The CDC reports that 20% of patients with COVID-19 requiring hospitalization were between the ages of 20 and 44. This encompasses almost all of our resident task force and a significant proportion of Otolaryngology faculty. In addition, it has been reported that Otolaryngologists are at high risk of exposure due to aerosol-generating procedures. Otolaryngology residents are on the frontline of patient care. As we reflect on our practices, adjust the way that we deliver care, and create policies, we need to be cognizant of how this affects our trainees and actively make these changes for their protection and safety.

The challenge with most Otolaryngology residency programs is the small number of trainees covering multiple sites and interacting with multiple hospital areas, conditions that can lead to the unintentional transmission of COVID-19 amongst patients and healthcare workers. Viral exposure to healthcare workers can lead to significant contraction of the workforce, which can directly impact the ability to provide Otolaryngologic care. Therefore we have implemented several strategies in our training program to mitigate risk to our Otolaryngology residents while continuing to meet patient care needs. These strategies were all planned with significant input from the residents, and the success of implementation can be directly attributed to their thoughtful assessment of the workforce needs.

(1) **Social distancing** –
- Eliminate or minimize resident coverage of multiple sites.
- Minimize all in-person interactions between residents.
- Divide residents into separate teams for each clinical site, to maintain separation between the cohorts and ensure that if there is exposure, this is limited to the quarantine of only one team.
- Determine the number of residents necessary to provide care for inpatients and consults. That number of residents should compose the team that is present on a daily basis. The rest of the resident workforce should be reserved out of the hospital (for unexpected Otolaryngologic needs or the possibility of redeployment to other hospital services).
• The team that is not assigned to patient care can be available at home to provide virtual support (such as consult triage, answering phone calls or filling prescriptions).
• Minimize the number of residents entering inpatient rooms (one to two residents only). Other members of the team can be present in the hallway to write notes and enter orders without entering the patient room or coming in close contact with the resident that is assigned to patient care.
• Create separate workspaces for the separate teams to avoid overlap in the same space.
• Perform sign out between teams virtually to maintain social distancing.
• Schedule environmental services end of day cleaning of all resident workspaces and call rooms.
• Pull all non-essential team members off the wards.

(2) Reduction of resident coverage and changes in clinical care –
• Consider suspending resident coverage of all clinics to minimize potential exposure.
• Consider resident coverage of only emergent/essential surgical cases where a co-surgeon is absolutely needed.
• Triage inpatient and Emergency Department consults to determine if a consultation is necessary. Residents should discuss consult requests with faculty to determine this necessity if it is not clear. Limit the performance of diagnostic procedures, such as endoscopy, to cases that are emergent or are necessary to provide patient care. Make sure that appropriate PPE, based on hospital policy, is being used for all consultations and procedures.
• Consider keeping residents with comorbid medical conditions in lower risk environments to avoid exposure. Residents can continue to provide clinical support virtually without direct patient contact.

(3) Training and wellness –
• Recognize that social distancing strains the support system inherent to a residency program. Create other platforms, such as virtual conference calls, to maintain connection and camaraderie, and continue educational opportunities.
• Recognize that most trainees want to be involved and provide patient care. Asking residents to decrease involvement in clinical work will be difficult, as they view this profession as a calling not just a job. Create ways for residents to remain involved when they are not at the hospital, including triaging consults, answering patient phone calls, videoconferencing with patients for assessment, so that all feel engaged in the clinical mission.
• Emphasize that their safety is a key component during this pandemic. Ensure that residents have the proper equipment and supplies to do their job safely and effectively.
• Recognize that residents are concerned about how this pandemic will affect their training. Provide reassurance that although traditional education methods are not possible currently, as a specialty we will ensure they are appropriately equipped to function as fully trained Otolaryngologists.
Programs in endemic areas have rapidly restructured residency training in response to the pandemic. Our goal is to continue to provide excellent Otolaryngologic care to our patients and support and guidance to our trainees as we navigate this crisis. Communication amongst programs at the national level is key to disseminating creative solutions to this unprecedented situation.