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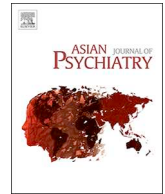
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Letter to the Editor

Psychiatry residency during the COVID-19 pandemic: Navigating uncharted waters



The coronavirus disease 2019 (COVID-19) pandemic has rapidly spread during the last few months, making an unprecedented impact on our society and representing an international medical crisis of relevance to psychiatry, as timely discussed in the Asian Journal of Psychiatry (Tandon, 2020).

Health workers had been subjected to extreme pressure because of their direct exposure to the disease, resulting in significant psychological distress and burnout (Fiorillo and Gorwood, 2020). Residents, who need to face these highly demanding situations without the proficiency and knowledge of experienced clinicians, constitute an especially vulnerable population in this scenario. The COVID-19 outbreak has disrupted their clinical and training schedule due to the substantial reorganization of health facilities, while for many young doctors restrictions on global mobility have meant a loss of enriching academic opportunities, such as international conferences and exchange programs abroad.

While society has shone a light on frontline health workers and recognized the incalculable value of their work, psychiatrists are getting ready for the coming storm of mental health consequences of the pandemic. This situation could be even tougher for those doctors beginning their residency, catapulted directly into the eye of the hurricane, and challenging for their mentors, who will need to guide them in such an atypical context. Today more than ever, we should be aware of the competencies that the future psychiatrists are required to acquire during their training. These include appropriate scientific and technical knowledge, as well as ethical values, habits, and attitudes, but also a deep understanding of the complicated interactions between an individual's biological and psychological characteristics and his or her changing socio-cultural context (Bobes and González-Pinto, 2020). Therefore, in many regards, the months to come will represent a significant challenge for us: we need to prepare and do it quickly.

The first major task we face is to deal with the early impact of the pandemic on mental health (García-Álvarez et al., 2020a), with special attention to vulnerable patients with previous psychiatric disorders (García-Álvarez et al., 2020b). However, we are also being asked to provide extensive support to the at-risk population with no previous mental health problems, including healthcare colleagues and other social and professional groups. Proper training is crucial to provide these kinds of crisis interventions and should be a priority on the agenda. In addition, we need to prepare for on-call shifts, which will involve not only up-to-date knowledge about the interactions and side effects of the drugs used in COVID-19 patients, but also meticulous training in how to correctly use personal protective equipment. Newly minted residents should seize the learning opportunity afforded by their training in emergency medicine and not forget the importance of a solid medical background.

In a longer-term, the focus will need to shift to other aspects of mental health and well-being, for example, learning how to address and relieve the suffering of people experiencing loss and grief from a

distance, or helping people cope with the stressful lockdown measures and their economic consequences (Courtet et al., 2020). In a post-COVID-19 world, we should also not forget to develop our knowledge about global mental health, and collaborative international networks of young clinicians could contribute to the study, design, and delivery of efficient and culturally appropriate interventions, especially in countries facing the pandemic with limited resources (De Sousa et al., 2020).

For those residents interested in research, the COVID-19 emergency may signify a forced break from their current research project or even a delay in the completion of their doctoral thesis. Nevertheless, rigorous research with high quality standards is imperative (Holmes et al., 2020), and this situation could encourage young researchers to explore different methods and topics, from epidemiology to stress resilience.

By the same token, the current lockdown restrictions have once again highlighted the increasing need to incorporate new technologies into daily clinical practice, and telepsychiatry is becoming broadly and rapidly established as an instrument capable of replacing face-to-face visits if needed (Shore et al., 2020). In view of its digital literacy, the generation of future psychiatrists is expected to actively participate in building a bridge between the traditional and the telematic formats. However, specific recommendations and cautions for this approach should be followed (Sociedad Española de Psiquiatría, 2020), and we suggest adding targeted seminars to the curriculum of residents in order to close this gap.

In conclusion, the current crisis is forcing us to acquire a new set of skills and abilities, and this will serve our personal and professional growth as young psychiatrists: perhaps we cannot direct the wind, but we can adjust the sails.

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