, 8] call for greater openness to flexibility in training and professional life, by focusing on inequities that women in academic medicine face and how the pandemic magnified them. Mathur [7] notes that female physicians, along with their professional duties, spend more time on domestic chores and childcare than their male counterparts. She wrote, "The fine balancing act between these parts of our lives is extremely challenging in the best of times." When the pandemic resulted in schools closing and children being sent home, it became clear how little margin academic

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women physicians were operating on. (The strain of homeschooling and loss of childcare was also reported in Binder and colleagues' analysis of general medical school faculty narratives of COVID-19's impact [8].) Mathur [7] reports her own difficult decision to leave academia and leaves us wondering, how many others have we lost? She closes with a set of eminently reasonable proposals: childcare near work, flexible hours, and flexible career paths that allow for hiatuses away from academic jobs.

Striking similar notes, Madanes [9] points to the leaky pipeline from percentage of female medical students to percentage of female academic leaders. She argues that rigid training expectations and limited parental leaves have contributed to this disparity. She asks us to notice, in contrast, the remarkable degree of flexibility and innovation that the pandemic engendered in terms of physician scheduling and training requirements when physicians needed to be deployed according to need and when some services were shuttered. She makes a powerful point. She calls for us to accept the reality that residents' training experiences have never actually been equivalent, and we grew even more tolerant of this situation because public health demanded it. But maternal and child wellness are also matters of public health. Perhaps our approach to parental leaves and subsequent requirements to extend residency training should also embrace greater flexibility.

Finally, we consider the issue of readiness for future pandemics. DeJong and colleagues [10] demonstrate how previously unyielding barriers to telepsychiatry care and training in child psychiatry gave way during COVID-19, leaving us now with the task of ensuring the quality of this work. Suhas et al. [11] report on a project meant to ensure greater consistency of quality across multiple training programs and sites in India and on how its creation on a virtual platform turned out to be a great advantage when the pandemic struck.

I will end with directing your attention to the important commentary by Zemel [12] about Psychological First Aid (PFA). Zemel reviews the evidence for the effectiveness of triage mental health care and the resulting recommendations from the World Health Organization. For readers unfamiliar with such interventions, the paper may serve as a valuable introduction. Zemel argues that mental health assessment and triage during a crisis should be a core skill which all doctors possess and that medical schools should incorporate PFA into their required curricula. This call deserves consideration, as does the need to ensure familiarity with PFA in psychiatry residency graduates, so they are ready to function effectively in collaboration with such large-scale triage when the times demand it.

Declarations

Disclosures The author states that there is no conflict of interest.

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