



BRIEF COMMUNICATION

Impact of COVID-19 on Brazilian medical residencies in obstetrics and gynecology

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SYNOPSIS

According to program directors, the COVID-19 pandemic in Brazil has resulted in a lack of protection and salary payment for one third of OBGYN postgraduate residents, as well as a lack of adequate training.

Brazil has become the epicenter for COVID-19 cases worldwide, after the United States, with more than 500 000 cases and almost 30 000 deaths as of June 1, 2020.[1] This pandemic has resulted in the need to modify all hospitals to be adapted for receiving patients with severe cases of COVID-19. In many institutions, postgraduate residents have experienced an interruption of their ordinary activities. Brazil is a vast country, with many structural inequalities and a postgraduate medical residency program sponsored within the public health system.

In the present study, a survey was administered to help understand the current situation. Representing more than 15 000 obstetricians and gynecologists, the Brazilian Federation for Gynecologists and Obstetrics (FEBRASGO) sent an email to all accredited postgraduate medical residencies in obstetrics and gynecology (OBGYN) with questions

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directed to all program directors (PDs) of these services. In total, 152 responses were received (30.4% response rate).

Most respondents (68.4%) were from state capitals, especially the southeast region, and 63% of the hospitals were defined as facilities capable of receiving suspected COVID-19 patients. Thirty-four percent of the PDs reported that OBGYN postgraduate residents were relocated to activities not related to OBGYN—predominantly performing triage for suspected patients of COVID-19 or delivering care at COVID-19 infirmaries. Twenty percent of the institutions relocated their postgraduate residents to assist at ICUs for COVID-19 patients. Fifteen percent of the PDs did not have access to a virtual supportive environment (e.g. Internet for using web conference programs such as Zoom/Google Meet) to maintain classes; among 85% of the programs that created a virtual online course, almost all (95%) of them did not include home surgical skill training for residents. Among the most affected activities were gynecologic surgeries which were cancelled (as reported by 72% of PDs), followed by cancelled gynecological outpatient clinics (23%); 90% of elective surgeries were cancelled in over 50% of the clinics. One third of postgraduate residents reported to their PDs that they were not receiving their monthly salaries. One quarter complained about a lack of personal protective equipment (PPE), 32% did not receive adequate training for PPE use, 33% did not receive adequate training for attending COVID-19 cases, and 59.9% of postgraduate residents reported lack of availability of COVID-19 testing. When asked about whether this lack of hands-on training precipitated by the COVID-19 pandemic would impact the training of residents, 27.63% of PDs agreed that the current issue pertaining to lack of training will not be resolved in the near-future.

Brazil's health system had prepared a timely strategy for this pandemic.[2] However, the COVID-19 pandemic has spread faster than the distribution of PPE/mass testing for healthcare workers, and has overtaken the country's ability to scale up health structures to care for severe cases. Testing is only performed for symptomatic cases. Medical residency programs are being impaired, specifically in surgical specialties such as OBGYN. Home surgical skill training is one of the available options that could be offered to alleviate these issues.[3] FEBRASGO intends to broaden this survey to address all medical residents in order to understand their perspective about this issue, and to help PDs to resolve issues pertaining to the lack of hands-on training. As Brazil continues to

have high death rates daily, we cannot predict the scale of the damage this pandemic may incur for our healthcare system.

AUTHOR CONTRIBUTIONS

All authors helped with the conception of the work, data collection, analysis and interpretation, and approved the final version.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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