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Preparedness for Residency: Now More Than Ever

Jennifer N. Choi, MD; Dimitrios Stefanidis, MD, PhD; Gary L. Dunnington, MD

Department of Surgery, Indiana University School of Medicine, Indianapolis

Transitions in medical education, particularly the transition to residency training, are increasingly identified as meriting additional thought and care for the appropriate development of the new physician.[1] In this issue of *JAMA Surgery*, Engelhardt and colleagues[2] aptly demonstrate that a resident's sense of preparedness for this transition plays a crucial role in their mental health; the identified association between resident preparedness and meaningful on-call experiences as students likely applies to most specialties requiring in-house call.

The demands of 24-hour general surgery call include the physical demands of lack of sleep, cognitive demands of frequent decision-making with potentially less available senior supervision, and the emotional demands of trauma and severe disease processes.[3] Although one cannot fully comprehend the rigors of surgical training without first-hand knowledge, meaningful on-call experiences can shed necessary light on this differentiating aspect of surgical training and must remain in the student curriculum. This first-hand knowledge contributes to informed decision-making in choosing surgery as a career and also contributes to students' ability to care for patients appropriately.[2]

In light of coronavirus disease 2019 (COVID-19), surgical educators must recognize these issues to an even greater degree. The intern class of 2020 may not have had a capstone residency preparation curriculum—an opportunity permitting the aggregation of knowledge and skills temporal to the start of residency training. Although these students have completed usual clerkships and subinternships, the

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potential changes in intern bootcamps and new resident social events will likely delay their overall acclimation to their new roles and environments. Transition challenges may continue with the 2021 and 2022 intern classes. Students will be making decisions on specialty based on substantially less experience and information. Students will have fewer meaningful patient interactions in all surgical fields owing to abbreviated rotations, fewer patients overall, likely decreased operative time, and decreased time at each bedside—measures taken to limit patient and clinician risk of transmission of COVID-19 but leading to decreased preparedness.

Preparedness for transition to residency during this time must be addressed by all in the continuum of medical education. Medical schools diligently reorganizing optimal student experiences should include simulation and mock pages that have proved valuable for resident preparedness.[4] Students will need to capitalize on each rotation experience and consider taking measures to increase patient exposure throughout their fourth year in medical school. Finally, program directors in all fields must recognize their expanded role in optimizing the transition to residency training by identifying and filling gaps created by the pandemic and providing expanded teaching and supervision to alleviate the additional stressors on these incoming residents. Certainly, this is a unique time in medical education when all must pull together to ensure a well workforce that provides outstanding patient care.

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