



EDITORIAL

Training and pandemic



It is now a year since the outbreak of the Coronavirus pandemic drastically changed our lives, forcing us to restructure most of our personal and professional activities to adapt to an unknown situation in a very short period of time.

Our society has been under serious threat and this epidemic is leaving many social, economic, political, and of course medical consequences in its wake.

The different health systems have been stretched to an extent unprecedented in recent history, and there have been weaknesses in their response capacity that we were not able to anticipate.

Throughout the different waves, we are in the third at the time of writing, hospitals have been forced to suspend scheduled activity, using most of their resources to treat COVID patients to the detriment of other diseases. In many cases, only urgent activity has been maintained and even this has been undertaken under extremely precarious conditions.

In these circumstances, the teaching capacity of our hospitals has been severely limited, especially in the surgical specialties. The consequences on the training of our specialists are difficult to assess due to the heterogeneity of our healthcare system. General hospitals have been impacted in a different way to specialist hospitals, and large hospitals in a different way to small. Even the different geographical distribution of the pandemic in our country has resulted in significant differences in continuity of care. The overall impact has, however, been clearly negative.

In the December 2020 report by the young doctors' committee of the OBC (The Spanish Medical Colleges Organization), more than 90% of residents considered that their training had been greatly diminished, and more than 60% considered the time spent in residency should be extended to compensate for this.¹ The results of the tutor survey in November 2020 proved even worse, showing activity losses of over 50% in all areas.²

The initial attitude of the Ministry on this issue is understandable. The violent and unexpected nature of the situation explained the first reactions, which resulted in the orders of March and April, where contracting was extended initially and, in less than 15 days, the deadlines for assessment and the final date of residency were set.^{3,4} It is more

difficult to comprehend the current attitude of continuity and silence, as if nothing were happening. It is obvious that extending the residency period poses problems that are difficult to solve, such as exceeding the teaching capacity of the services, especially when the next call for applications has already been made. However, the National Commissions should at least have been consulted on its viability or on any alternatives. There is still time.

At the present time we do not know how long this situation may last, and therefore the necessary measures must be taken to minimise its impact and to prepare for it to be prolonged, enabling programmes, teaching accreditation and assessment systems to be modified.

In my opinion, standardising the teaching activity of our hospitals by establishing a competence-based assessment programme for our residents is the only way to ensure that our specialists in training achieve sufficient capacity to practice our specialty.

Transferring on-site courses to online programmes has proved an acceptable resource and a commendable effort has been made. However, it is not enough, since in many cases it amounts to a return to the master class of the last century, only via a computer screen and with very limited capacity for participation. We must understand that incorporating technology into training involves increased use of virtual reality or investment in simulation programmes that allow real and active participation with the specialist in training.

It is the responsibility of SECOT to lead this transformation, proposing modifications to the programme, establishing the technological resources that all teaching units must have, recommending the skills that must be acquired during the training period and drawing up a contingency plan that will avoid improvisations for similar circumstances in the future.

It is not certain whether we will emerge stronger from this pandemic, but we must gain the experience to enable us to cope in similar situations in the future. However, we must be aware that experience is gained from reflecting on an action, not from mechanically repeating it. It is time, therefore, to reflect and prepare an action plan for emergency situations to safeguard the training of our specialists.

In short, we should heed Vivian Greene's advice, "Life isn't about waiting for the storm to pass. It's about learning how to dance in the rain."

References

1. Percepción de la situación de la formación médica especializada en España. Informe técnico realizado por la vocalía nacional de médicos jóvenes y promoción de empleo de la organización médica colegial de España. OMC. Diciembre de 2020.
2. Docencia de la FSE en España en tiempos de pandemia Covid-19. Vocalía nacional de médicos tutores y docentes. OMC. Noviembre de 2020.
3. Orden SND/319/2020, de 1 de abril, por la que se modifica la Orden SND/ 232/2020, de 15 de marzo, por la que se adoptan medidas en materia de recursos humanos y medios para la gestión de la situación de crisis sanitaria ocasionada por el COVID-19.
4. Orden SND/346/2020, de 15 de abril, por la que se acuerda el inicio de plazos para realizar las evaluaciones y la fecha final de residencia o de año formativo de los profesionales sanitarios de formación sanitaria especializada. Publicado en: «BOE».

Manuel Garcia Alonso
*President of the National Commission for the Specialty of
Trauma and Orthopaedic Surgery*