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My Thoughts / My Surgical Practice

Surgical chief resident, a resilient figure during the COVID-19 pandemic



Dear Editor,

Surgical residents are having a drastic negative impact on their education and training during the COVID-19 outbreak.¹ The unprecedented demand for hospitals, critical care units, and health workers require the redeploy of trainees to non-surgical areas,² creating anxiety, stress, and confusion among residents due to the concern on health and the lack of opportunities to improve clinical and practical skills.³

A conflict between faculty, chief residents (CRs), and residents arise due to the change of normal activities to meet demands in clinical areas related to COVID-19. CRs have a role of leadership to pursue education and development of residents, and more importantly, safety, integrity, and health of trainees, but also prepare the next generation of surgeons with courage that foster resilience in difficult times.⁴

CRs are in the midpoint. They have an “up work” responsibility to accomplish the institutional demands. CRs also have “down work” that includes teaching and supporting residents. Moreover, CRs have “lateral work” that involves liaising with managers of other clinical areas, such as pharmacists and nurses.⁵ This puts the CRs in the middle rung of the administrative ladder. They have to find solutions that work for both the institution and the resident workforce.⁶

So how should CRs find these solutions? The core value that should be considered in any changes implemented must be the safety and health of residents.⁷ All residents must agree with the new task, so implementation of any changes should be preceded by meetings that involve residents and other key stakeholders in the institution in order to reach an agreement through dialogue and negotiation. CRs are leaders, ergo they must lead the resident workforce to a common goal. This should involve cooperation between the CRs and the resident workforce, who should display teamwork in finding solutions that are aimed at achieving a shared goal. The leadership of the CRs should not be seen as a position of authority, but instead as a tool for the resident workforce to continually improve. Through this, the well-being of the “down work” of the CRs leads to the fulfillment of their “up work”. Residents should not be made to feel that institution directors and CRs impose changes on residents in the COVID-19 era. Unprecedented times should not lead to changes that are negatively viewed by residents, since the shared goal of resident well-being and patient safety still

remains.

There is an urgent need to adapt in these difficult times, and residents on the front-line are prepared to adapt to changes as long as they are involved in the decision-making process, supported by CRs.

Declaration of competing interest

The authors certify that they have no involvement in any organization with any financial or non-financial interest, in the subject matter discussed in the manuscript.

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15 June 2020